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Toward a Child-Centered Society

A Report of the Institute for the Research of Quality of Life

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– Bucharest, June 1997 –

 **Editura Alternative, 1998**

RO - 71341, București 1; Piața Presei Libere nr.1, Casa Presei, Corp. B, Et. 4;
Tel.: 222 94 68; 222 94 69; tel./fax: 222 94 70, fax: 223 49 71

ISBN: 973-9216-27-7

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HISTORY OF THE PROJECT

Romanian society in recent years has been characterized by a dramatic gap between aspirations and possibilities, between the need for positive and structured reactions and paralysis in the process of reforming the structures of collective action. The child was particularly an issue of continuous stress on the framework of expectations and disillusion.

From 1990, Romanian children represented a main topic being in the national and international public attention.

There have been adopted many legislative and normative by the Romanian Parliament and Government. Supplementary funds were allocated for different types of children in difficulty. International bodies (UNICEF, European Commission, Council of Europe), Western governments, foreign non-governmental organizations demonstrated not only sympathy and moral support, but also mobilized important and diversified material and technical support.

By its own initiative, but mainly as a result of their stimulation by Western partners, the Romanian community has initiated a lot of actions in favor of the child. Tens or even thousands of Romanian non-governmental organizations for child protection have been set up.

However, during the last 7 years following the overthrow of the socialist regime, the child was one of the social categories most affected by the transitional changes.

The sources of such a situation should be sought in multiple areas.

The situation of the child is the result of a complex of factors: the dynamics of the whole society and especially of the economy, the social policy, the attitude of the community towards the child, the institutional and administrative arrangements, the international legal, political and cultural environments Romania is interacting with.

One of the components that cannot be ignored is a certain evolution of the values, norms and legal standards concerning the child. This evolution demonstrates a rapid coming to maturity of the whole international community and is materialized in international conventions (UN Convention on the Rights of the Child), regional conventions (convention of the European Union), cultural standards concerning child-care and the responsibility toward the child. Romania is carrying such standards within its own rapid process of modern and European evolution. At the same time, Romania has appropriated them with the signature of different international conventions. On the other side, with its aspiration for European Union membership, Romania is currently testing its own responses to changing attitudes towards the child.

Additionally, child protection has at present a symbolic value in Romania, since it can demonstrate to our whole community not only the will to solve together a crucial problem, but also the capacity to act in this field which was very disappointing during the last years.

The Romanian community made remarkable efforts supported by the West and international bodies. Many and varied resources have been put into programs for children in Romania. If taken separately, their results are undoubtedly positive. At a general level, however, the situation is rather confusing. Despite special efforts, the results are unequal. Alongside spectacular improvements, there are failures, paralyzes that cannot be easily explained, serious problems that have been ignored, tendencies to regress. The problems have proved to be

surprisingly persistent. Remarkable experiences and practices have been accumulated. Their capacity for dissemination and replication is however surprisingly low. Unexpected institutional blockages have shown up. Difficulties were registered in implementing and promoting some far-reaching reforms. The difficulties caused by the economic recovery have been enhanced by the general confusion of the social policies performed during the 7 years following the Revolution. There is too big of a dispersion of responsibilities that are either canceling each other or not covering essential areas of child-related issues.

This project has been based on a perception of this complex situation regarding the child. The Romanian Academy has generously provided its patronage to the entire project, which was carried out by the Institute for the Research of Quality of Life with the support of a team of specialists from different institutions, mainly from the Faculty of Sociology, Psychology, Educational Sciences and Social Work, University of Bucharest.

The objectives of the project, as established by the initiating group composed of the UNICEF Representative Office in Romania, the Delegation of the European Commission, the Council of Europe, USAID, the World Bank and the Department for Child Protection of the Romanian Government, might be formulated as follows:

- The identification of positive practices accumulated in Romania and the possibility of their replication and dissemination.
- The identification of critical points in the configuration of the present-day situation of the child, the identification of the blocking sources in different areas and the design of the main lines for a coherent approach strategy for child-related issues.
- The interest falls especially on what was considered by us to be, at present, the key variable of the process: the options at organizational, institutional, legislative and political levels.

The most important conclusion of our analysis is that the major difficulty for the present situation of the child is the incapacity of the system to reform itself, to develop a coherent strategy and to take over the positive experiences which have been accumulated over several years.

The project developed through a continuous dialogue and partnership with many specialists and decision-makers. Finally, the chapters of the report have been discussed during 6 workshops joined by almost 350 specialists. Besides these workshops which were widely attended, discussions on key topics of the report took place, involving many other specialists grouped in smaller teams. All these people may be considered co-authors of this report. The rationale of the report is to support those involved in the development of a coherent governmental strategy in child protection, primarily the Department for Child Protection.

The first part of the report – the analysis of child situation and support policies – was finalized in general terms in December 1996. It is therefore understandable that the report reflects the situation up until that date.

The team would especially like to thank the UNICEF Representative Office in Romania. Very actively involved in our country since the first days of 1990, the UNICEF Representative Office has provided not only a steady support but it was also an active partner, promoting many initiatives. Practically, every sector of this vast area has benefited from the technical and moral support and efficient programs initiated by the UNICEF Representative Office. We are therefore acknowledging with all our gratitude the important contribution of the UNICEF Representative Office in Romania, especially that of Ms Maye Ayoub von Kohl, director, Mr Stanislaw Czaplicki, coordinator of this project and Ms R.Padmini, the expert who provided us with important suggestions during the implementation of the project.

At the same time, we would like to acknowledge with gratitude the support provided to the team by the delegation of the European Commission in Romania, especially that of Ms Karen Fogg, Head of Delegation, and Ms Camelia Gheorghe, responsible for the project on behalf of the EC.

The project was financed by the UNICEF Representative Office in Romania and the European Commission through the PHARE program.

The report represents the points of view of the executing team, which bears the whole responsibility for its content.

The report enjoys two sources of reference: the analysis done by the team during July-December 1996 and the analysis of Elena Zamfir, Catalin Zamfir and Marius-Augustin Pop concerning the child support policy carried out in the first half of 1996.

Although each member of the team was in charge of specific chapters of the report, the analysis and drafting work is a collective output. We would like to mention the distinct contributions for the drafting of certain chapters as follows: **chapter 1:** Elena Zamfir and Catalin Zamfir; **chapter 2:** Catalin Zamfir and Adrian-Nicolae Dan; **chapter 3:** Catalin Zamfir; **chapter 4:** Catalin Zamfir and Adrian-Nicolae Dan; **chapter 5:** Elena Zamfir and Catalin Zamfir; **chapter 6:** Marian Preda; **chapter 7:** Cristian Vladescu; **chapters 8, 9, 10:** Elena Zamfir and Antoaneta Ionita; **chapters 11, 12, 13:** Doru Buzducea; **chapter 14:** Vanda Margarit; **chapter 15:** Rodica Ghetau. Nina Tolstobrach has assisted the team with suggestions and data during the analysis work. Marian Preda was the coordinating secretary of the project, while Adrian-Nicolae Dan organized the final debates and was the editing secretary of the report. The co-ordination of the analysis work and drafting of the report was the work of Catalin Zamfir.

15 May 1997

TOWARD

A CHILD-CENTERED SOCIETY.

Action Guidelines

The child – a central value of the Romanian society. The child is a central value of the Romanian family. However, considering the national social policies, the system of values is rather contradictory. Despite the explicit option of making the child the center of society's concerns and political measures, the last decades of the socialist regime constituted a period of confusion, characterized by contradictory tendencies on the matter. The promotion of some public social services, like education, health and universal support for families with children enjoyed a collective quasi-unanimous support. The unpopular political options (like the violent pro-natalist policy) provoked negative reactions against some child support measures, suspected to be counter-productive. Since 1989, the confusion in social policies, both in principle and at institutional practice level has impeded on a global political child-centered orientation. In order to create a child-centered society, consistency among the values of the individual, community and society should be ensured; this requires not only a cultural change, but a political and organizational one as well.

The key element of the reform on child related issues, consists in the development of a coherent and global governmental strategy that would ensure the welfare of the child. Such strategy should be based on children's needs and rights, irrespective of living in a family or in a separate environment.

1. The development of a coherent and efficient child support policy.

The following elements are critical from this perspective:

- **The elaboration of a coherent political strategy.** Elements of such strategy have been accumulated recently: the *National Action Plan in Favor of Children* adopted by the Government in 1995; the *Strategy of the Department for Child Protection* adopted by the Government in 1997; the *financial support measures for families with children* promoted by the Ministry of Labor and Social Protection. A new understanding and attitude toward the child has tended to develop at the society level. However, it is the vital moment today to develop a complex child support strategy, at global and local level, based on explicit principles that would not be influenced by the political and economic circumstances or actual institutional arrangements.
- **The elaboration and promotion of a coherent and unitary legislative system for child support.** The elaboration of a single law of child protection, as in many Western countries, represents an option for many politicians. Although legislative changes promoting modern principles have been adopted, there is still an acute lack of legislative coherency. There are still old, obsolete regulations that are causing big difficulties. There are essential areas not covered by relevant legislation, while there are other overlapping and parallel aspects. There are severe contradictions in the existing legislation. It is therefore the time to reconsider the overall legislation from a coherent perspective, so as to back the global political strategy of child support. It is also important that the new legislation contains not only abstract

principles and desires but also definitions of organizational means, resources and specific responsibilities.

- **The elaboration of a coherent organizational strategy at governmental level.** 7 years after the revolution, one of the structural hurdles impeding the promotion of a coherent policy is the excessive fragmentation of responsibilities in the child support area. It is therefore essential to develop an efficient mechanism so as to ensure the coordination of all governmental bodies with child-related responsibilities.
- **A coherent and unified strategy of financial support for children and families through the provision of direct or indirect cash benefits, goods and services.** We consider that an unification, as far as possible, of budgetary allowances in the best interest of the child would be efficient. This would allow a more rational and flexible use between different programs. Here, there should be included the financial transfers to families according to the law as well as the ad hoc financial support and the financing of different programs for children in need. The national budget should include explicit provisions for activities irrespective of their level of implementation (national or local). The present method of de-centralization through delegating responsibilities (financial ones included) towards local authorities could create strong crises in the future. It is therefore essential to develop a more complex system for financing local bodies. Otherwise, the de-centralization will not represent more than a method for the Government to get rid of some problems by transferring them to local authorities, but not contributing to their settlement.
- **The development of a mixture of responsibilities at national/local level, which is characteristic of the newest administration methods.** The de-centralization should be done firmly, but at the same time, be supported by financial and technical resources. The encouragement of local responsibility, initiative and creativity should be accompanied by new types of national responsibilities: the budgeting of some programs of national importance, the implementation of a national policy, the development of some homogenous and compulsory quality standards, the development of an adequate legislative system, the provision of technical and professional resources, the supervision of the observance of general and sector rights.
- **The opening of top government towards a participative democracy.** At national level, the

government should base its actions on a constellation of institutions able to ensure the convergence between government and community through its representative segments. The setting up of some buffer institutions, combining the experience accumulated by the significant segments of community and political options of the Government, represents a decisive step in the replacement of a bureaucratic state with a structurally democratic one. These bodies should include representative segments of the community such as university milieu, scientific research, sector specialists, representatives of beneficiaries, interest groups and non-governmental organizations. Such bodies, which are usually consultative, may propose policies and quality standards, develop technical procedures, set standards of vocational training, evaluation and accreditation of governmental or non-governmental institutions. The most needed such organisms would be: a **Council for procedures and standards in the field of social work services**, a **Council for the evaluation of children's status and for the proposals of social support policies** and a **Council for the evaluation and accreditation of non-governmental organizations active in the field of child protection**.

- **The development of competencies and responsibilities at the local level.** A real "revolution" in the administration of public services is at the point of being launched. Such revolution should be massively supported from a technical, managerial and organizational point of view.

2. A more systematic child-centered schooling. It is essential at present to focus the school firmly on the real needs of the child, to change rapidly the school in the spirit of a free and democratic society. There are some essential points in this process:

- The acceleration of school reform in order to ensure its better adaptation in a two-folded direction: a. A firmer orientation of the education system on the needs of a market economy and a democratic society, which is building its civil structures as a basis for a real participative democracy. b. A better adaptation of the education system to the complex needs of the youth. The diversification of educational supply is the single way to overcome the elitist tendencies which have led so far to a motivational loss in an important segment of young people who were unable to find their needs met by the school.
- The prevention and elimination of juvenile illiteracy. The assurance of a full attendance of

compulsory education and of a high attendance of secondary and higher education. The decrease in school abandonment and the development of some forms of reintegration in the education system of those who abandoned the school (for instance, following the EU model of second-chance schools). From this point of view, the **motivational polarization** characterizing the school attendance should be seriously considered: an important segment of young people which is strongly motivated to attend higher education and another increasing segment with a low interest in attending the elementary school. This motivational polarization could be an important source of a future polarization of the Romanian society.

- The steady development of a schooling environment focused on the child: the needs of the child are a priority. The observance of the children's personalities is a central value, the support for child development is the final objective of the school. The disciplinary authoritarian methods will have to be identified and eliminated.

3. Health for children. Romania has to overcome an important handicap in this area. The health status of mother and child – reflected by indicators such as: infant mortality, maternal mortality, morbidity of different types (especially illnesses caused by poverty such as tuberculosis, infectious diseases), malnutrition, physical underdevelopment – has an alarming low level. In order to ameliorate such a situation, energetic action in multiple areas is necessary. Besides the therapy based on drugs' administration and the interventions based on modern medical techniques to be provided as community resources are available, there are some strategic variables that need to be considered since they could improve the children's health:

- A general factor: a society concerned with child-care will enhance the health status of the child through itself.
- The provision of universal, free and easy access of children to medical care through their inclusion in the minimum package guaranteed by the state.
- The switch of medical care from hospital towards community and family. The development of medical staff involvement in the health education of family and child, administration of medical treatment in the family, prevention of diseases and mediation of contact with specialized medical institutions.
- The decrease to a minimum level of children's hospitalization and the development of out-of-hospital health care.

- The switch from curative, reactive health services to proactive, prophylactic ones, based on health education of mother and child. The promotion of a medical culture of population, especially of mothers, has a major importance.
- The restructuring of the health system as to allow better quality medical services and higher levels of responsibility.
- The encouragement of hospitalization of the child together with his mother.

4. The development of the third pillar of social services: the system of social work services.

While education and health got a certain attention during the socialist regime, the social work services did not enjoy a similar treatment. After a long period of totally neglecting the role of professional social work within the social protection system, a series of measures aimed to reconsider the importance of this sector were taken as from 1990. At present, the Government does not have a strategy for the development of a coherent and articulated system of social work services. The single notable experience may be identified in the prevention of child abandonment and de-institutionalization. On the whole, there is however no clear view in this field. The development of a strategic view on public social work services is a matter of prime urgency. They should develop in two distinct directions:

- **Territorial social work services globally oriented and subordinated to local authorities.** These services should be developed on the basis of a national strategy that is using standards and unitary, highly professional working procedures.
- **Specialized social work services.** A special attention should be paid to the employment of social workers in institutions like hospitals, maternity units, schools, courts, prisons.

Social services are vital for increasing the efficiency of the whole system of support and social protection and for the setting up of a humanistic, child-centered society. Such a system may combine the professional approach with the mobilization of community resources.

5. An energetic policy of prevention and decrease of child abandonment.

The level of abandonment is excessively high in Romania, particularly when considered in relation to the sharp decrease of birth rate. The social work services combined with the financial support policy for families with children should develop a coherent strategy to prevent abandonment.

Toward a Child-Centred Society

- Raising awareness regarding the responsibilities of parenthood.
- Material, social and moral support for families at risk of abandoning their children.
- A special attention should be paid to single mothers.
- Preventing separation of children from their families for medical reasons, except for the strict needs of medical treatment.
- The development of some home care services (for helping the young mother or parents with housekeeping, newborns and small children's care, etc.), day centers, family centers.
- The development of family planning services within the network of the Ministry of Health and the increase of access to such services.
- The development of a network of health visitors within the Ministry of Health to provide medical support and specialized counseling to families with small children and to future mothers.
- The development of some social work services at local level to provide material and professional social support to families at risk of abandoning their children.
- The establishment of forms of agreement for adoption and foster care for parents that do not wish to or cannot take care of their children, aiming to avoid abandonment and its consequences; the development of some counseling services for these parents.

6. The clarification, simplification and humanization of procedures undertaken for the settlement of abandonment. Prevention of abandonment should be an absolute priority. Only after all possibilities of preventing abandonment are exhausted, should other measures be taken, in an efficient manner and always observing the superior interest of the child, as follows:

- The operation of abandonment procedures in the best interest of the child.
- The development of an aggressive policy for the promotion of national adoptions.
- Parents' preparation, even before the birth, on the importance of declaring the birth and address of the child for issuing the identity documents.
- The simplification of procedures required for the legal settlement of the identity of the abandoned child and issuing of the birth certificate.
- A personalized plan on the perspectives of each abandoned child: the identification of adoption

possibilities and the launch of a rapid adoption process, provisional arrangements: foster families, family-type institutions, etc.

- The promotion of international adoptions in case of failure of national adoption attempts, but making sure that the needs and the rights of the child will be observed and that the adoption is done in the interest of the child.

7. The prevention of institutionalization. The necessary actions should be directed toward:

- Complex support (material, legal, counseling, etc.) provided to families at the point of institutionalizing their children.
- The promotion of alternatives to institutionalization: adoption and foster care (of an emergency nature, on short, medium and permanent term).

8. The reform of child-care institutions. It is absolutely necessary to develop a national program for the reform of child-care institutions, comprising:

- The clear definition of the mandate of child care institutions, their adaptation to and focusing on the needs and rights of children, thus offering optimum conditions for their development.
- Setting accreditation criteria for child care institutions, monitoring and evaluating their activity.
- The transformation of existing child care institutions into family-type ones, able to prepare the child to become a responsible adult. This could be done by: reducing the dimensions of institutions; diminishing the number of children per group; introducing personalized plans for the care and development of the child; involving children in the decision-making process, according to age and development stage; maintaining the link of the child with family and friends through mutual visits; ensuring the continuity and stability of care (keeping siblings together, reduced staff fluctuations, etc.); developing the child's own identity (personal belongings for each child, anniversary of birthdays, albums with photographs, etc.); developing the concept "key-worker/person of reference", which should be the reference point for the child; developing child's sense of responsibility and property; learning some life habits and involving the children in family-type activities (preparation of food, cleaning) according to age and development stage.
- Development of relations with the community, raising its awareness and increasing its involvement in solving the problems of institutionalized children through joined actions, visits in institutions.

- Continuation of care by the community for the child who is leaving the institution.
- Building some houses for the youth between 16 and 18 years old, to ensure the transition from the child care institution to independent life through: self-administration, financial contribution according to income, job training.
- Elaboration of a set of quality standards for child care services, establishment of specific indicators for the evaluation of their quality, development of methodology and working procedures in child care institutions.
- Opening up institutions toward the community, the encouragement of children to participate in the social life outside the institutional environment.
- Training of qualified child-care personnel and the introduction of periodical attestation.
- Setting of admissions' criteria to child residential care.

9. The need for the urgent development of an intervention strategy for child abuse. There is a significant number of children who do benefit, in their families, of the most basic conditions for a decent life, and more than that, who are exposed to factors that are deforming and mutilating their personality: abuse (neglect, physical, sexual, emotional abuse), economic exploitation, debasing activities (begging, prostitution). There are alarming signals concerning serious abuses of children in institutions. It is therefore urgent to develop a system for prevention of child abuse and for protection of abused children.

10. A coherent, energetic and systematic action for the eradication of the "street children phenomenon" is essential.

11. The assurance of a dwelling for each family and decent living conditions for all children.

- Creating, as soon as possible, sufficient social housing and shelters for families in crisis.
- The identification of families in urgent need of getting a dwelling and the solving of their situation.
- Provision of credits with favorable interest for purchasing of dwellings, especially for young families.

12. The firm prevention of delinquency among children, either as victims or as authors.

- Revision of the Criminal Code as concerns juvenile delinquency: the sharpening of punishments for criminal acts that are victimizing the child and those

in which the child is led into participating to the criminal acts.

- Making Romanian society aware of and responsible for the correct perception of juvenile delinquency and the child as victim.
- Active measures for the prevention of juvenile delinquency and its reoccurrence.
- The radical reform of the legal system and its adaptation to the requirements for social rehabilitation of juvenile delinquents. The modernization and humanization of court trials, educational measures and punishment systems, avoiding the socialization into a criminal culture and stigmatization; the development of capacities needed for reintegration into a normal life.
- A change of attitude as concerns the participation of minors in criminal acts. They should not be simply seen as co-participants but, first and foremost, as victims.
- The establishment of permanent panels of judges or a specialized section for children within the existing courts, or some specialized court bodies for children.
- The accompanying of the minor in court by the social worker, as witness.
- Restructuring the present system of institutionalization of the delinquent minors through demilitarization of prisons.

13. The reform of the entire support system for children with different forms of disabilities. Two fundamental principles should be taken into account:

- Treating the disabled child as a human being with general needs similar to the needs of any child.
- The organization of a normal living environment and a system of support services able to ensure optimum conditions of development and preparation for independent adult life.

14. The development of an operational partnership between governmental structures and non-governmental organizations through:

- The accreditation of non-governmental organizations providing competent services in the field of child protection and sustaining them financially.
- The periodical evaluation of services provided by these organizations according to established quality standards.
- The setting up of some multidisciplinary commissions composed of representatives of governmental and non-governmental structures, in

charge with elaborating legislative proposals and quality standards for services provided to children, accreditation criteria for child care institutions, specific indicators for the evaluation of the quality of services for children.

15. Staff training. Besides love and resources, it is necessary to ensure competent staff to work with children, both in a sufficiently wide range and number. Certain professions should be reconsidered having in view the latest international standards and should be rehabilitated in terms of social prestige. It is necessary to elaborate an articulated national policy for staff training: the establishment of professional profiles, methods and conditions for vocational training and continuous upgrading of skills; the elaboration of professional criteria for the employment of specialized staff, including the managerial positions; the development of a system for the professional qualification of existing staff, as a fundamental prerequisite for their maintenance in the system.

Such a system of professional training and re-qualification should comprise some structural components:

- Courses/re-qualification modules provided by universities.
- Dissemination of information.
- The co-ordination at national level of study programs in social work and other disciplines related to social services in general and services for children in particular.
- Publishing of a National Magazine of Social Policies and Social Work, with a focus on child-related issues. Such a magazine would represent a forum for the debate of social issues and policies, able to promote and disseminate positive international and national experiences, current information for the activities of professionals.

16. Development of a child-centered culture. It is vital that ambiguities and contradictions in the community attitude on children, in the sense of extending the parental care for their own children over all children living in that community, are identified. To develop a culture centered on the child requires the recognition of the fundamental rights of children, using methods and action procedures in all areas and at all organizational levels of social life.

Chap. 1 Today's Child: A Change of Perspective

The attitude towards the child is one of the most important components for the modernization of a society. It is not accidental that the European organizations consider a criterion of European performance the way in which a country is taking care of its children.

There is certainly a universal evolution of values, norms, legal standards regulating the situation of the child and materialized in international conventions (UN Convention on the Rights of the Child), regional conventions (Convention of the European Union), cultural standards concerning child-care and the responsibility toward the child. Romania is carrying such standards within its own rapid process of modern and European evolution. At the same time, Romania has appropriated them with the signature of different international conventions.

1.1. Why should the child be the focus of a special community care?

There are universal arguments, but, at the same time, there are reasons determined by the present situation of our society. We should add to all these the moral, political and legal commitments taken by our country through the adopted laws and political programs and those of the international and European community within which Romania is aspiring to integrate.

The child has the needs of any human being, but in a specific configuration.

The child needs a family as the best human environment for its own development. In case the family is missing, the child needs a substitute family with, as far as possible, similar characteristics to a biological family. Besides that, the child needs to enjoy the conditions necessary to secure its rapid development. The child is especially characterized by: the need for human development and training, human and social support, special protection. The child has a set of fundamental needs: feeding, adequate clothing, supportive and secure human environment, care, physical, cognitive and emotional stimulation, conditions for cultural and professional development.

The child is a direct subject of human rights in the contemporary society.

The traditional society was composed of a community of families, including two categories of citizens: citizens of first rank (the men – head of family) and citizens of second rank (women and children). Citizens' rights were enjoyed primarily by men, while women and children were almost totally dependent of the authority and will of the head of the family. The modern society provides equal rights and duties to all people. The child is not just an immature member of the family, subordinated totally to the authority of the parents, but a person

with full rights. The child is a member of humanity, a citizen, a community member for whom the family has special responsibilities rather than sovereign rights.

The twentieth century has managed to achieve the transition from the sovereign right of the family over its children to the children's rights that must be observed by the entire community in collaboration with the family. The right of the child is sovereign and it should be defended even against its own family. Each decision should be taken in the **superior interest of the child** rather than that of the parents or other individuals or groups.

The needs of the child are no longer dealt with as simple, optional needs. Instead, they should be compulsorily met by the society.

This new perspective raises internal and international obligations, our country signing in 1990 the UN Convention on Children's Rights. In 1993, Romania had to submit to the UN a report concerning the way in which the rights of the child contained in the Convention were observed. In 1997, a second report on the matter should be submitted.

We should be aware that there is a gap witnessed by the entire world. The adoption of laws and norms on different rights exceeded the capacities of the society to ensure the conditions necessary for their fulfillment. This situation is similar in all countries, even in the developed ones. This truth is proved once more by our country, that is currently in a socially painful transition process. It is not only a matter of attitude (the switch from a view according to which the child is a human being in need of care to a view which considers the child as a human being with specific needs), but also a matter of means. These means are both financial and institutional, cultural ones. A change process has been initiated across the world.

By nature, children have the right to a special and supplementary social support. Delicate, with capacities of understanding the world and themselves as they are under continuous development, children need to get a special protection against aggressive environmental factors. The modern society is based on the principle that each member should make an own effort to become self-reliable. Children are excepted from this requirement. They are not able to cover their needs through their own efforts. Therefore, the community and family should jointly secure them the necessary means for living.

Child protection should not be simply reduced to the economic one. They should be protected against the phenomena of social desegregation, the explosion of environmental insecurity (the child as victim), the

attempts to exploit them from an economic and sexual point of view.

A special moral value is getting more and more importance: the solidarity between generations. The principle of solidarity between generations – between the active-life adult generation, old generation and young generation – is a fundamental principle of each community. The economic transfer to the child from those who are not raising children to those who are is a basic and universal form of human solidarity.

The child – a human resource of the future. The future welfare of the community depends first and foremost upon the quality of health status, education level and social-moral profile of young generations. From this point of view, the child is a **social/collective asset**. The investment in the future consists firstly in the investment in children.

The famous founder of psychoanalysis, Sigmund Freud, summed up his entire contribution on the matter in the following statement: "the child is the father of the adult". This statement comprises a truth that goes beyond the strict Freudian doctrine. The prerequisites for a harmonious and balanced individual development are primarily set up during childhood. Responsible social orientation, subjective welfare, constructive attitude and assumption of moral values represent a complex obviously established during childhood.

The child is a vital investment for the present society, which needs highly qualified labor, but at the same time it needs free members, aware of their responsibilities and able to shape their own lives.

A contextual imperative: the need for special protection for children during transition. Almost all the Romanian community is currently living at the limit of the requirements of a modern society. The transition has produced a rapid pauperization of almost all the population. That means that almost all children should enjoy the necessary conditions for living a healthy, decent life within a modern and efficient society of the future. Priority should be given to the protection of children against the unexpected shock of the transition.

One of the strategic objectives of transforming Romania into a developed, modern and European country is the setting up of a child-centered society.

1.2. The principles for child care

The principle of human integrality of the child: As from the first moment of their existence, the children are an integral whole, having simultaneously

all the needs of a human being; irrespective of their situation, they are always an integral human being in need of an integral living environment in accordance with their complex needs.

The global, holistic approach to the child, as a human being whose needs for a normal life should simultaneously and steadily be ensured, is a basic requirement for any form of organization of child care.

In no moment of their existence, can children be considered through the viewpoint of a single type of need, although these needs may be crucial in certain conditions. Children should be considered first and foremost as human beings irrespective of the special situation they might be in – illness, abandonment, disability, delinquency, etc. The medical treatment for a sick child can be a crucial need. However, the lack of a simultaneous coverage of other needs might go immediately, but particularly in the long-term, against the child as does the lack of medical treatment.

Being under a rapid development process, during which each delay is difficult to be caught up, the child needs a full human environment in each moment of his existence. Whenever the child has to be removed from the family environment – serious sickness, abandonment or inappropriate family environment – situations should be minimized. However, the child should enjoy a full human environment even in these situations, as is the case of hospitals which encourage mothers to stay together with their children and which thus offer an environment similar to that of a family, or the case of family-type houses for children.

Neglecting some needs, such as those related to family environment, affection, cognitive support, emotional development, autonomy and participation in order to cover some urgent needs (medical) or because of lack of resources (institutionalization) would breach the fundamental right of the child: that of an integral human being.

The principle of social integrality of the child: the child is an organic part of his family, community and society.

In order to enjoy a normal life, the child needs a family able to provide a positive, normal living environment; a harmonious, free society oriented towards the individual and collective welfare of its members.

Children cannot be supported whilst neglecting their family and community. Although it should be ensured that the support channeled through a family actually reaches the child, the drawing up of a boundary line

between the child and the family would be absurd. It is practically impossible to help the child without supporting the family. Nevertheless, the family support should be based on solid guarantees that it is used in the superior interest of the child.

Children should not be punished because of their family. The child social support should not be withdrawn on the suspicion that family does not provide its children with the necessary living conditions. There is a contract between the community and family which has always an implicit nature, but which could be however explicitly formulated. And this contract is always favoring the child. The society may withdraw its support in extreme cases when, for instance, the family is not able or does not intend to ensure the minimum support to the child. In this case, the society is however obliged to provide immediately to the child the living means through alternative measures.

The community should place all children in the center of its attention. Community care should reach all children irrespective of their sex, race, ethnic group and religion of parents. Community care should be provided both to children in normal situations and to those being at risk. Child-care should not be focused on poorer areas. Each child has the right to a special support of the community as a symbol of solidarity between the adult and young generation.

One cannot develop positive attitudes towards the child in general if attention is focused only on children at risk. The community should place all children in the center of its attention. A specific blockage for child protection reform was precisely the collective frustration that all attention was paid to the institutionalized children, while no consideration was given to children living in their biological family. It was this public interest disequilibrium which caused dissatisfaction in the community.

The principle of integrality of child services: there are no specific child problems able to be fully solved through strictly specified, ad-hoc solutions.

The existence of a child raises a complex of highly interconnected needs and life conditions. Strict category-based child support addressing a specific problem tends to be either less efficient or not efficient at all.

Each problem is a concentration of difficulty at a point in the existence of a child, being deeply rooted in it. The problem can be addressed in a highly specified way, but through an action that takes into account or at least does not ignore the whole existence of the child.

The system of child social services cannot be fragmented either from a conceptual or from an institutional point of view. The activities, be they distinct or not, should be associated with specific integrative mechanisms. Even though they may be different in terms of intervention techniques or institutions involved, the school, the medical care, care provisions in exceptional cases (sickness, abandonment and inadequate family environment) should be characterized by a profound integrality of approach. Moreover, they should sustain each other so as to ensure the necessary supportive environment.

The principle of option and freedom of choice

The authoritarian culture of traditional societies has used the principle of child immaturity as an excuse for neglecting their elementary right to freedom of choice and freedom of participation in the decisions affecting their lives. The specific capacities of the child at different ages are undoubtedly superior in comparison with the room for freedom of choice. Children should be trained gradually, since early ages, to assume responsibilities for their acts, to form personal opinions and to be able to evaluate themselves. The children should also be taught to defend their own rights, including the areas of responsibility and free decision.

Three fundamental democratic rights should be guaranteed to children:

- **The right to living.**
- **The right to participate in the decision-making process, mainly to those related to their own lives.**
- **The right to have a say concerning the society within which they live.**

The right to perspective

Despite some quite widespread opinions, children do not live only in the present. Maybe more than for the adult, the perspective of their own future is an essential dimension of their quality of life. A prosperous life which provides opportunities for learning, professional training and integration into society as a respected adult represent a fundamental need of the child.

Children need opportunities and conditions for their development. The single provision of chances is not sufficient. The child has a fundamental right to secure minimum development conditions that should be provided unconditionally.

Approaching the child from the perspective of existing social stratification might lead to the cancellation of

some essential opportunities. Each child should have full access to any possible adult future without any discrimination in terms of options.

And above all, there is the right of the child to a normal, dignified actual and adult life. The living conditions of children might often condemn them to a criminal adulthood, outside social normality, thus reducing their chances to a normal adult development.

The double responsibility concerning the child: the responsibility of the family and of the community

The responsibility for providing the necessary living conditions for the child relies on both family and community. A real revolution in this respect has taken place during this century. A switch from family, as the unique responsible entity for children's welfare, to a complex family/community partnership was witnessed. The local, national and international community is bearing increasing responsibilities in this field. And the state should assume a fundamental commitment on the matter.

There are two complementary rather than exclusive responsibilities. The first responsibility for securing all necessary prerequisites for child development lies with the family. In case the family responsibility is not working, the community should not sanction the family at the expense of children's welfare. The family itself should be responsible for children's welfare in the face of both its own moral conscience (which is a quite abstract and not very operational concept) and community (which is a more real and effective entity).

The state accepts a minimum responsibility that cannot be negotiated: education, health provision, minimum financial resources, a series of free or subsidized goods and services provided to families with children. The family is responsible in providing, through own effort and using the resources allocated by the state, the necessary conditions for the normal development of the child. It has also the entire responsibility to co-operate with public bodies so as to ensure the full use of all opportunities provided by them.

Making the two responsibilities compatible is more than a moral or philosophical speculation; it is rather an issue of pragmatic social policy. Insufficiently elaborated systems might risk a chronic disequilibrium within which the two responsibilities are canceling each other or are passing the buck between themselves.

There are two risks that can show up in such a complementary relationship:

- **The mutual passing of responsibility.** The family might transfer some of its responsibilities to the community: institutionalization of the child, lack of co-operation with public bodies, education, medical care, etc. The community may also abandon its own responsibilities to families which might not be able to take them over; worse than that, the community may abandon its responsibilities in the name of strengthening the family. In either case, the child is paying for the family's incapacity to cope effectively with the responsibilities transferred to the community.

The child may be trapped in the moral game of these two responsibilities. This is not the case of a null-sum game, where the surplus of responsibility assumed by one entity can be automatically subtracted from the responsibility of the other. It is rather a co-operative situation in which one responsibility is being built on the other responsibility.

- **The mutual suspicion.** The family may consider that the society is distorting the values that should be built into the child. In its turn, the society may be afraid that the family imposes a set of values and its own lifestyle which are not adequate and which might eliminate the children's opportunities to choose their future. Additionally, there is the threat that adults might take advantage of resources

offered for the child by the community in their own interest. For instance, there are families who are not encouraging their children to attend school. Of course, school might be considered unsatisfactory by some members of the society. The lack of schooling is however an anti-child option. School is the first link between the child and the society. It is the compulsory bridge that opens all opportunities a society could offer for its children. If a family or a social group considers that the present school profile is not in line with its own values, it should involve itself in a democratic dialogue process with a view to change the school profile and possibly its own values. Isolation, as a result of inconsistency between adults' convictions and those of the community in general, might seriously afflict the interest of the children and lower their opportunities.

A serious responsibility issue should be raised in this context: the family has the duty to open the child to all possible opportunities provided by the society, instead of limiting them to options made by the adult in the name of the child.

There should be a mutual contract between the state and its citizens that would stipulate that the state commits itself to promote community values, while the individuals are charged with acting responsibly as concerning their children.

**Chap. 2 The Living Standard of the Community and
the Welfare of the Child**

- 2.1. The heritage of the socialist regime:
a population under a rapid process of modernization, with a welfare
peak in the 70s, but followed by a progressive pauperization that
reached an unacceptable level of misery in 1989.**

The economic growth, as source of welfare during the 60s and the 70s, has been maintained artificially in the 80s at the expense of the decrease in living standards.

Despite the principle of egalitarianism, a polarization of the Romanian society was witnessed especially during the last years of socialism. Besides the population with incomes almost evenly distributed, a marginal segment of population plunging into a desperate poverty was broadening its dimensions during the last 10-15 years: low wages, hidden unemployment, low agricultural incomes, many children as a result of the aggressive pronatalist policy of the regime. The specific feature of this segment of population was the big number of children, which widened the gap between resources and needs despite the important financial support provided by the state through child allowances.

- 2.2. The dynamics of the economy during the first years of transition:
a collapse followed by a slow recovery, though unsupported
by consistent reforms**

Despite the overall illusion of a possible rapid recovery after 1989, the Romanian economy experienced a rapid fall. The first two years of the 1990s meant an economic collapse. As a result, the 1992 GDP reached only 75% of its 1989 level (table 2.1). The drop in industrial production, which was the most irrationally developed sector, was more dramatic: 48.8%. Due to privatization and a huge demand for foodstuffs, the agricultural production has exceeded its 1989 level. Beginning with 1993, a shy tendency of economic re-launching was registered. This tendency was strengthened in the following two years. Despite a steady economic growth, new economic tensions were accumulated in 1996, as a penalty for hesitations over reforms. A new crisis has to be met in 1997. A further decrease in GDP of 2% is envisaged for this year. A new sacrifice should be made by the population to secure the prerequisites for a healthy re-launch of economic reform.

Table 2.1

The dynamics of GDP in 1989 prices

Year	1990	1991	1992	1993	1994	1995	1996	1997*
GDP	94.4	82.2	75.0	76.1	79.1	84.7	88.2	86.4

*) Governmental estimate.

Source: National Commission for Statistics (NCS)

2.3. The living standard of the population during 1989-1996: a dramatic decline followed by a slow recovery – uncertain perspectives.

Despite expectations, the majority of the population experienced a drop in their living standard because of the sharp economic decline. Due to the already very low living standard in 1989, the economic fall led to an explosion of poverty.

All incomes shrank except those from the private economy that registered spectacular increases.

The real wage incomes decreased, thus affecting the majority of employees. In 1994, the average wage reached only 62.4% of its 1989 level. As from 1995, the average wage began to increase. Except in a few situations, a similar evolution was registered by other incomes, but at a much slower pace. Because of the distortions accumulated in the economy and the adjustment program, the living standard of the population is registering a new fall in 1997 (table 2.2).

Table 2.2

The dynamics of different incomes in 1989 prices

	1994	1995	1996	1997 (march)
Net average wage	62.4	70.02	77.0	68.7
Minimum average wage	33.4	33.9	35.6	25.8
Average insurance pension	58.1	63.1	65.0	—
* as % of 1989 average wage	27.0	29.3	30.4	—
Child allowance (for 1 child)	25.0	28.8	28.8	65.0
Unemployment benefit				
* as % of 1989 average wage	22.3	21.2	22.7	—
* as % of 1989 minimum wage	34.2	32.4	34.0	—
Support allowance (9-18 months of unemployment)				
* as % of 1989 average wage	8.9	13.1	12.1	—
* as % of 1989 minimum wage	13.7	20.0	18.5	—
Social benefit				
* as % of 1989 average wage	-21.3	14.0	—	—
* as % of 1989 minimum wage	—	31.5	30.1	—

Source: Database of the Research Institute for Quality of Life (IRQL), processing of National Commission of Statistics' data.

The economic polarization has sharpened rapidly due to the contribution of many factors. Some of these factors were: the possibilities of getting illicit incomes that led to huge fortunes accumulated overnight on the background of legislative gaps and the specific disequilibrium of the transition to a market economy. The real number of employees diminished by almost a

quarter in 1995 as against 1990; many wages were replaced by incomes of inferior level such as pensions, unemployment benefit, support allowance, social aid benefit. The differentiation among wages increased rapidly as well; the low wages eroded much more rapidly (tables 2.3 and 2.4).

Table 2.3

The dynamics of the relation between the minimum and average wage

Year	1989	1990	1991	1992	1993	1994	1995	1996	1997 (march)
Minimum/ average wage	65.3	59.2	61.5	46.0	38.0	34.9	31.5	30.1	24.5

Source: NCS

Table 2.4

The dynamics of the number of employees as % of 1990 level

Year	1991	1992	1993	1994	1995
Employees as % of 1990 level	92.9	84.5	81.8	78.9	75.5

Source: 1995 Yearbook

Agricultural incomes eroded less than others. Agriculture was the sector yielding incomes, even at modest levels, for a considerable number of people. During the first years of transition, a phenomenon of re-ruralisation of population took place. Agriculture was

an important cushion against economic decline, as it absorbed a large number of people displaced by the urban economy. In 1994, 30.7% of the total employment was to be found in agriculture as compared to only 22.1% in 1990 (table 2.5).

Table 2.5

Total employed population, population employed in agriculture and wage earners: 1994 level as % of 1990 level

	Total population employed	In agriculture	Total number of wage earners	In industry
Employees as % of 1990 level	92.3	128.2	78.9	74.3

Source: NCS

The agricultural reform has boosted the number of small landowners, many of them living in urban areas. The small land areas owned by a large category of population have partially compensated the decrease of cash incomes. The proportion of incomes generated through self-consumption in total incomes increased significantly beginning with 1989. This evolution was mainly caused by the increase in the production designed to cover the family needs rather than the market production. During July 1995 – June 1996, self-consumption represented 25% of total household consumption.

The future of farmers raises a tragic dilemma. The maintenance of present land fragmentation and the chronic lack of investment sources will block a significant increase in the standard of living. The land concentration, which is a necessary process for boosting productivity, will displace the agricultural workforce, thus making its absorption into the wage-earning system difficult. A high unemployment rate would seem to be a chronic problem for the next years.

The incomes originated from the underground economy comprise a wide range of incomes (some being either on the edge of law or illegal). These incomes are distributed widely across society, thus proliferating the trends that developed rapidly during the last years of socialism.

All incomes resulting from social transfers have decreased more than wages. Pensions scored a slightly bigger decrease in comparison with average wages, but lower than did the minimum ones. The other incomes resulting from social transfers registered a sharper decrease. It is the **child allowances**, a major tool of social transfer, which have practically collapsed. The number of beneficiaries of different social provisions increased in 1995 by 50% as compared with 1990, while the proportion of direct social transfers in GDP scored a similar level of 9% over the period considered (table 2.6).

Table 2.6

The dynamics of cash and in-kind social transfers (social security + health, education, culture) as % of GDP

Year	1990	1991	1992	1993	1994	1995
% of GDP	15.8	13.3	12.0	11.6	12.3	13.5

Source: Database of the RIQL on the basis of data provided by the Ministry of Finance and NCS

Table 2.7

**The dynamics of cash social transfers to families as % of 1989
(social security + health, education, culture) as % of GDP**

Year	1990	1991	1992	1993	1994	1995
Cash social transfers to families (% of 1989)	96.9	49.6	29.2	22.9	21.9	22.0

Source: Database of the IRQL on the basis of data provided by the Ministry of Finance and NCS

2.4. Consequence: the explosion of poverty

The explosion of poverty during the transition can be explained by the combination between the very low living standards inherited from the socialist regime and recent negative processes: drop in real wage, decrease of the proportion of wage-earning population in the total active population, rise in incomes polarization, unemployment, increase in the number of small farmers condemned to a subsistence agriculture.

The rapid decrease of resources has produced a strong shock. The families that previously managed to accumulate some resources were more easily able to

overcome the decrease in incomes. Many families, especially those in chronic poverty before 1990 and the young ones are experiencing an acute poverty. The poverty does not necessarily mean for many urban families the lack of food, but frequently much more serious concerns, able to totally destroy any perspective. Among these concerns we consider the lack of housing, the incapacity to pay the running costs of a dwelling, the lack of money for drugs in case of illness.

The available studies on poverty, carried out by the Research Institute for Quality of Life, indicate a dramatic situation in 1994, when the living standard reached its lowest level (table 2.8).

Table 2.8

The structure of the living standard, July 1994

	Families	Individuals	Children
Extreme poverty	10%	12%	22%
Absolute poverty	25%	27%	34%
Relative poverty	40%	39%	31%
Decent living standard, but near the minimum limit	15%	12%	7%
High living standard	10%	10%	5%
The richest 5% families	—	—	2%

Source: C. Zamfir (coordonator), *Dimensiuni ale sărăciei*, București, Expert, 1995, page 21

The minimum level calculated on the basis of some consumption baskets was quite severe. The figures

presented above were also confirmed by the subjective estimations of the population (Table 2.9).

Table 2.9

**Population clustering in relation to subjective standard of living
(“How would you appreciate the present incomes of your family?”)**

Insufficient incomes to meet basic needs	29.0
Incomes sufficient only for covering basic needs	40.4
Incomes sufficient for a decent life, but insufficient for special expenses	21.8
Possible special expenses, but with efforts	7.8
Incomes covering all needs without big efforts	1.1

Source: C. Zamfir (coordonator), *Dimensiuni ale sărăciei*, București, Expert, 1995, page 21

2.5. The housing and its impact on child welfare

Even though quite reasonably addressed before 1989 (more from a quantitative rather than a qualitative point of view), housing became a serious social concern after 1990, being addressed in a residual manner. The situation of the homeless and families with (many) children lacking adequate housing has been left exclusively in the hands of market mechanisms. An important number of the poor is faced with housing-related problems (lack of housing, inadequate housing for the family needs). In fact, there is a direct relation between poverty and housing conditions, which is affecting in a negative way the quality of family life and the welfare of the child.

Housing policy before and after 1989

A high rate of housing construction during 1970-1989. Between 1950 and 1989, 5,460,300 dwellings have been built (4,166,590 after 1960), out of which 2,957,900 (54.17%) were financed by public funds. Most of them were built using cheap construction

materials, their quality being sacrificed to numbers, speed of construction and low costs.

Low quality of a significant number of newly built houses. Even though the annual production of apartments has increased steadily since the 70s (during 1977-1989, 1,200,000 dwellings were built, meaning an average of approximately 100,000 dwellings per year, except 1989 when their number reached only 60,000), their quality deteriorated progressively given insufficient funds invested per apartment. Therefore, the comfort of these apartments is unsatisfactory due to severe wear, their thermal isolation and finishing requiring new resources and interventions on behalf of the lodgers.

Significant withdrawal of the state from housing provision policy after 1989. After 1989, the problems related to the unsatisfactory housing policy of the new government became acute. While before 1989, the state was concerned with the provision of necessary housing, after this year the number of newly built or finished dwellings was very low. Therefore, getting a dwelling became very difficult (table 2.10).

Table 2.10

The evolution of housing construction during 1985-1995

Year	Finished housing	Out of public funds (apartments)		Out of population funds	
		number	—%—	number	—%—
1985	103,916	87,569	84.2	16,347	15.8
1986	108,137	—	—	—	—
1987	110,389	103,428	93.7	6,961	6.3
1988	103,267	98,263	95.1	5,004	4.9
1989	60,000	54,979	91.6	5,421	8.4
1990	48,599	42,820	88.1	5,779	11.9
1991	27,958	21,520	77.0	6,438	13.0
1992	27,538	13,727	49.8	13,811	50.2
1993	30,071	10,851	36.1	19,220	63.9
1994	36,743	10,809	29.4	25,896	70.6
1995	approx. 35,800	—	—	—	—

Source: *Yearbook of Romania*, NCS, 1995

After 1990, there was a policy directed towards population support by obtaining ownership of former state-owned dwellings (especially apartments) through low interest credits. As a result, most of them are currently under private ownership. This policy led however lately to a major disadvantage. Most of new

owners were above 30 years old, thus disadvantaging the young segment of population which was no longer able to purchase houses with the support provided by the state (low interest credits) given the exhaustion of existing housing stock and the small numbers of newly-built houses after 1990.

The ratio rent/incomes is showing discrepancies between the two sectors – public and private. In the public sector, rent is very low and rather symbolic but the number of tenants decreased during the last years. In the private sector, rents are exorbitant in relation to incomes: in towns with more than 50,000 inhabitants, the average rent represents the equivalent of 50-150 USD/month (or ROL equivalent), exceeding by far the minimum or even the average wage.

At present, the need for housing stock in Romania has reached more than 1.1 million dwellings. The low number of dwellings built during the last years (especially those financed out of public funds) was especially caused by the decrease in governmental funds allocated for this sector as a result of massive withdrawal of the state from its social protection functions. Therefore, the access to new housing is increasingly difficult for a high proportion of population. The National Commission for Statistics has estimated the housing stock that is necessary nowadays in Romania to approximately 1,000,000. Add the necessary housing per year for newly wed families and other urgent cases that would require re-housing.

Families with four or more children represent approximately 8% of the total. A significant proportion of families with four or more children (but the less numerous families as well) have totally inappropriate housing conditions, the existing dwelling being unable to ensure normal living.

Negative aspects of housing in Romania

An extremely high number of Romanian children are living in very poor housing conditions (as noted by the 1992 censorship). At present, in Romania, there are 508,400 dwellings with a total floor space below 16 square meters (an average of 1.13 rooms per dwelling) which shelter 905,300 people (1.57 persons per room); **7,178 housing units inhabited because of necessity, out of which 5,470 are temporary buildings; 244,181 dwellings without any services** (electrical power, running water, hot water, sewerage, natural gas, central heating) with 435,804 lodgers. There are families with many children living in these dwellings; these children represent the future generation of Romania, whose quality depends heavily on the way in which the state, the society and the community are providing decent living conditions, particularly adequate housing.

Approximately 60% of population live in dwellings having below 2.46 rooms, an average that is actually very low.

One of the major problems confronting a part of population, especially the families with (many) children, is the high density per dwelling that is associated with many other difficulties. There are over 1.39 million people in Romania whose inhabited space per person is below 4 floor square meters. Out of them, 77,000 people inhabit not more than 2 square meters. We can say with accuracy that children represent most of the members in these families (four or more children). **Approximately 3.6 million dwellings (almost 50%) provide for less than 11.56 sqm/person.** There are 895,570 one-room dwellings (13.3% of which 58% are in rural areas) out of which **106,521 dwellings (11.9%) have floor space below 4 sqm/person** (63.2% in rural areas) inhabited by 527,877 people (1/3 in urban areas).

2.6. Perspectives on the living standard

The recovery rate of the economy during the last years is still modest. Assuming that this tendency will continue, some time will pass until the negative impact of the transition will be absorbed and the recovery of living standard will be significant. This temperate optimism is based on the reasoning that the reform process proved to be very slow. The measures of re-launching economic reform and those of financial austerity will further decrease the living standard in 1997. The acceleration of privatization and economic restructuring will probably put an end to the decline in employment of the last years. In 1997, the unemployment level might score significant increases.

Even a certain amelioration of the average living standard will be accompanied by a steady deterioration in the status of the poor, as a result of the likely increase in economic polarization.

2.7. The situation of children after 1989

Given the present configuration of the standard of living in Romania, children were severely affected by the deterioration in the economic situation during transition. Beside the adults with no incomes (like the unemployed or housekeepers), children represent the social category which has experienced a very rapid decline into pauperization. Given the low level of incomes, the birth of a child is seriously affecting the standard of living. The second and especially the third child aggravate dramatically the economic resources of the family.

The number of children represents a very important factor of pauperization: the more the children, the poorer the family. Table 2.10 indicates that single-

parent families with 2, 3 or many children are living in severe poverty. Only insignificant proportions (below 10%) manage to live a decent life (table 2.11).

Table 2.11

Poverty level of families according to the number of children
Percentage of the total number of families in a category

	Below MM	Between MM and SM	Between SM and DM	Above DM
Couple without children	5.8	12.1	38.2	43.9
Couple with 1 child	7.6	22.8	47.2	22.3
Couple with 2 children	6.9	35.5	42.7	14.9
Couple with 3 or more children	30.2	39.5	22.5	7.8
Single-parent family with 1 child	11.1	40.7	33.0	14.8
Single-parent family with 2 or more children	40.0	36.0	16.0	8.0

MM – the minimum below which the Ministry of Labor and Social Protection provides the social benefit

SM – the subsistence minimum calculated by the Research Institute for Quality of Life

DM – the minimum for a decent life calculated by the Research Institute for Quality of Life

Source: C. Zamfir (coordonator), *Dimensiuni ale sărăciei*, Expert, Bucharest, 1995.

When the presence of children in a family is combined with unemployment, lack of income of one of the parents or even low wages, the situation becomes dramatic. During the transition period, the cumulating of negative economic conditions has been accentuated:

big number of children/high unemployment/low wages/lack of incomes. Children tend to be concentrated in the poor zones of the society: 50% of them are living in the poorest 30% families (table 2.12).

Table 2.12

The distribution of children per family incomes deciles (June 1994)

	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10
% of total number of children	22.2	15.4	12.1	10.4	9.8	7.4	6.8	5.7	4.6	5.3
% cumulated	22.2	37.6	49.7	60.1	69.9	77.3	84.1	89.8	94.4	100

Source: Processed using the database of the RIQL, *Sărăcia*, 1994

In 1989 a family with two average wages and three children managed to be above the minimum for a decent life. In 1996, the birth of the second child pushed such family below the minimum for a decent life, but above the subsistence minimum. However, in the case of a family with one average wage and one minimum wage, we notice that in 1989 only the birth of the third child pushed such a family below the minimum for a decent life. In 1996, this type of family faced a much more difficult situation. Indeed, the birth of the second child placed it at the level of subsistence minimum, while the birth of the third child sharply aggravated its situation.

The need for child support is therefore valid for the majority of the population rather than for a relatively reduced segment.

An economic polarization between families without children or with 1-2 children and those with 3 or more children.

The dramatic increase of poverty in the families with 3 or more children cannot be explained by the simple accumulation of needs associated with each additional child, but through a complex of poverty factors – low educational level, lack of qualification, one-wage family – combined with a big number of children. This circle of poverty may be illustrated by a single example: according to the results of the censorship of January 1992, 47.2% of the half million families with 3 or more children had only one member earning incomes.

2.8. The impact of poverty on children

The explosion of poverty has a range of distinct effects on children:

- Despite the serious decrease of birth rate, the number of abandoned children, especially due to material reasons, tended to increase.
- The increase in the proportion of underweight newborns, whose further physical evolution is at high risk.
- The explosion of some diseases that are poverty-related: tuberculosis and infectious diseases.
- Delayed physical development because of disadvantage, insufficient food and health status.
- Nutritional instability, caused by lack of vitamins and minerals; insufficient food in the case of an important segment of population. *According to a study on poverty carried out by the RIQL in June 1994, 27.5% of the sample have considered that **the need for better food is the most important problem of the household, which is causing deep***

dissatisfaction. 53.3% have estimated the lack of proper feeding to be one of the biggest problems of the family. Out of these, 75.4% have considered non-existent or very low their chances of improving the situation from this perspective.

- The poor, unhealthy and overcrowded housing facilities, lack of minimum conditions for a civilized life affect in a negative way the child's welfare and chances for development.
- The lack of basic conditions necessary for attending school in the case of an important segment of children explains a certain increase in school abandonment. *According to the same study, out of the total number of families with children, 28.6% indicate the fact that **the lack of school supplies and textbooks for children** is a serious problem for their family. Out of these, 58.2% do not envisage any chances of solving the problem in the future.*
- Begging and theft are increasingly becoming the main source of income for a significant segment of families with many children.

Chap. 3 The Profile of the Social Policy for Child support: unequal reactions due to a lack of a global strategy

3.1. The policy of child protection during the socialist regime

Immediately after the war, the socialist regime tried to develop a child-centered policy:

- Free universal policy on education and health services; other free provisions or substantial reductions – holiday camps, leisure opportunities, creches, kindergartens; provision of housing primarily to families with children.
- Financial support for families with children: allowance for children and mothers with more than 3 children. In 1989, for instance, the child allowance represented 10.5% of the average wage, similar to that in the Czech Republic and Slovak Republic; in Bulgaria, the child allowance represented 12.8% of the average wage, while in Hungary it reached the highest level in the region – 20.5%. Adding to that were the highly subsidized goods for children.

Such option for generous child support was inevitable given the freezing of wages to reduced and relatively even levels. It represented a means of redistribution according to needs.

3.2. After 1989: a confused child support policy

The background for child support policy after 1989: an economy in decline, accompanied by a confused social policy, lacking any strategy and characterized by ad hoc reactions to internal crises and external pressures.

The evolution of child social protection policy, after 1989, took place as an effect of two main factors:

- An economy strongly affected by the transition, which provided modest resources both to the population and to the social protection programs.
- A confused, unarticulated character of the reform of social policy system, which was lacking a global conception. The analysts agree that the social protection system after 1989 has evolved in the absence of a clear strategy, overall view and priorities established through explicit political options. The active factors in this field were the

following: the wish to develop specific components of the market economy; the reaction to the new social problems generated by transition; the effect of pressures from different social groups; the taking over of some Western organizational models.

Neither at program nor at governmental level was there a coherent strategy for child support.

The policy concerning children was probably the most confusing in terms of directions and global methods of approach, despite the highest internal and international concern.

Although the Government adopted lot of measures during the first 7 years of transition, the general impression is that of a lack of a coherent strategy determining considerable efforts in some directions and shocking neglect in essential areas; the lack of any co-ordination and perspective. Despite the intentions, the period 1990-1996 is characterized by a lack of political will in the provision of adequate social protection for children during this very difficult period of transition.

The factor that blocked the design of a coherent governmental strategy was the dissipation, often on artificial criteria, of children-related issues across various governmental bodies. Important responsibilities concerning child policy are fragmented among many distinct governing institutions, the most important ones being the Ministry of Labor and Social Protection, the Ministry of Education, the Ministry of Health and the State Secretariat for the Handicapped. There are therefore co-operation blockages in the decision-making process.

The paralysis of decisions and their adoption under the pressure of different circumstances, without any consultation and outside a global strategy is a key problem.

In order to surpass such fragmentation, the **National Committee for Child Protection (NCCP)** was set up in 1993 as an inter-ministerial body in charge of elaborating a coherent strategy as concerns children and of coordinating the activity of all governmental bodies with responsibilities on the matter. Although the NCCP's activity was positive, its position within the governmental system did not allow an efficient performance of the functions for which it was created.

The Government Decision 972/1995 adopted a policy document concerning children – the National Plan of Action elaborated by the NCCP. This plan is a declaration of principles and comprises a list of fundamental values and action directions, which are unanimously accepted. However, it is not an action strategy. The plan has not led to a pragmatic rethinking of child protection at all levels.

At the beginning of 1997, the NCCP was transformed into the Department for Child Protection (DCP) directly subordinated to Romanian Government. Its tasks are broader than those of the former NCCP. The first document elaborated by the new body and adopted by the Romanian Government is the **“GOVERNMENTAL STRATEGY IN THE FIELD OF CHILD PROTECTION, 1997–2000”**. The DCP has prepared and intends to promote a large package of legislation concerning the strategic components of the child support system.

There are areas in which important measures in favor of the child have been adopted:

- The maternity leave has been extended until the child is one year old. It has been recently extended further, until the age of two. A reduced proportion of mothers takes benefit of such leave owing to the decrease of eligible employees. Furthermore, the uncertainty of employment makes some mothers reduce their maternity leave as much as possible.
- A more generous legislation for handicapped children has been adopted. Child allowance has been doubled. One of the parents can get an allowance equal to the salary of a social worker in the case of a seriously handicapped child.

A structural option: preference for universal child services (education, health) and for children at high risk (children abandoned in institutions, disabled children) accompanied by a rapid depreciation of support for families with children.

The reactions to the economic crisis in child protection policy were structurally different before and after 1990.

- During the last decade and a half of the socialist regime, the reduction in public social expenditures was primarily done through massive cuts in public services expenditure, especially health and education, thus trying to maintain the level of cash social transfers to the population, including the families with children.

- After 1989, the focus has been put on increasing social educational and health services, as universal services for the whole population, for which an efficient lobby was jointly carried out with the middle class and the specialists working in the above-mentioned sectors. Some transfers to the population were kept near the wage level (the case of pensions); however, the financial support for families with children has collapsed.

The economic support of families with children: the big abandonment of the social policy during transition.

The state reaction to the poverty explosion that massively affected the population with children was unexpectedly weak. The gap between means and needs caused by the existence of children have not been significantly covered by the social support. Families with many children, at most, were bitterly affected by the decrease in low wages, parents' unemployment, the collapse of child allowance (in 1994, 28% of their 1989 real level), the elimination of subsidies for goods for children, the gradual elimination of the benefits for mothers with many children (by 1994, the level of this benefit was only 1% of the 1989 level, being fully eliminated in 1995). The child social protection that should have normally compensated the difficult situation of families with many children eroded more rapidly than did the other forms of protection during the transition period. The introduction of the social benefit at the end of 1995 has undoubtedly provided a support to families with many children, but only to those living in extreme poverty. The social benefit has brought the latter to a survival rather than a subsistence level.

In 1989, the child allowance represented 2.7% of GDP. The introduction in 1991 of a tax exemption for 20% for families with children increased the level of expenditures to 4% of GDP according to World Bank estimations. Such financial transfer was considered by the World Bank to be too high at the time and in need of being reduced to 2% of GDP. In fact, once the tax exemption was eliminated and the real value of child allowance was reduced, the level of financial transfer for children reached in 1996 approximately 0.6% of GDP.

A certain erosion of this support has also been experienced by other former socialist countries, but its affect was much more moderate than in Romania; in other countries, for instance in Lithuania, Letonia and Russia, the child support has been increased (Table 3.1).

Table 3.1

**Dynamics of child allowance during transition
in some former socialist countries (as % of GDP)**

	1989	1995
Romania	2.9	0.7 0.6 (1996)
Czech Republic	1.2	1.0
Slovak Republic	2.9	1.5 (1994)
Poland	2.0	1.3 (1993)
Bulgaria	1.6	0.9
Letonia	0.4	1.6
Lithuania	0.1	0.4
Russia	0.5 (1990)	0.7 (1994)

Source: MONEE

As a reaction to this political approach, the Government appointed after the elections of November 1996 has introduced a major change by substantially increasing child allowance from 10,000 ROL to 50,000 ROL. The new level of child allowance represents however only 65% of its real 1989 value. The Government has recently introduced a supplementary allowance for families with many children: 30,000 ROL for a family with 2 children, 80,000 ROL for a family with 3 children and 120,000 ROL for a family with 4 or many children in care.

The rapid development of public services for children (health and education), complementary to the total neglect of the third main type of social service – social work services.

The social public services of education and health care enjoyed special attention immediately after 1989.

The education system inherited from the socialist regime was a relatively well-organized system, despite some major distortions caused by the political and ideological orientation. However, as a result of the decline in resources, the education system entered a rapid process of disintegration.

Some progress has been witnessed in this area as a result of supplementary financing and organizational reform. In comparison with modern societies, we are however far from an well-endowed educational system, focused on the complex social, emotional and learning needs of the child.

The health care system inherited from the socialist regime, although having an universal character, underwent a rapid process of disintegration because of continuous cuts in resources, demoralization of a low-paid staff and the progressive lack of basic resources. The health system oscillated between the heroic commitment to maintain professional standards and the effort of managing the problems without the necessary resources. On the background of confusion and blockage of reform, the reaction consisted in a moderate increase of financial resources and the development of some special programs of rehabilitation with foreign support or based on loans.

The development of the system of social services for children and families with children, as well as for the whole population was tackled in an erroneous manner. Dismantled by the socialist regime, the system of social work services has been chronically neglected by the several governments acting until 1996. Some social services have been developed at the initiative of non-governmental organizations. At present, the social work system is undergoing a strategic crisis.

Most of the measures concerning child protection were crisis reactions (provisional solutions to explosive problems) induced by the critical attitude of the international mass media and by International political pressures.

Given the lack of an overall conception, the available resources were used according to urgencies and were absorbed in a chaotic manner, therefore raising

collective frustrations. As a result of international pressures, the government paid a special attention to disabled children, while those living in poor families, the children abandoned and begging in the street were almost totally neglected. The relatively scarce resources were used inefficiently.

The reaction of the state to the crisis in the children's situation was predominantly an economic one: the allocation of more resources to the sectors with bigger pressures for change.

A significant example of the blockage of reform is represented by the children's institutions. We have inherited an inappropriate residential care system (in the case of abandoned children or children with special needs) that reached an unbelievable deterioration in 1989. The state has practically neglected the need to fight against abandonment. Instead, it has concentrated on increasing the economic inputs: increase in food allowance, investments for the rehabilitation of buildings, increase in staff. Very little was done as concerns the rethinking of structures and the philosophy in organizing these institutions.

Besides the economic support, a substantial technical support has been provided by different international agencies. The impact of these combined efforts was however unexpectedly low and confused. The explanation lies with the reform incapacity of governmental structures. The misconceived organizational principles (e.g. fragmentation of child care and child protection structures among different ministries, with children being referred to institutions according to unilateral criteria) remained surprisingly intact, the confusion being increased with the setting up of an independent department for the handicapped. The ad-hoc attempts for change were doubled by anemic and unarticulated attempts for reforming the structures. They were blocked in the last 2-3 years by the confusion within the authority system.

The results from these efforts may be summarized as follows: partial improvements as concerns housing conditions (besides situations remained unchanged since 1989), feeding, clothing; a certain change in the mentality of the community, of the staff working in children institutions and of some people from governmental administration. These improvements

were fragmented, local, isolated given the lack of a reform of organizational structures.

The result of this type of approach is the danger of a high reversibility: many measures taken have progressively diminished their impact due to the lack of a comprehensive strategy for change and a real political will. The reduction of the internal and external support of the last years seems to provoke a rapid process of collapse in the situation of many child care institutions. In the case of others, as the organizational, professional and interpersonal blockages are combined with scarcity of resources, the situation of the children tends to regress towards that of 1989.

The lack of mechanisms able to disseminate the experience accumulated in different sectors.

In the last 7 years, a lot of experiments were undertaken, some of them scoring amazing results. What is however lacking is the means for processing and disseminating the experience accumulated so far. The lack of communication is critical while the dissemination is done rather on an ad hoc basis.

Adoption of international regulations that are not based on a clear political will and on an administrative capacity for their implementation.

The will for rapid harmonization with international standards and the international support were the main reasons for the rapid adoption of international regulations. Therefore, there was a high vulnerability determined by important commitments made, but poorly observed or not observed at all.

3.3. Explanation of the configuration of child support policy

Competition for budgetary resources

Given the scarcity of available funds, it was to be expected that a strong competition between the social programs would be launched. As a result, financing of some programs decreased while for the others, it was more generous (table 3.2).

Table 3.2

The dynamics of budgetary expenditures in 1989 prices

	1990	1991	1992	1993	1994	1995
Education	128.1	157.2	140.0	115.5	118.8	145.2
Health	111.2	120.5	100.2	85.9	92.3	99.0
Pensions	99.2	96.1	90.2	85.7	89.7	103.6
Social work *)	170.1	340.2	386.7	247.9	372.6	495.9
Child allowance	96.9	49.2	26.5	23.0	21.9	22.2
Total budgetary expenditures	102.6	92.0	87.9	71.6	78.3	86.3
Economic expenditures	148.5	114.5	127.0	89.1	90.7	88.8

*) Given the fact that the social benefits have been provided until the end of 1995 on an occasional basis, to few people and in reduced amounts, the bulk of these expenditures went to child care institutions, residential care for disabled people and for the elderly. The financial support given to the disabled people is not considered herewith.

Source: The database of the IRQL, processing of data provided by the Ministry of Finance and the NCS.

Education and health, which were seriously neglected before 1990, enjoyed more attention, especially due to their universal nature, thus for the benefit of the whole community. A certain collective image has nevertheless been added: in-kind services – health, education – are more efficient for children than cash support. While the lobby for education and health, important sectors of our society, was very active, the families with children were not a considerable social pressure group.

The strongest competition has been launched by the economy itself. The state resources, irrespective of their form, have always been put under the massive pressure of the economy whose reform was delayed. The utilization of the budget to subsidize the economy has scored a minimum effect on its restructuring; it rather maintained alive an inefficient, loss-making economy. The economy was a very important competitor against the social programs due to trade union pressures as well.

The economic policy has been mixed up with the social policy, the result being rather negative. Instead of implementing a social protection in parallel with the reform, preference was given to the so-called workfare.

The value-related scission in the community as concerns the attitude towards children.

The lack of political will toward a proper support for children does not represent at all the expression of a negative or indifferent collective attitude regarding children's destiny. On the contrary, it is in our tradition to provide special care for children. The proof is the massive investments made by parents for their children.

The lack of political will is rooted in a paradoxical attitude concerning the social support for families with children. On one hand, there is the clear perception that the state should do more for families with children; on the other hand, there is a collective, clearly shaped threat concerning the possible perverse effects of the support policy for families with children.

This ambivalent attitude has two components: the evolution in the last decades of a pronatality culture and a perception of the possible impact of the support policy devoted to families with children.

As far as the community attitude towards childbirth is concerned, a change with very important consequences for present-day social policy has occurred in Romania in the last four-five decades. After the war, a rapid switch from the traditional mentality to a new attitude towards childbirth was witnessed: the high appreciation for qualitative rather than quantitative approach. The big number of children in a family got a rather negative connotation.

The most important reason for this change was the increase in the costs of raising a child. The socialist state took over a part of the costs for raising children or at least intended to do so. But the family has been burdened by a very important share of these costs, which were all the more difficult to be covered the lower the income levels got.

Families opted for fewer children to ensure themselves an adequate provision of opportunities and the fulfillment of parental responsibilities. The cultural pattern of the family has been drastically changed. The Romanian culture, as shaped after the war, has not been

characterized by a pronatalist orientation, but rather by a limitation of the number of children per family and focus of family resources on the provision of opportunities for children. A cultural pressure has been developed especially within the middle and the upper classes of the society, according to which, family planning was an essential factor to ensure the best biological quality of children.

Such change in the child-birth culture has split the community in two: those willing to offer their children all necessary means and whose birth-rate was low, and those considered irresponsible by the first group because of their high birth-rate.

Having fewer children was the price paid by the population for the modernization of its lifestyles: a more comfortable dwelling, better clothing, television and even a car, holidays spent in resorts, weekends. The big number of children has fully blocked the modernization of lifestyle.

The aggressive pronatalist policy of Ceausescu, as promoted since 1966, prohibited almost totally abortions as well as the use of most contraceptive means. This policy deepened further the community scission relating to childbirth issue.

Resistance to political pressure combined itself with resistance to the megalomaniac, pronatality dreams of the dictator, because they were against the modern childbirth culture and unaffordable given the low living standard of the population as since the mid-70s. The majority of people succeeded to cope with such a policy by giving birth to only 1-2 children.

Relying on fewer economic and social resources, supported by the strong historical tradition favoring large families and lacking opportunities to improve their lot because of their marginal social position, the poorer segments of the population were in a more disadvantaged position concerning family planning. An attitude of desperation, demoralization and helplessness developed within these segments of the population. They finally abandoned any attempt at family planning. The cost of family planning was very high, while the probability of success extremely low.

The incentives for modernization and changing the mentality concerning the number of children in a family were removed. A strengthening of the traditional lifestyle was witnessed along with a combination of poverty, high birth rate, incapacity for change and abandonment of modernization attempts. The poor segments of population suffered a strong regressive shock. On one side, the harshness of pronatalist policy discouraged birth control attempts. On the other side, the economic decline, sharper one decade later pushed

these segments of population again into poverty and took them out of the modern society at a time when they were undergoing a modernization process.

The group of gypsies was the most relevant example of these segments. The modernization of their lifestyle, including the childbirth culture, was brutally discontinued and even put back. The rapid modernization policy of the socialist regime has launched a significant process of change within the gypsies' community, accelerating the assimilation of a modern lifestyle. However, the 1966's policy combined with the next decade of economic crisis discontinued this process. According to Elena and Catalin Zamfir (1994), a process of regression to traditional and marginal lifestyles has been registered among the majority of gypsy population.

An ambivalent attitude towards families with many children was shaped within the community: on one hand, an attitude of compassion because of the difficulties encountered and the incapacity to cope with the pronatalist policy, and, on the other hand, a negative attitude based on several reasons:

- The lack of understanding towards the attitude of giving up own life control once faced with the aggressive pronatalist policy and the suspicion of the existence of an irresponsible demographic behavior. This behavior would regard the lack of any considerations concerning family possibilities to cope with the developmental needs of children, based on religious beliefs (some cults having an aggressive pronatalist option) or on traditional values considered unacceptable by the majority of population (the case of gypsies).
- The threat of negative effects upon the whole community that could have been produced by this segment of population characterized by poor socialization skills, resulting in enhanced poverty, marginalization, poor education and lack in the capacity to integrate into modern life, criminality.
- The suspicion that some families with many children would even like to take advantage of the increased state support for children.

At the level of public conscience, this segment of population tended to be associated with gypsies, whose majority had an irresponsible attitude to birth control due to their historic tradition and culture. The gypsies were considered to take profit from the state support. Furthermore, it was considered that they are probably encouraged by the state.

There is another factor that should not be neglected. The aggressive pronatalist policy of the socialist regime

has created an intensive collective aversion around high birth rates. The public opinion seemed not to favor families with many children. The lack of will to support them implicitly indicates the public opinion towards a sort of punishment for their irresponsible demographic behavior.

The high economic support was frequently perceived as a support provided to families rather than children. Because the public always associated high birth rates to the Romany population, the support for families with many children was in its turn considered to be a way of encouraging gypsies and their irresponsible lifestyles. Therefore, there has been no substantial political support for the provision of cash benefits to families with many children. While some social services and in-kind benefits were provided, in the case of cash benefits there was always the suspicion of their use in the interest of parents rather than children as an income substitute. Furthermore, there has always been the suspicion that this support would be an incentive for giving birth to children in an irresponsible way.

A controversial issue is related to the link between a more generous support policy for families with children and the maintenance of high birth rate within the Romany or the poor community in general. The specialists are inclined to consider that there is no direct link between the two.

Undoubtedly, this political attitude towards supporting families with many children tends however to be blocked by its internal contradictions. It is nowadays undergoing a profound crisis, which is implicitly acknowledged by the intention of the present governmental coalition to increase the support for families with children, some measures being already taken.

On one hand, this policy goes against the fundamental moral principles related to childcare. It is totally unacceptable to punish children, by not awarding the necessary support, because of parents' irresponsibility.

On the other hand, such a policy seems to be inefficient from a practical point of view. It enhances the poverty of an important segment of population with many children, thus adversely affecting their training.

3.4. A factor with contradictory influence : the culture of childcare between overinvolvement and abandonment

While before the Second World War child support in Romania was in line with Western development, during the socialist regime this synchronism was lost. The Romanian system of values relating to social attitudes

towards children was significantly backward in comparison with that of developed Western countries. The reason has been linked to a collective mentality produced by the whole child support system.

The social desegregation produced by the last decades of socialism and the strengthening of individual concern for the ensuring of living conditions at a minimal level have negatively affected the collective attitude towards children. A polarization at the level of collective conscience is taking shape: increase in the concern and responsibility for raising one's own children complemented by an increase in a defensive indifference, as a result of an inability to cope with problems of other children.

The culture of care provided in the family is characterized by a progressive scission. On one side, investment in children (especially in their education) increased in families with better living standards. Given the withdrawal of state support during the last 10-15 years and worsening of living standards, the attitude on children oscillates between securing survival conditions and providing social opportunities to their own children in sharp competition. Success at school as the condition of social success has become a quasi-pathological obsession for a large segment of population. Added to this was family's effort to support the youth in setting up their own household.

On the other side, the proportion of disorganized families which are living in misery and which are trapped into a cycle of poverty and social dismantling has increased. Child abandonment in different ways has become a practice in these families. Children were abandoned definitively or temporarily. The "in family" abandonment should not be forgotten as well: the lack of any basic parental care of children.

Childcare institutions registered a double degradation: on one side, as concerns living conditions and on the other side, the culture of care. Institutions for children were characterized by an obvious unilateral state care: economic resources/medical care/school education under degradation, combined with a lack of human/social care and of support services for non-medical and non-school problems. The indifference concerning the institutionalized children could be rather explained as a defense mechanism against the pain of facing the inability to do something for them, due to the scarcity of available resources.

3.5. Western support for the Romanian children

Child protection issues enjoyed significant Western support. This support was given in different forms. There were loans provided by IMF and World Bank.

Toward a Child-Centred Society

The of a reform in child protection social policy has been supported by international organizations such as UNICEF, European Community, Council of Europe, UNDP, International Labor Organization; direct bilateral support from the governments of USA, Japan, Netherlands, Germany, Great Britain, France, Canada, Switzerland, Sweden; support from different Western non-governmental organizations. This support consisted of cash, goods and services, and transfer of know-how. Added to that support was the political pressure upon the government to take adequate measures for child support.

The strategy of Western support could be characterized as a combination of aid provided to public institutions and to voluntary and non-governmental organizations. A special stress has been put on the development of the civil society and of a network of non-governmental organizations. This has materialized through programs launched by foreign non-governmental organizations with funds provided by different Western governments or raised by themselves, often in partnership with Romanian non-governmental organizations set up in most cases precisely to serve a partnership operation. In other cases, funds were directly provided to Romanian non-governmental organizations through different mechanisms.

It could be noted that less support was provided to the state institutions for their own reform in comparison with the private sector. Some possible explanatory factors may be the following:

- A certain mistrust in the capacity of state institutions to directly absorb the support and to promote their own reform.
- The opinion that the private sector in the former socialist countries is maybe the most underdeveloped segment of society, that should be therefore particularly supported.
- The opinion of some donors regarding the need for an optimal public/private partnership for social protection.
- The fact that the Western non-governmental organizations, which were very active in Romania, proved their capacity of efficiently using the support provided by the West and to work with private sector institutions rather than with public ones.
- The opinion that the non-governmental organizations are more flexible, capable of experimentation and innovation than the state bodies, which are considered to be rigid, blocked by a lot of regulations and less oriented towards innovation and change.

The Western support scored notable results: beyond the effective support in solving different issues, the impact was rather general:

- Mobilization of civil society to organize itself, to design and implement experimental projects.
- Development of good practice in different areas.
- Changes in mentalities, values, and attitudes.
- The accumulation of professional patterns at high international level.

Changes in mentality had a more general rather than local impact, being operated at the level of the whole community, including the public system.

The change of mentality / culture of child support was a very important objective of Western aid. This objective has been accomplished through different means:

- Through mass media and political pressure: the identification of intolerable situations, their dramatization and pressure for active intervention. This is at least partially the reason for the dramatization (with a pedagogic aim, but frustrating) of the child situation in Romania after 1989.
- Through the exposure to a change in the attitudes of different people staffing the state system: visits paid in the West, workshops, and publications.

We should however consider some secondary negative effects, like:

- Underdevelopment of state systems and lack of stimulation of their institutional reform.
- Confusion, concerning the priorities for the reform of the social protection system in Romania.
- The set up of an activity pattern based on financial resources that cannot be afforded by present-day Romania.
- Generation of some tensions and dissatisfactions linked to personal exploitation of external resources.
- Less relevance for their generalization across Romania since they are financed out of external resources.
- Difficulty in taking over some developed systems outside the framework of unprepared state structures.
- Big difficulties in their taking over and generalization.
- Fragility of the developed pattern to be taken over disseminated and extended by the public system.

Being provided by such different sources, with such different philosophies and methods of approach, it enhanced in a way the confusion of Romanian institutions as concerns the development of a coherent social policy strategy, thus causing enormous difficulties of internal crystallization.

Some Western non-governmental organizations were rigid in promoting their model and had low capacity of adaptation to the specifics of Romania. In its turn, the internal confusion caused the absorption of this support to be inefficient and enhanced also the confusion of donors, thus fragmenting the support received.

3.6. Child social support: results and critical issues

The results of the efforts

- Special efforts in certain fields made by different agencies: government, local authorities, private sector, international organizations – especially UNICEF, EC Delegation, Council of Europe, Western governments (USA through USAID, Canada, England, France, Germany, Netherlands, Denmark, Sweden, Switzerland, etc. through bilateral relations), communities of other countries which provided generous donations, international humanitarian organizations.
- Remarkable modifications in many system conditions and components. Excellent results in many projects. But also failures or, more often, insufficiently sustainable and difficult to disseminate successes. Institutional blockages, communication and co-operation difficulties between agencies involved, lack of a global strategy for the development of a coherent system for child protection. Because of that, blockages, the confusion of some programs, the impression that the financial resources used are often leading to modest results and contradictory approaches which are lacking perspective.

The critical points of the present situation

- The high level of poverty in most families with children.
- The lack of a system of support services (social work) for families with children and for children. The family problems that are showing up are not identified and there are no preventive mechanisms for intervention in time. These mechanisms cannot be replaced by the fragmented and ad-hoc support of

non-governmental organizations. There is an urgent need to develop a social work system in the community, at local level.

- The inability of local communities to develop self-support activities through the mobilization of local resources. Especially, the inhibition of responsible public authorities is notorious.

The self-organization and participation capacity of communities is very poor and little stimulated by the NGOs. There are very few initiatives that are targeted on the segments in real need, which are able to organize activity so as to cope with their difficulties through the mobilization of available external and internal resources.

Most non-governmental organizations started their activity as individual initiatives of the middle-upper class and less as initiatives of those with difficulties. They continued the support of Western non-governmental organizations. Some of them have transformed themselves into highly professional organizations, acting at national level. The Romanian non-governmental organizations have relied up until now on external resources rather than internal ones. Moreover, they acted with substantial resources, while their experience of intervention with minimum resources was less developed. The motivation for their maintenance and development has partially consisted in the higher salaries of the staff in comparison with those obtained by the rest of the breadwinners. This is a very sensitive issue. Their activities are very expensive in comparison with the available resources of community. Therefore, their wide replication is impossible. They could be vulnerable in the face of a decrease in resources and equalization of incomes with those of the community. This is rather a technical model than a model of mobilization of internal resources and their administration.

The change in attitude and mentality has however its limits:

- Structural change of institutions / change of system / elaboration of a global strategy.
- The feeling of resistance to change as from 1993-1994.
- The feeling of incapacity to transform the new understanding into a coherent system of national action.

Significant modifications have been accumulated at individual level. The mentality of individual specialists has changed without being however converted and sustained by the reform of structures. This is the reason for a general impression (a correct one) that changes

took place especially where there were dedicated people, who fought for an idea. But also the reverse: difficulties, resistance to the promotion of change. The result consists in a big diversity of situations, from miserable situations similar to those of 1989 to wonderful ones. In the meanwhile: little changes, induced rather by supplementary resources and change of environment (systems in a slow, rather passive evolution); confused situations where changes are blocked by rigid regulations and structures, inter-institutional conflicts and a lack of basic resources.

Training of specialists. A lot of forms of specialization and professional training were supported. Special forms

of professional development (health management, institutional management) have been introduced in the existing education system (for instance, in health education). An important objective (e.g. UNICEF) was the development of social work higher education. Important changes have been made. Although their effects are not visible, they will be able to bear fruit in a supportive environment. There were also less efficient attempts, because of a lack of clear vision upon the system of professions and because of lack of correlation between education and institutional reform.

Chap.4. Towards a Comprehensive System of Financial Support for Children and Families with Children

The analysis of the situation of the child in the first 7 years of transition supports the urgent need for revision of the financial support system for families with children. The immediate options are limited considering the financial constraints. Of course, there are no compulsory levels for child support. They might move up or down according to the political will of the community and its representatives.

The neglect of financial support for families with children was the hot debating issue of the electoral campaign in the fall of 1996. The parties composing the parliamentary majority included in their program, as a priority objective, the substantial increase of financial support for families with children. This increase has already been implemented to a certain extent.

4.1. The prerequisites of child support

The child support prerequisites are based on some implicit options of principles. In order to allow an adequate choice, these options of principle should be explicit:

A. Option related to the objective of support: survival support / development support.

- The option for survival support: only the poorest children whose survival is in danger would be supported. This option is often strengthened by the technical argument of social transfer efficiency: it should be strictly oriented towards the most needy segments and provided only to cover their needs. It is often considered that surpassing such strict limits would represent a "waste" of community resources.
- The option for development support: provision of minimum conditions that are necessary for the individual, educational, cultural and physical development of the child.

B. Option related to the principles of support: the principle of support provided to those in difficulty; the principle of social solidarity.

- The principle of support provided to those in difficulty: raising children is a responsibility of each family; the community should intervene only in case the family is lacking the necessary resources.
- The social solidarity principle between generations (the principle of historical mutuality): the solidarity between the adult and old generations, between

them and the young generation; the young generation, in its turn, will have solidarity for future old and young generation; within the same generation, there should be solidarity between those without and those with children.

The argument for such solidarity is the following: families with children have supplementary needs in comparison with childless ones. The child is a social asset who influences the fate of the entire community and who requires therefore community investments in its future. The support for families with children represents a means of collectively balancing living standards with a common interest issue: the raising of the new generation in good living conditions.

The illustration of such options is the social policies implemented in many developed Western countries, which provide for important transfers to families with children despite the high living standards.

The first option expresses a charitable solidarity with the poorest families, while the second option expresses a collective solidarity with all families with children in care.

4.2. The demographic policy: an additional argument for a universal and generous support policy for families with children

Child support policy should be based on a more general demographic policy. Despite the present belief according to which the development of a demographic policy is a difficult or even useless task for the moment, at least some elements of it should inevitably be formulated and promoted.

Romania is very different in comparison with poor countries from the third world both from the lifestyle and the point of view of birth rate.

The "standard" poor countries enjoy a high birth rate. They are not interested to maintain this level of birth rate through social transfers to families with many children, but on the contrary. Furthermore, they would not be able to afford that, even if they wanted to provide important child support. From this point of view, our country is in a different situation: it has a relatively low living standard coupled with a low birth rate. Because of the decrease in the number of children, the provision of necessary resources would be easier.

The demographic policy in Romania should start from some fundamental facts and draw up strategic conclusions thereafter:

1. The birth rate is very low and will most likely decrease further. A double option is therefore required: a. maintenance of the present level of birth rate and stimulation of its increase; b. assurance of a young generation of quality. Given the low birth rate (in

1996, the number of newborns reached only 62% of 1989 level – table 4.1) there are increased resources available for each child. In the meanwhile the community is interested to avoid any further supplementary losses because of poor living conditions provided to the present generation of children. The community cannot afford to lose physically and socially the few children born.

Table 4.1

Dynamics of the number of newborns during transition

Year	Newborns per year	% of 1989 level
1989	369,544	100.0
1990	314,746	85.2
1991	275,275	74.5
1992	260,393	70.5
1993	249,994	67.6
1994	246,736	66.8
1995	236,640	64.0
1996	231,348	62.6

Source: NCS

2. Birth rate is extremely different across segments of population. It has a low level within the middle and upper-classes that can afford good development conditions for the child; on the contrary, it preserves a relative high level in the case of the poor and marginal categories of population whose children enjoy low opportunities for normal development.

In order to stimulate the birth rate, it is necessary to compensate at least partially the effort of raising children. Such stimulation should complement the increase in the family responsibility for the quality of child development and the observance of fundamental children rights.

A policy of exclusive support for the poorest families, even if justified at present, could have a very serious negative effect: the increase or at least the maintenance of the present birth rate polarization. The population with a medium standard of living (still low compared to relative long-term aspirations) will not be encouraged to increase its birth-rate; some poor or marginal segments will be encouraged to maintain a high birth-rate due to the provision of social support (however necessary). The long-term social effects of such polarization could trap Romania (given the modest economic growth) into a degradation process: the poor segments would largely multiply themselves, while the middle and upper classes would register a reverse trend.

A correct demographic policy in our country should clearly opt for the provision of child support not only to the poorest segments of community, but also to the middle-class in order to stimulate its birth rate.

4.3. The major components of the child support program

Children could be supported through a complex package of complementary measures.

4.3.1. Child allowance

The most important cash benefit for children is the child allowance. The child allowance is used widely in the world, but in relatively different forms.

The existing legislation provides for universal and equal allowance to all children. An exclusion criterion is stipulated: the lack of school attendance (school abandonment).

Until 1997, the level of child allowance had collapsed. The new government increased it five times in nominal terms (50,000 ROL) at the beginning of 1997. In real terms however, the increase is less spectacular (the allowance representing in 1997 only 65% of its 1989 level) because of very high inflation during January-March 1997. In addition, the government has recently

introduced a supplementary allowance for families with many children: 30,000 ROL for families with 2 children, 80,000 ROL for families with 3 children and 120,000 ROL for families with 4 or more children.

Such a combination of universal allowances (relatively high) and allowances focused on families with many children (most of them having supplementary material difficulties) seems to be a correct option. It satisfies the

principle of solidarity, the need for high universal support and the necessity of targeting the limited budgetary resources to families with biggest needs.

A means-tested system would imply useless and very high administrative costs; moreover, the discrimination capacity would be very low given the relatively similar level of incomes.

Living Standard of Families with Many Children

Table 4.2

Families, according to the number of children in care, as percent of total number of families with children in care (1995)

	1 child	2 children	3 children	4 children	5 or more children
Total no. of families	46.8	35.3	10.9	4.2	2.8
Urban	48.9	37.3	9.1	3.0	1.7
Rural	43.4	31.9	13.9	6.1	4.7

Source: Database of IRQL (calculated by Corneliu Prisacaru)

Table 4.3

Children living in families with different number of children in care, as percent of total number of children in care (1995)

	1 child	2 children	3 children	4 children	5 or more children
Total no. of children	24.9	37.7	17.5	9.0	10.9
Urban	28.2	42.9	15.6	6.9	6.4
Rural	20.5	30.7	20.0	11.8	17.0

Source: Database of IRQL (calculated by Corneliu Prisacaru)

Although the proportion of families with 3 and more children is relatively low (18% out of the total number of families with children), the number of children living in these families represents 37% of the total. Children of second or higher rank represent 56% of total.

Table 4.4

Distribution (per family income deciles) of children living in families with 2 or more children, of children living in families with 3 or more children and of the second child living in families with 2 children

Incomes deciles	% in each decile of total children living in families with 2 or more children	Cumulated %	% in each decile of total children living in families with 3 or more children + 2nd child living in families with 2 children	Cumulated %
D1	28.5	28.5	34.6	34.6
D2	17.2	45.7	17.9	52.5
D3	13.8	59.5	13.1	65.2
D4	9.4	68.9	8.5	74.1
D5	9.4	78.3	8.1	82.2
D6	6.6	84.9	5.3	87.5
D7	5.4	90.3	4.7	92.2
D8	3.5	93.8	2.9	95.1
D9	2.7	96.5	2.2	97.3
D10	3.4	100.0	2.5	100.0

Source: Calculated using the database of IRQL, Sărăcia, 1994.

As one can notice in Table 4.4, approximately 90% of children (70% of families) of families with 2 or more children live below the minimum for a decent life. The figure reaches 92% in the case of children living in families with 3 children or the second child living in families with 2 children. Almost two thirds and respectively 3 fifths are placed below the subsistence minimum. The richest 20% families comprise 4-6% of children. The universal child support is therefore well targeted.

The concentration of children in the poorest zones of the community and especially in certain types of families is obvious when considering the structure of population getting the social benefit. Taking into account a representative sample of families in receipt of social benefit as established by the IRQL in Bucharest (Program Romania 10%), the following structure can be highlighted:

Out of total sample:	
Families with children	52.9%
out of which:	
Single-parent families	33.4%
* 1 child	16.9%
* 2 children	8.6%
* 3 and more children	7.9%
Two-parent families	26.9%
* 1 child	6.4%
* 2 children	7.5%
* 3 children	6.5%
* 4 and more children	6.5%
Single-parent and two-parent families	
* 1 child	23.3%
* 2 children	16.1%
* 3 and more children	20.9%

A very efficient measure of targeting child support towards families in need is the taxation of allowances. The cumulated allowance with total incomes (or, at present, with the highest income of the family given the lack of total income taxation) would force the families with high incomes to return a bigger proportion of allowance to the budget. Many incomes are currently very low. Therefore, a much simpler taxation formula could be introduced: the allowance could be included into the taxable wage / income only in the case of wages / incomes reaching the superior level of taxation.

There are some aspects of the present system that should be clarified:

1. Lack of reference concerning a certain relative level of child allowances. The child allowances could erode their real value since the law does not introduce any criterion of establishing their level in line with economic change. The correlation could be ensured by establishing the level of child allowance as a **proportion** of average wage or, by **100% price indexation**.

Given the present low level of incomes, the studies carried out by the Institute of Research for Quality of Life (IRQL) suggest that a level of **10% of average wage** would be satisfactory for universal child support and affordable. It would be able to equilibrate the living

standard of most families with children, by placing the allowances at a level similar with those in Hungary and the Czech Republic (where, however, the average wage is sensibly higher). A supplement for families with many children, similar to the lump sum allocated at present, could be added.

2. Possible negative secondary effects. The secondary effect, which is most frequently invoked, is the misuse of child allowance: the allowance is used as a family living means or worse, for unacceptable consumption of adults (e.g. alcohol).

Despite some rather anecdotal evidence, it seems that school attendance, as the eligibility criterion for getting child allowance, has considerably increased. Such prerequisite should be strengthened further and broadened. The provision of child allowance should be conditioned by some compulsory minimum standards of care. Some of these would be school attendance and collaboration of parents in the reintegration of children in the school; compulsory health care: vaccination, periodical medical consultation, etc.; general care of the child, avoidance of their exposure to violence and economic exploitation (begging, for instance).

A sort of Contract for Child Care could be introduced in the system, whose observance would condition the

provision of different child benefits, especially the child allowance.

In order to strengthen the active attitude of families as concerns education and co-operation with the school, the in-kind support (clothing and school supplies) should be distributed through parents. They should go to the school to apply for different in-kind support and demonstrate their active attitude concerning the school attendance of their children.

Such an approach could represent the starting point of a positive and active policy designed to eliminate social exclusion of some segments of the population and to discontinue the vicious cycle of the proliferation of marginalization.

The latter raises a complex issue: the child should not be punished because of parents' irresponsibility. Discontinuing the provision of allowance because of parents' failure to look after children should not represent a penalty for the child. Such a neglected child should be however considered under risk and supported through distinct means. Protection effort should increase but not in the form of a direct financial transfer to the family. In this context, the development of a social work system is vital.

4.3.2. Reductions of taxes according to the number of children

Tax reduction for families with children is a support method used frequently in combination with other methods. It can be justified on strong moral and political grounds. The social contribution of a family may consist of performed activity, cash (taxes) and children. A tax reduction would be equitable because families with children contribute to the welfare of community by spending more on raising those children.

This method provides incentives to work especially in the normal, legal economy. It also provides special opportunities for carrying out an efficient social policy for the eradication of poverty among wage-earning families with children. The tax reduction is to be preferred to direct transfer, especially the means-tested one.

The introduction of such support should however be designed in correlation with other means and based on a careful analysis of costs and advantages.

Possible methods:

1. Differential reductions according to the number of children. There would be no reduction for one child, except for young families (below 30 years old) which might get a 25% reduction. As for the second child, the reduction could reach 50%, while for the third and following children it could be 100%. The reduction might be eligible until the last child reaches 18 years old.

2. The reduction should be awarded only below a certain income (for instance, two average wages in case

of 2 children and three average wages in case of 3 and more children) and in a fixed amount (for instance, it cannot exceed one average wage). In this way, a certain differentiation according to incomes is ensured, while, at the same time, a purely regressive transfer is excluded.

3. When unemployment is high, higher reductions could be also granted to unemployed mothers with one child. This would therefore replace the unemployment benefit with a child care activity.

4. Given the present conditions, tax reduction could be applied only to one wage. In case of total income taxation, things become much simpler.

5. The negative tax: for families with many children, a tax reduction and/or compensation for reduced tax might be introduced in such a manner so as to render the benefit higher than the tax. For instance, for the second child, a defined tax reduction; then, for each additional child, that tax reduction would be multiplied by a coefficient, without exceeding a superior ceiling. Such a system would provide incentives for legal work, eradicating the poverty of wage-earning families with many children.

4.3.3. Increase of in-kind benefits: food, clothing, textbooks, school supplies, school holidays and leisure opportunities.

Such benefits would secure a much more efficient targeting of children's needs, thus avoiding significantly the misuse of social support. Additionally, they could be focused more easily than cash benefits. Such a system could take over a part of the tasks of the financial transfers to families with children.

The best solution would be the availability of a single budget including the financial (allowances) and in-kind support, their proportion being flexibly established.

The possibility of introducing free school meals/snacks, at least in schools enrolling poor children, should be urgently examined. We consider that there are unjustified delays in taking this decision that is vital for ensuring a nutritional minimum. Furthermore, such action would represent an important additional support for school attendance especially for the most disadvantaged families with children.

4.3.4. Allowance for child care

Besides the leave provided to employed mothers (prolonged recently to 2 years), an allowance for other mothers may be provided for limited periods of time. Such a measure would stimulate the type of childcare provided in the family, especially given the high rate of unemployment envisaged for the next years.

A similar type of allowance (allowance for mothers with 3 or more children) has been removed as a reaction against the so-called social parasitism of those with many children. At the time when the decision of

removal was taken, no consideration was given to the other related issues: early retirement, foreseen increase in unemployment and poverty, the needs of dependent children.

Possible option: *provision of an allowance for the first child for 3 years additional to the parental leave. For the second child, the childcare allowance may be extended, for instance until the age of 7. Its level should be however relatively low so as to encourage employment. The system could be connected on one side to unemployment benefit and on the other side to the system of social benefit thus relieving both systems for a part of financial effort.*

*The provision of allowance and parental leave should be conditional upon the observance of the **childcare contract** (valid also for child allowance). It would not be therefore awarded automatically. In case one of the children discontinues compulsory school attendance or his mother is not providing the necessary medical and social care she would lose her entitlement to allowance. There would be one exception: the situation when the mother co-operated with the school and social work system for reintegrating the child into school or into an alternative school-type system. The same method would be also used for health care; abuse of any sort, including economic exploitation of the child should be eliminated.*

The financial support for childcare may and should be associated with participation in activities of public interest: neighborhood childcare, support for kindergartens, schools supervision of children. A professional training component for childcare and family planning might be added. Part-time work would be also encouraged: participation in different forms of supervision and care of children whose parents are employed, community social services.

Such allowance would ensure the simultaneous accomplishment of several objectives: stimulate birth-rate, increase the quality of family life, decrease unemployment, increase the family responsibility for child care and the social contribution of parents, strengthen social cohesion.

4.3.5. Means-tested social support

The use of the above-mentioned complex package of support for families with children will diminish considerably but not eliminate the number of families in absolute poverty. In this case, the means-tested system would be necessary. Such support could be:

a. Permanent financial support

The system should however include participation in activities of public interest and a child cares contract.

b. Special financial support

The system should necessarily provide for a certain room for maneuver at the level of social services so as

to allow them to decide the provision of occasional/ad-hoc financial support to families in need, according to the degree of difficulty.

c. Category-based targeted support

It is probably essential to provide also a special support targeted to certain categories of situations. These would be social housing or partial support to families with many children for paying the rent/ maintenance costs; support for house building in special cases; permanent support in goods and services for the chronically ill or the disabled people, etc.

d. Families with children could be granted social scholarships rather than social benefit. The provision of such social scholarships should however be conditioned on school attendance at normal or minimum standards. The scholarship would therefore be a strong incentive for school attendance.

e. Support in goods and services: food, clothing, school supplies, highly subsidized tickets for holiday camps.

4.3.6. Support for single mothers

The problem of single mothers is critical. International experience highlights the negative secondary effects of such support: incentives to young girls to bear children as a way of ensuring an independent life, outside the family, based on social support; encouragement of unofficial unions to get support resulting in an increase of single mothers. Such a phenomenon of community concern is specific to the USA for the last decades. It seems however that there is no such danger in Romania at least for the moment.

Such negative tendencies (for instance, the increase in the proportion of single mothers) seem to be inevitably linked to a modernization process. The question is to what extent such tendencies are stimulated or inhibited by a certain social policy. Although it is very difficult to identify clearly the contribution of different factors, it is important to avoid as much as possible the adoption of policies facilitating tendencies of this kind; in case they are inevitable, a series of measures to minimize such effects should be adopted.

In order to diminish these negative effects, it is necessary to introduce an alternative, better targeted system which could help fathers who do not live together with the family contribute to the support and care of their children. The existing system that relies too heavily on the judiciary could be replaced by a double-sided one consisting of an automatic system and a system based on court decision.

1. The automatic system: the legal parent who is living separately from the family would pay a special income tax which would be automatically, directly or indirectly sent to the mother (through state bodies). *The father could have his income taxed or a lump sum could be deducted from his income at source. The lump sum would be established yearly by Government Decision.*

More systems could be foreseen. Direct transfer: tax paid automatically by the father is transferred to the mother. Indirect transfer: The two systems – tax for the father / standardized benefit for the mother – are independent. Maybe, the indirect system would be better as it could ensure a clear redistribution and could encourage fathers with high incomes to voluntarily supplement the contribution to child raising. Children might be registered in the workbook / social insurance system. This system would eliminate the never-ending trials and difficulties in the awarding of alimony. Avoiding the payment of benefits for children could constitute a penal offence and be sanctioned with prison and confiscation of assets in favor of children. The lack of income during one period of time could be accounted for and deducted from income obtained during more prosperous periods of time. The body charged with the collection of contributions for abandoned children could be given priority in taking over a part of incomes or assets.

2. A direct supplementary contribution, additional to the tax / standard childcare allowance could be obtained **through court decision** if income of the parent is higher than a certain amount (2-3 average wages).

3. In the case of doubtful paternity, the mothers can take the supposed fathers to court. In this context, it

would probably be necessary to examine the potential existence of a preliminary agreement between partners, which might be tested in different forms: they have lived together or another form of consent; a situation which makes the birth unavoidable irrespective of initial decision. The mother should also be made responsible for the birth of the child.

4.3.7. Housing support

At present, many families with children are faced with enormous difficulties in ensuring housing at minimum standards. The classical types of social support are not able to overcome this difficulty. Therefore, a special policy on the matter should be adopted, taking into account the present consequences and prerequisites of housing policy.

We estimate that the present housing scarcity will not score significant improvements in the next 5-6 years in terms of both housing quality and comfort. Instead, we anticipate a worsening of the housing market which will further worsen the possibilities of socially disadvantaged segments (those below the minimum for a decent life and the young) to get housing. This statement is based on the fact that at present there is neither a viable housing strategy, nor a sufficient and coherent legislative and economic framework to support it.

Present reactions to the housing problem

The main act that regulates the social, economic, technical and legal aspects of housing construction and use (art.1) is the Housing Law 114/1996.

The law (chapter 2, article 6) details the categories of population eligible for getting facilities as concerns housing ownership and their prioritization:

a) Young married families whose members should not be more than 35 years old at the date of house contracting; b) injured people, families and parents of those who lost their life because of participation in the Revolution of December 1989; c) professionals in agriculture, education and health who are moving to rural areas; d) other categories of people.

There are also stipulations concerning social housing: access to social housing, allocation criteria, duration, rent level, rent subsidy financed out of local budget.

The law provides for financing of social housing out of the local budgets of the county councils through state earmarked budgetary transfers as established by the annual Law on state budget. Other sources of financing might come from donations or contributions of private individuals and economic agencies interested to be involved in social housing construction.

We would however like to underline some deficiencies in present reactions to housing problems:

- ◆ Abuse in house selling, evacuation of families from their dwelling for obscure, abusive and partially objective reasons (especially because of failure in paying rent and maintenance costs for a long period of time).
- ◆ No housing alternative provided to evacuated families, thus facilitating the recent emergence of a new and very dangerous phenomenon of street families (the homeless) who are forced to move with their children and assets in the street and who have to wait for months to get housing.
- ◆ Existence of many single homeless people (especially the elderly, but also children) particularly in big towns who sleep for years in the street; as a result, an increasing number of homeless people who died during cold winters was registered (more than 100 deaths during 1996-1997 winter).
- ◆ Lack of temporary housing stock able to provide emergency shelter for individuals and families in need (single mothers, homeless old people, etc.).

Possible measures to cope with housing problems

The elaboration of measures designed to improve the present housing situation in Romania should consider several factors:

- Present economic situation.
- Actual possibilities of support for the construction of new houses and for people in difficulty through the provision of alternatives or compensations.
- An evaluation of housing needs on short, medium and long-term.
- Quick construction in sufficient numbers of social housing and temporary housing necessary to cope with crisis situations; in parallel, construction of housing to be sold to the population (in advantageous and affordable conditions) so as to avoid the social housing overcrowding.
- Complementary development of social services designed to absorb the complexity of problems usually faced by families in need. Most families with housing difficulties cumulate other social problems whose solving could overcome the crisis and help towards independence from social services support.

Given the fact that housing conditions for children are indissolubly linked to family welfare, each element of housing policy is therefore relevant to the improvement of the overall family situation. The housing strategy should be considered on short, medium and long-term.

Short-term (4–5 years):

- Allocation of social housing according to the precariousness of housing conditions and their cumulation with other social difficulties (many children, chronic poverty, etc.). The number of children should represent an absolute priority criterion.
- Reduction and even elimination of provisional/improvised housing and houses lodged because of necessity; depopulation of housing lacking basic requirements and its allocation to other purposes.
- Allocation of funds for the rehabilitation and modernization of some dwellings that might shelter at a minimum standard a certain proportion of population until a more permanent solution is identified.
- Gradual establishment of minimum standards concerning living space (total and floor space) taking account of the number of people/dwelling. Although the new Law on housing (114/1996) stipulates the increase in minimum spaces (previously regulated by

the Decree of State Council no.256/1984), they are still far below the European standards. They should be therefore modified again in 4-5 year-time (at the latest): an average of 18 sq. floor space per resident and a minimum of 8-9 sq.

- Identification of families in urgent need of housing as a priority, in terms of housing provisions
- Support for house building for young people and families with children. A low interest (subsidized reduction) according to the number of children could be introduced: for instance, 25% for one child (of a family until 30 years old), 75% for two children, 100% from three children up. Special allowances enabling the purchasing or the building of a house might be also introduced for families with many children. The interest could be paid later. If the house will be sold before its full payment, but not later than 10-15 years, the interest would be paid at market rate. Specific conditions might be introduced here as well: participation in activities of public interest, including the maintenance of the respective dwelling, participation in the building of social housing.
- Another short-term measure would be the encouragement of public and especially private economic agencies to build houses for their employees. The reduction of taxes would generate involvement and dynamism on the housing market, thus ameliorating the present scarcity of housing. Nevertheless, clear criteria should be established for housing allocation and tax reductions. A lack of control over the matter might generate negative effects. The housing allocation should be based on several criteria related to children, imperative necessity, risk factors, precarious and inappropriate housing conditions.
- Reduction / compensation of rent and maintenance costs for families with many children.
- Low interest credits for house purchasing especially to young families.

Medium-term (5–10 years)

- Attainment of the pre-1989 construction rates (approx. 80-100,000 dwellings/year), with special attention on quality as well as number of dwellings.
- Increase the floor space of newly built dwellings to at least to 16-18 sq./person and decrease the number of persons/room to 1.00.
- Construction of large numbers of social housing (3–400,000) during the next 10 years and its temporary allocation according to clearly-defined criteria. The beneficiaries of social housing should

be assisted in getting their independence from state social transfers through the provision of social services able to cope with other social difficulties (unemployment, low incomes, disadvantaged families).

- Active support housing policy in favor of young people.
- Rehabilitation of, at least, 50% of present housing stock.
- Elimination of improvised housing.
- Improvement of students and pupils housing conditions (boarding schools).

On long-term (10–20 years)

- Building of a sufficient stock of social housing to cope with crisis situations.
- Construction of at least 1.5 million dwellings, during the next 20 years.
- Rehabilitation of housing with inadequate living conditions.
- Raising of possibility for dwelling mobility as a result of estimated labor market fluctuations over the next 15–20 years. Such a measure would require the overcoming of the existing housing crisis and a surplus of housing opportunities generated by economic agencies.

4.3.8. Support through job creation, activities of public interest included

It is necessary to examine the possibility for developing programs and activities of public interest with support at the national and local level. Such public works/activities could take the form of:

a. Community development – headquarters cleaning, social housing rehabilitation, building of social housing or housing for participants in a co-operative system, social services (supervision of children, organization of leisure, education of young mothers and provision of support to them, reintegration of delinquent people, etc.), participation in activities of community social work. Certain social benefits could be linked to facilities for house building in a co-operative system: subsidized interest and advantageous credits for those who would like to contribute their labor to house building.

b. Local development – local infrastructure, works of community interest.

c. Objectives at the national level

The possibility of considering the time of participation in public works, as contributing to length of service for

retirement benefit could also be explored. The corresponding contribution could be half the length of service.

Some benefits may be awarded collectively or with a special type of collective cumulation. Let's consider the residents association of a block of flats. It is necessary to unblock some frozen social structures: lack of confidence and communication, incapacity to join efforts through local initiatives. The community development should be stimulated. These can constitute examples of good practice that may be further disseminated.

Community development programs should be a component of all social benefits in order to prevent the degradation of poor areas with social housing.

At national level, the possibility of channeling a part of funds foreseen for the social benefit and unemployment benefit to community/regional development programs could be examined. The provision of social and unemployment benefits may be conditioned in some cases upon the participation in activities of public interest. These benefits might also cover a part of wages for people involved in public programs.

The organization of programs of public interest at local level should be stimulated. The local funds may partially finance the public works programs. It is also possible to stimulate transfers at community level not only for charitable interest, but also for the development of programs of local community interest. Local resources could be collected for public works / social services. They would thereafter be administered by local authorities and used together with other funds mobilized out of those for unemployment benefit and social assistance for activities of public / local interest. They would also provide job opportunities for the unemployed. Cash donations for local public works should be tax-exempted.

Employment creation through programs of local public interest would encourage a local mobilization for overcoming social difficulties.

4.4. A change in social and political attitudes towards the support for families with many children

The present reform of social policy on childcare issues requires the constructive solving of the dilemma related to the support for families with many children. On one side, there is a wide consensus on the need to provide urgently a substantial support to families with children;

on the other side, the financial support for families with many children is perceived as a stimulus for irresponsible child-birth and for adults' dependency on child support.

This dilemma is especially related to one segment of the Romany population. The collective perception is that there is quite a large segment of the Romany population that, owing to its traditional lifestyle, strong poverty-related marginalization and discrimination, continues to have a lifestyle characterized by:

adjustment to a low living standard / involvement in marginal activities, underground economy and even criminal actions, high birth-rate combined with incapacity or lack of commitment to provide the necessary conditions for their children's development (lack of support for school attendance, for getting a qualification), involvement of children in a marginal culture of getting resources (begging, possibly theft) which are hampering their possibility of entering into a modern and normal adulthood. This category does not include only Romany families (although perceived as representing the majority), but also families of other nationalities experiencing a vicious circle of marginalisation and self-marginalisation. The different types of support for families with many children are perceived as having an unintentional negative consequence: supporting this lifestyle is considered undesirable by most of population.

The lack of support provision to families with many children represents an unacceptable way of punishing the children because of parents' attitude and social exclusion.

The reaction to this paradox was up until now rather passive/negative: a fundamental reticence to develop support provisions for families with many children. Such reaction only serves to aggravate the problems faced by this segment. It is necessary to break the vicious circle and to develop constructive methods to cope with this need and minimize the negative consequences mentioned above.

One part of the solution could be **the childcare contract** complemented by a strong development of the system of social work services.

A second part of the solution could be the development of an active policy of employment creation and of employment transfer from the underground to the legal economy, including the population involvement in

different activities of public interest. This means in fact a social support policy based on work and contribution.

The increase in family responsibility concerning its children cannot be achieved without a simultaneous increase in social participation. The overall effect would therefore consist in the stimulation of an attitude focused on the quality of the child. This would represent in fact a moderation of uncontrolled natality, generated by abandonment, desperation, perceived lack of control.

As a consequence, the strategy of support for families with children should follow two routes:

Route A: Support provided to the family in order to increase its focusing on the child, develop its capacities to take care of children and increase its own income through cash and in-kind transfers, participation in economic activities with all associated benefits and massive support in terms of social services.

The commitment to children's care, the will to do something for them and the active attitude towards their own life will have to be strengthened by community support through the provision of opportunities for economic participation and child care, complemented by direct cash and in-kind benefits. Such support should have an active character, thus avoiding dependency. Each social support should encourage active attitudes.

Route B:

the families who are lacking capacity or are facing difficulties in the provision of normal life conditions for their children (including their own economic effort) should be neither punished nor awarded with prizes. They should continue to get support especially consisting of social services; the support to be provided to children living in these families should combine the family support with the direct support for the child. Where necessary, children should be protected against any risks produced by their own family.

The strategy changes proposed above could be summed up as follows: from the support of families with children irrespective of their attitude towards children, to the support of families for children. The activity of families directed towards childcare should be supported rather than the family as such, irrespective of its orientation.

Chap. 5 The System of Social Work Services

5.1. Social work: the third vital component for child development

Social protection and social support for the community members are mainly provided through two distinct mechanisms: **financial transfer** and social services. Health care and education are the first two social services that pass our minds when thinking of services provided by the community to children. The developed societies have added, during the last decades, a third sector of social services for children and family, namely **social work services**.

Most of the times, social work services are more important than the financial support in itself. They could be crucial, especially in the case of children and families with children at risk. The family itself may expose the child to different risks (abandonment, abuse, and exploitation). In such conditions, the community should intervene to help the child, particularly using social services.

In most countries, there are complex public systems that provide social work services, frequently called social services in short. We will not refer in this chapter to the whole range of social services, but only those of social work.

This chapter will analyze the situation of the social services in Romania in general, bearing always in mind that they are addressed to children and families with children.

5.2. The functions of the social services

Social services are provided to all individuals, families or even communities **in need**. The individuals / families / communities in need are lacking the means (capacities, information, resources) to overcome individual and social problems that they are facing. They have to be assisted by the community through the mobilization of special support. The spontaneous interpersonal and community support should be provided by a systematic and professional support, called **social work** in broad terms.

- **The development of own capacities.** Social work supports the development of the capacities of individuals / families / communities to overcome, through their own efforts, the difficult individual, family, social and institutional problems they face.

Self-sufficiency, meaning the capacity to overcome their life difficulties through their own capacities and resources, is the final goal of social work.

- **Professional support.** Professional support is based on knowledge and professional techniques for solving the personal / family / community problems that exceed their natural capacity to face them.
- **Facilitating the absorption of social support.** Facilitating the absorption capacity of those in need of services and resources provided by the public or private community systems: education, health care, family planning, social support, etc. Many individuals and families in need do not know how to get, or encounter difficulties in getting the available financial and institutional support.
- **Targeting and creating efficient provision of social support.** The targeted and highly selective use of certain forms of economic support and other types of support for individuals / families in difficulty. Ensuring the effective use of the resources allocated for respective needs.
- **Defending the interests and rights of people in need / difficulty.** Social work is providing the first community support for defending the rights of people in difficulty (the child, the elderly, the handicapped, the poor) when they are at risk and unable to act for themselves to ensure the observance of these rights.

Social services represent a sort of catalyzing factor for the relationship between individual / family / local community / public institutions. They are essential for setting up an organic, supportive and friendly society for each of its members and particularly for children.

5.3. Historical and international context

In the countries that surpassed a certain degree of modernization, social services represent an important part of the general system of social protection. The first forms of social services were constituted, even in an embryonic form, as early as the last century. They underwent a rapid development and dissemination in almost all the European countries as early as the first half of the 20th century.

In Romania, the systematic state involvement in social work activity is considered to have started as from the

setting up in 1920 of the **Ministry of Labor, Health and Social Care**. A **Directorate of Social Work** was functioning within this ministry. A diversified infrastructure was set up at local level: the local bodies in charge of effective provision of social support were the **County and Village Offices**. A **County Committee** was set up as a local consultative, supervisory and coordinating body. The **Health and Care Provision Law** was adopted in 1930 and was providing at that time a very modern legal framework as concerns the functioning of the whole system of social work and for its co-ordination at national level. **Care Provision Offices** were set up in municipalities and county capitals, while **Care Provision Houses** were established in rural areas.

The Ministry of Health and Social Care was charged with the national methodological and professional co-ordination of the whole social work activity. All social care services depending on other ministries as well as private institutions and bodies were functioning according to the technical guidelines and under the control of the Ministry of Health and Social Care.

After the second world war, as a result of the activity of members of Gusti's sociological school who managed to pass the first repressive wave of legislation in the 50s, a complex system of territorial social work was set up with one social worker serving a population of approximately 30,000 inhabitants. The system functioned only in towns, but was supposed to be subsequently extended to villages. The social workers were trained in a post-secondary school of a highly professional level, which was considered at the time as being superior to that of many European countries. The social work system was dismantled in 1969 because it was considered to be inappropriate for a socialist society. Even the social worker profession was taken out of the official nomenclature of professions.

5.4. General principles for the organization of social work services

The principles presented below are operating in almost all countries with developed social work systems as well as in Romania before the socialist period.

A. The combination between general and specialized social work

Social services are developed across two levels:

- **General social work services** developed at regional/community level and providing social support to people in difficult situations. They can commission more specialized services, inform and

guide those in difficulty towards supporting systems. The similarity with the general medical services, even if only partially correct, provides a clearer intuitive image of the profile of these services.

- **Specialized services of social work** addressing certain types of problems with more specialized means. Social work is usually organized around schools (in charge of school attendance), hospitals, maternity homes, prisons/courts, police; in social work institutions like nurseries, children homes, homes for the elderly, institutions for the handicapped, etc.; or around some special issues – adoptions, street children, alcohol and drugs-dependency.

B. Social work has a global character as it is addressing people holistically. Targeting the human being with social work cannot be divided into either a methodological or institutional point of view. There could be priorities in directing available resources or some specialized approaches within the community services – the prevention of child abandonment or the reintegration of institutionalized children into their families. The global approach is however a structural framework for the organization of the community social services.

The public social services are dealing with all social issues of the individual / family. The experience of developing some community services that are strictly specialized on issues related to children / old people, etc. seems to have scored rather negative results. This was the case in Great Britain which, after such experience, came back to the provision of general social work services.

C. The right to get social work in case of need is a universal right of all community members. Social work services are not targeted only to the poor. Even those people enjoying a satisfactory life standard might be confronted by difficult circumstances that cannot be overcome using their available means and capacities.

D. Social work has a professional character. As against the traditional interpersonal and charitable support, modern social work is a highly qualified profession which absorbs specialized knowledge coming from all social and humanistic sciences: psychology, psychotherapy, sociology, social psychology, economics, juridical sciences, anthropology, etc.

E. The basis for the organization of social services is the local community. The co-ordination and guidance at national level has usually a professional profile. Organizational responsibilities and decision-making belong to local communities.

5.5. The present situation of the reform of social work services

There was no social services system in Romania in 1989. Some social work provisions were delivered without the necessary professional means and in a strict ad hoc way by the local authorities, enterprises or political bodies.

In 1990, the government considered the development of social services as one of its major priorities for the reform of social security and the social protection system. A step forward was represented by the rapid development of a university training system for social workers as from 1990. A complex social services system was to be developed as social workers were being trained. At present, there are Social Work departments functioning within many universities, either autonomously or as a secondary profile of theological sections. The first social workers graduated in 1994. Currently, there are 1,000 young specialists available.

The present situation of social services could be characterized as follows:

a. The lack of a national system of social work services. There are only ad hoc developments of some social services. The global system of social services has not even been designed, whilst a series of social services has been developed within the existing system or in parallel by non-governmental organizations under the pressure of different needs. In many cases, the non-governmental organizations set up a sort of symbiosis with public institutions: they compensated for the lack of financial and professional resources of the public institutions, they trained the public institutions staff, they added to the public institutions staff with their own specialists.

Some services (especially those for children, the handicapped, the elderly, HIV-AIDS infected children and their families) developed themselves in embryonic forms around other forms of services and institutions or around some special problems: child abandonment, adoption, family reintegration of institutionalized children, street children, the homeless.

The most significant development has been registered by the centers for the protection of children and of families with many children, that have been developed on an experimental basis in seven counties of the country through co-operation between the Romanian NGO "Pentru Copiii Noștri" (assisted by British specialists), the current **Department for Child Protection** and the **County Councils**. These centers have been developed outside the public structures, the next step being their takeover by the County Councils in the form of county services.

b. The lack of a strategic view concerning the development of a system of social work services. After seven years, there is no clear strategy for the development of public social services. Given the lack of a strategic view concerning the framework, within which they will be functioning, most experiments undertaken so far present, besides their multiple contributions, some structural limits:

- They do not include **the necessary means for potential generalization / dissemination / integration within a global system**. They are developed more as ad hoc approaches and do not provide the perspective for the development of a social services system that might incorporate them.
- They do not provide an answer to the following question: **how might the continuity and sustainability of their functioning be secured?** Most of them are developed either through the enthusiasm of donors and participants or as a reaction to an important financing source. The way in which they will be transformed into permanent functioning systems is not at all clear.
- There is the practice of delegating / taking over some responsibilities without ensuring the necessary structures and tools.
- They do not take into account **the costs of the activities developed by them**. Many of these programs are extremely expensive for Romania and possibly for countries with bigger resources. As a result, they are not structurally able to replace these high costs with internal resources provided by the community. Neither the community nor the state can provide the level of resources involved by the multiplication of many experimental programs. Therefore, as soon as initial support is exhausted, many of these systems are likely to disappear.

c. The start up of some processes of chaotic development without any coherent conception. The inception phase for the development of social services is regulated by two documents which stipulate only the possibility of organizing certain services of this kind, but which do not indicate sufficiently clearly what would they be and what the national system of social work services will look like:

- **The law on local public administration stipulates that:**

The county councils can develop social services within their structures. However, such legal possibility does not replace in any way a national strategy for the development of the system of social services.

● The law on the 1996 budget:

In Annex 8, a separate item called "the social service for child care" was introduced into the Expenditures chapter of the county council. As a consequence, the legal possibility to develop such services is completed by the possibility of introducing a special chapter into the county budgets. We are talking again about a possibility instead a firm allocation of some budgetary resources.

- **The government decision** adopted in November 1996 concerning a similar topic is considering the same idea of **possibility** in setting up some social services, without providing a clear methodological view. The single option that seems to be included in the text refers to a sort of absolute delegation of responsibilities to the county councils on the formal condition that they will co-ordinate their initiatives with other local or central authority bodies. There is no indication about a national body that should co-ordinate the social services system from a methodological point of view.

These legal provisions, issued in the name of local autonomy and decentralization, allow the legal possibility of developing social work services and define the principle of their organization within the local authorities. However, they express in fact the full abandonment by the central government authorities of any intention to develop a national strategy. From this point of view, the above-mentioned acts are creating an enormous confusion and are opening the way for a chaotic, disorganized and unprofessional development of social services.

d. Considerable expertise, that often has a sector-based character, has been accumulated at the level of some bodies within government institutions, but there is a blockage of any attempt to reflect on a coherent system. With the support of some international bodies (a special reference should be made concerning the activity of the UNICEF Representative Office in Romania), the staff of different bodies and segments of the government sector had the opportunity to develop their understanding, concerning the way different types of social work activities are organized at the level of international experience.

The experience accumulated so far is rather a concrete, sector-based one. More and more specialists know what should be done concerning one issue or another. However, because of institutional blockage – a blockage of imagination concerning the reform of the whole system – there is a kind of **organizational incompetence acquired** as a result of the incapacity to change the legal and institutional structures. Many specialists are blocked by the lack of government willingness to design a global strategy for the

development of social services; they are blocked by the tangled present legislation, being therefore unable to reflect on solutions from the perspective of profound changes. The capacity acquired by the specialists during the last years is transforming itself into impractical and nostalgic knowledge or into programs of gradual and local improvements, thus lacking global perspectives.

Where there is no framework for the functioning of social work services, the ad hoc actions become increasingly expensive and less efficient. The demonstrative function and the development of some capacities have an increasing local impact, their original contribution being thus geographically limited.

The critical point for the development of social services at present is the lack of a public structure able to be supported by non-governmental services. The taking over of some positive experiences of the non-governmental system by the public system has proved to be very difficult owing to the lack of proper organizational structures. The assimilation of some services created within a somewhat isolated environment, within the unprepared public structures with non-specific organizational designs will rapidly degrade and standardize the new patterns of working.

It is necessary to ensure a certain structural consistency within social services so as to avoid fluctuations according to available resources, to mental attitudes, or to local systems of power and influence.

5.6. A Case study: child social services at county level

The Centers for Family Support and Child Care were set up in 1993 in seven counties of the country on an experimental basis. Initiators: the National Committee for Child Protection and the organization Pentru Copiii Nostri in collaboration with the County Councils and with the support of PHARE and UNICEF. These centers seem to be the starting point for the development of future social work services. It is therefore necessary to consider them in much detail.

The objectives of the centers: prevention of child abandonment into institutions; support for the integration of the institutionalized children in the families; placement of children into substitute families; help provided to the families which are vulnerable from a material / financial point of view.

The focus on the abandonment issue (the child presents much vulnerability and needs which should be met by the community) is at present a correct option. It is a coherent complex of issues that could be addressed; it is sufficiently well bounded so as to allow the development of a structured, highly focused system for

intervention. The focus on abandonment eliminated the possibility of taking other actions within a confused environment. It also avoided the examination of various issues that could have been too complex to allow them to be appropriately tackled. It provided the possibility for the development of some highly elaborated procedures (methodology) as a basis for some qualitative professional services.

The disadvantage of such an approach is as follows: the limitation of services to a specified area is probably an excellent option for a first phase. However, it has its structural limits because some of the components of the problem are not covered by any action required for their settlement. The pressure toward the broadening of objectives in the functioning of these experimental services – also other problems of the child, family and adults – are already being felt.

Methods of approach

Stress is put on the professional services of social work. At first sight the abandonment seems to be caused by strictly economic causes. However, the information collected by both Centers reveals that such an image is quite incorrect. There is a complex of causes, the psychological and social ones being very important. Changes in the attitudes of parents and those of larger families allowed the flow of more correct information; the development of capacities to cope with difficult situations proved to be a very efficient outcome of the work of the two Centers. We believe that economic support without professional social support (social work services) is less efficient. The social services have proved therefore their capacity to raise the efficiency of the allocation of material resources. In the context of the current critical scarcity of material resources, such an approach is all the more efficient.

In many cases, the material difficulties are so serious that the provision of social services could be perceived as being useless or even cynical. However, the activity of the Centers has demonstrated that their services are complemented by the proper provision of material support. The allocation of the material support itself is very focused, flexible and done according to the needs. The temporary character of the support and its provision according to the evolution of the situation avoids the creation of economic support dependency. Special attention should be paid to the development of capacities for self-reliance.

Methodology of activity

From this point of view, the two Centers benefited from the outstanding support provided by the **Orphanage Trust** organization. We would like to point out that this is a very positive experiment, whose philosophy should be used in the development of other social services. The British specialists have put at the disposal of the two

Centers a detailed working procedure. This procedure was not just transposed to the situation of our country, but adapted as necessary through the discussions with the members of the two groups. Its adaptation to the conditions of our country has also provided an occasion for training the Romanian personnel. The procedure manual was efficiently used as a vocational training tool. The British specialists have also provided training to the Romanian staff and necessary supervision at the beginning of the activity.

An important lesson is to be learnt in the **development, publication and dissemination of Manuals of Procedures**.

Issues under discussion. The decision of the county councils to take over these centers and of their extension across the country raises some strategic questions:

- To opt for centers specializing in children's issues, or centers for complex and broader social services?
- Should they be developed at county or at local level?
- Which organizational structure should be envisaged so as to provide specific possibilities within the system of the local public administration?
- How will the transition from the highly professional support of the British experts to the national professional support take place. There is a risk of having the British professional authority being replaced by either a bureaucratic authority or even no national professional authority at all. Such a replacement might lead to a confusing, superficial and arbitrary management of the respective Centers. The risk is that of a rapid professional decline.
- A critical issue for the development of local social services is that the local institutional system, characterized by distinct administrative orientation, does not have the adequate capacity to assimilate / develop the new structures within its existing ones. Additionally, there is a risk here of extending the structures and the organizational culture of the local administration to social work services, thus fundamentally distorting their development. In this respect, negative signs have already showed up.

5.7. A strategy for the development of the social services system

5.7.1. Fundamental principles/prerequisites for the design of social services

Highly professional services. In the developed countries, social services are highly professional, staffed by highly qualified specialists (social workers)

who are usually graduates of higher education. The social workers are different from the volunteers working for non-governmental organizations. There is no short-term vocational education, as it is currently being experimented with in some counties of Romania. The highly professional services have a different logic in comparison with these medium schools, very standardized, easily disseminated ones.

- **Services open to the revision of procedures, incorporation of new procedures and knowledge.**

Like each profession with a high capacity for the incorporation of scientific knowledge, social work is undergoing a rapid development process. It presupposes the stimulation of upgrading / rapid change and a capacity to assimilate new techniques. The individual willingness for professional upgrading is conditioned upon the type of initial training: a profession with a solid scientific background and a capacity for critical reflection and self-development. This has to be achieved by mechanisms for the dissemination of new knowledge and techniques, and for continuous professional training, mechanisms that are specific to each profession with a high degree of complexity.

- **The dynamics of social services at the International / national / local levels.**

The social work profession should be considered from a worldwide technical and scientific viewpoint (stock of knowledge used, techniques for dealing with problems, system of values), very dynamic and extending continuously especially through professional channels. Local innovations are being disseminated more rapidly in all national contexts. The existence of a mechanism for the exchange of professional experience is, therefore, vital, to keep abreast with international professional standards. On the other hand, national professional patterns of working are being set up within the existing national contexts and around their own legal and institutional structures, and the specific possibilities for solving social problems. The national problems of a country and its priorities render a certain specific consistency to the professional pattern. Certain standardization at national level of the social services is therefore vital. It is all the more important as the professional staff is young and the profession is still weakly represented at the community level. The rapid development and professional upgrading of the specialists can take place neither on their own account, nor in a limited local framework. The professional cycle has the following stages: innovation/ experimentation/ dissemination. The connection to the professional international environment is adding another element: the contact with international experience and its assimilation.

The standards cannot be developed, adopted or monitored exclusively at local level. The local authorities have essential functions in establishing specific priorities and in evaluating the general output. They should however not control the strict professional component and the technical approach. The combination of experience accumulated and disseminated at national level with the experience and innovation at local level is therefore vital.

- **The combination of nationally – with locally – established priorities against the background of an increasing worldwide sharing of value systems; issues to be tackled and priorities.** Social work activity is based on juridical, political and moral commitments by a country a) in a larger context (international: for instance, UN conventions; regional: European regulations) and b) as a whole through laws and political options, nationally-promoted system of values, local commitments and the responsibility for local community.

The services developed so far within the public system have rather an embryonic character and a low professional level. The objective is therefore to design from scratch a whole national system. Eight-ten years will probably be necessary until these services will reach their full maturity. The development of a strategy is vital.

5.7.2. Problems related to the training of human resources in the social services system.

The number of specialists in social work is sufficient for the first phases of social services development. UNICEF and other agencies provided an important support, for the development of social work services. The young social workers were able to get a satisfactory training, thus being able to integrate successfully into the process of building the social services system. During the next years, even more specialists will graduate from university. There are also social workers trained before 1969, but who have not lost the contact with their profession. Other people who worked for governmental or non-governmental organizations has accumulated a valuable experience. Many Western NGOs have used considerable resources so as to develop the professional capacity of the staff. These are very important prerequisites, but they cannot replace a systematic professional training.

We are however confronted by two types of difficulties as concerns the availability of specialists:

1. The territorial distribution of social workers. There are no professional social workers in many counties/towns.
2. The big majority of social workers are very young and their professional development will rapidly be carried on in the near future.

There are employees of existing institutions with inadequate training. Others have accumulated a considerable experience and are motivated to continue their professional training. The development of a national strategy concerning the professionalization of the staff, who has proved to be able and motivated to work in the social work system, is therefore important. The strategy should also ensure the timely employment of specialists in social services.

The Directorates of labor and social protection from certain counties have organized some courses for social workers. We have serious doubts concerning such courses. A pragmatic training cannot provide the necessary knowledge to a social worker to enable the delivery of highly professional and diversified social services. The risk is that such simplistic schemes, learnt without a broader set of knowledge would create an inflexible routine, difficult to be changed in the future. The question is what will be the future for these people in the following years, when the number of trained social workers will be abundant. The issue should be therefore considered carefully since it might have long-term implications both on the development of social services and the respective individuals. Maybe a system of training in colleges, combining distance learning modules, higher education modules and practice supervised by specialists, would offer a satisfactory training for the staff of the local services.

5.8. The Territoriality principle in the organization of social work services

According to international experience and also to the past and present national experience, the social services should develop themselves as a mix of structures and local/national responsibilities so as to be efficient. The highly decentralized organization at the local level should be combined with a professional, organizational and political strategy at national level.

The principle of territoriality should be the basis for the organization of social work services. The services are based on the territory, and more precisely on the community. One can identify here the parameters of the contextual living situation of the people, available solutions and resources. The mobilization of collective resources is a vital issue. Therefore, the social work services should be developed at a local level.

The functional local/national differentiation:

- **Local / Community level:** basic services accompanied by specialized social services around local units under the local authority.

- **National level:** the national social policy for the development of social services; the provision of professional resources; the elaboration and control of minimum quality standards; the budgeting.

5.9. Organisation at local level

The development of social services at territorial level should take place in the context of a radical reform of the local and national public administration.

5.9.1. The plan for local social development: framework for the functioning of social services

The local authorities should develop **plans for local social development**. These plans should comprise the diagnosis of the social problems of the local community and the action methods for tackling them. A special component of this plan is the **Action Plan in Favor of Children**.

5.9.2. The local social budget

The local budget provides the local bodies with the financial basis for the development of their activities. The budget is made of a transfer from the national budget and a part constituted locally.

We will consider only the share of the budget for social activities (the social budget). There should be a lump sum transferred from the national budget, but following a unitary methodology:

1. The general standard finances (basic minimum financing). The type of support to be provided to different social categories, as well as the type of general social services to be provided according to the national priorities and within the limits of existing resources, should be established at national level. All these kinds of services will be budgeted according to standard parameters: population / number of localities / social work institutions / developed services. The financial transfers per categories of beneficiaries according to the law should be considered as being minimal and therefore able to be supplemented by local resources.

2. Supplementary financing according to the existing county/locality-level problems. Besides the basic minimum financing, a supplementary, variable allowance is provided according to the proportion of local social problems and using a formula of social problem variation. Such a formula should consider the locally variable components: the poverty levels the proportion of children and the proportion of the elderly in the total population, the unemployment level, etc. A coefficient will be associated to each of these criteria

according to the nationally established priorities. This mechanism ensures a redistribution of national resources in line with the severity of the local social problems.

3. The financing of local social work institutions under the local authority will not get a special allowance from the national budget. Their financing should be done according to specific criteria and from the central budget, but out of the lump sum transfer. Their financing will be done within the framework of the supplementary one according to the proportion of the local problems. The local bodies can therefore identify alternative, more efficient and possibly cheaper methods; instead of using money for children institutions, the local authorities may direct the funds to the prevention of abandonment and institutionalization, by restoring of children into their biological or substitutive families.

4. Funds allocated for solving some problems are considered to be very important, but specific to the respective community. Such funds should be allocated on the basis of the national-level analysis of the problems considered to be serious within different counties. The responsibility for using these funds (elaboration of action programs, administration of these programs) relies exclusively on local authorities. The method of program design and administration will be however evaluated at national level.

5. A discretionary budgetary fund which may be used by each local community for solving specific problems / development of new programs. This fund is addressed to original local projects whose testing is worthy to be encouraged because of their novelty and innovative potential. The latter should not be defined at national level. On the contrary, they should be completely left in the hands of their initiator's imagination. Their financing will be done according to some criteria as follows: the importance of the problem, the ingenuity of the proposed solution, the project feasibility. At national level, a special fund (**national fund for social development**) can be set up to encourage social innovation. This fund can be allocated on the basis of a national competition between different social projects. Even small, this proposal is vital for the encouragement of local initiatives and stimulation of innovation.

Own funds yielded by counties/localities may be used for solving some own problems or for supplementing the basic activities financed out of the national budget. The local social services may also mobilize other financing sources (donations, sponsorships, fund raising actions) which can be used with their discretion for the fulfillment of their specific objectives.

It is however important that the budgeting for all social protection activities is carried out through lump sum

transfers to the county level. The responsibility for their use, achievement of the objectives established at national level and observance of national standards lies totally with the local authorities. The transfer of a lump sum rather than a regulated amount provides to the local initiatives the possibility of finding alternative solutions. The evaluation of the use of these funds will not be carried out according to some rigidly defined rules, but mostly through the quality of the activity undertaken and the results achieved.

The individual rights to social benefits and services (pensions, child allowances, and unemployment benefits) established by law, will be provided through a distinct national system rather through the local social budget.

The single constraint concerning the use of nationally specified budgetary allowances, with the exception of the strict financial rules, should consist in the accomplishment of the objective for which the respective resources were allocated. This aspect should be elaborated with care as it represents a new philosophy of public administration.

An important principle that should be promoted as experience and appropriate institutional means are developing, is the encouragement of public social services to buy services from the non-governmental organizations. Instead of holding the monopoly of all social services, they should support the taking over of some activities by some local or national organizations through total or partial financing. Such an option has some advantages:

- It uses the financial and human resources more efficiently: the community itself can contribute financial and activity resources. For instance, the setting up of some day centers for children which could be based integrally on voluntary staff; it can get tax-free or cheap premises; it can get financial and in-kind support from the community.
- It increases the community initiative spirit and social solidarity.
- It creates stimulating and competitive experiments.

5.9.3. Territorial/community social work services

The social services represent the pillar of the local social programs. The system of social work services should be included within the bodies of the local authority. They may be subordinated to the social Commission and co-operate in the fulfillment of different programs of local interest. Its activity should be part of a local social program. The tradition of our country in the organization of community services is very important. It should be continued all the more

because it represents the widespread practice in developed countries. The democratically elected local authorities are responsible for the organization and functioning of social services in their community; the whole range of social services activity. The local bodies should enjoy functional and financial autonomy. They should be responsible before the democratically elected local bodies and the local community.

The local social work services have to deal with all community social problems: solve the problems which fall under their competence; ask for support from specialists for issues which surpass these competencies; monitor/support the progress of the cases, sorting out the problems together with the specialists; support the decision-taking process for the protection of individuals living in their region of responsibility through social inquiries. The territorial social worker should function as a sort of generalist. He is the first to analyze particular problems and provide a screening and orientation towards more specialized systems. He also deals with global social issues. His interest should always be a global one: the family and the community. He co-operates with the social worker working in specialized social systems.

The local social work services should identify the problems, possibly before they start and act for their prevention and settlement through:

- Information concerning available possibilities.
- Counseling and the development of own capacities for overcoming the difficulty.
- Protection measures in case of need: protection of the child and the elderly.
- Mediation of issues with specialized institutions, thus contributing to the identification of a proper solution.
- Targeted or occasional material support.
- The mobilization of local resources for overcoming certain difficulties.
- Development of a supportive community attitude.

During a first stage, the social services should probably be developed in towns, with representatives in their neighborhood. Social services may be organized from the very beginning in the big communities. Certain smaller towns can benefit from the social services established in the surrounding big towns. The practical solution would be the setting up of some centers of local social services. A social services center should have a certain beneficiary population. We assume that 4-5 such centers will exist in each county. This means that there will be 160-200 such local centers of social work across the whole country.

Besides the territorial/community social work services which have a territorial and global orientation, specialized social are required to deal with distinct segments of population/types of problems, but in collaboration with the territorial-general social services. These specialized social services may be set up within institutions like: schools, maternity homes, hospitals, prisons, courts, police, children's institutions.

The local social services should get financial resources to provide support according to a more refined diagnosis of the situation. Such support should be only occasional. There could be two types of financial support:

a. Emergency support. A relatively modest sum for covering some very urgent needs (food, clothing, and drugs, transport to hospital or other institution, short-term accommodation). The support should be mobilized out of a discretionary fund of the social worker, without preliminary approval, but with post-evaluation.

b. Occasional/ad-hoc material support for coping with some critical problems of a family. It should be approved by the management of the social work Center on the basis of social inquiry and the report of the social worker.

The local services take care of social work institutions too, in co-operation with the county social Commission. They administrate the budget in such a manner as to ensure reorientation of financing towards alternatives. They can decide the alternative way of using funds in the respective financial year.

The community social services should develop a privileged relationship with the medical assistance system. The social problems are often combined with medical ones: both sources and outputs of them. The prevention and treatment of different diseases depend often on social factors, including value systems, attitudes, etc. Teamwork between the social worker and the medical staff is often essential. Ideally, the area covered by the respective medical assistance would be similar to that covered by the social work services. This would enhance the co-operation and would be practical. The medical dispensaries could make available a room for social workers with territorial responsibilities.

5.10. County-level social services

The county social commission is in charge with identifying the specific problems of the county, the development of special programs at county level, the co-ordination of institutions at county level and their budgeting. According to the program designed to

increase local autonomy, the county social commission will progressively get a broader role. Therefore, it is necessary to consider in detail the directions of its possible evolution.

The tasks of the County Social Commission:

- Design of the county social program, on the basis of the need analysis.
- Establishment and administration of the county social budget including local budgets and county programs.
- Support for the organization of the local social programs. Provision of support, co-ordination and control to local social services.
- Continuous professional upgrading of the staff.
- Provision of support through county means to the functioning of local social services.
- Development of county social programs or participation in inter-county social programs, in case a region belonging to several counties would require a unitary program for overcoming its difficulties. Or several counties may develop forms of co-operation (staff training, for instance) to accomplish common objectives.
- Elaboration of drafts of the county social budgets; transfer of financial resources from national and county budget to local budgets.

The county social commission should not have executive tasks as such. Some projects of interest for the county or co-operation in inter-county projects may be accepted. But the stress should fall on the activity at local level.

The counties should have own resources for the analysis/research of social phenomena. Some funds especially dedicated to county social research may be mobilized out of the scientific research budget. The setting up of centers of social research at county level would provide the database that is absolutely necessary for the activity of social commissions.

The county social commission should have minimum staff. It should also include representatives from all local social services, representatives of other services like education, health, police, etc. The executive secretary of the county social commission should be a hired specialist – social worker or sociologist. He could at the same time be the director of the county social services. The president of the Commission: the secretary or the vice-president of the county council.

A special program in the activity of the Commission should deal with child support and protection issues. At

present, it would be necessary to strengthen the role of the county Commission for child protection, conceived to be a local partner for the governmental Department of Child Protection. The commission could be a component of the county social Commission. The county Commission for child protection should not have executive tasks. It should be separated from the bodies that take decisions concerning individual children and which represents the tutelary authority. The county Commission should gather representatives of different county and local-level institutions dealing with children's issues. It should carry out a diagnosis of the children's situation, establish the groups of children at risk and recommend special county-level programs. Each two years, the commission will submit a special report on the situation of the child according to a methodology established by the governmental Department of Child Protection.

A special issue is the methodological support needed for the functioning and development of this new body. It should get methodological support from the social protection department of the MOLSP.

The social county Commission should include a Social Work Service in charge of organizing the territorial social work. The county Social Work Service will not fulfil executive functions. Instead, it will co-ordinate and support the local social work services.

5.11. National level

5.11.1. The functions at the national level

In order to increase the efficiency of local bodies in the context of decentralization, the functions of national bodies will have to be amended and strengthened. The experience of the last decades has proved that irrational decentralization and lack of coupling with the undertaking of specific responsibilities at national level lead to inefficiency, disorganization and important distortions in setting up priorities, especially as concerns the observance of minorities' rights of any sort.

1. The national social policy: the establishment of the national priorities as concerns the objectives/problems to be solved and their general method of tackling. It provides a general political orientation according to political, juridical and moral commitments at national and international level.

The state central bodies have internal and external political and juridical responsibilities. The national commitments imply specific responsibilities for all national elements of state power: parliament, president,

Government. These commitments are taken by the means of the programs of the political parties, parliament and government decisions, all these being ultimately sanctioned by the electorate. There are also external political or juridical commitments, the state being responsible of their overall observance. This national responsibility does not exclude by any means the local autonomy and initiatives, but can include them as a necessary pre-condition and essential resource.

Having an overall view of the country's problems, of the national and international political and juridical commitments, the central bodies should establish a series of general priorities, necessary directions of action, explore new problems, develop national prevention policies, evaluate the efficiency of social programs and explore alternatives to the policies practiced so far.

2. The development of legislation in the field of social work: the elaboration of the legislative framework, which is absolutely vital at present, is a responsibility of the national governmental forums. Legislation regulates the organization framework, the responsibilities as well as the necessary resources and compulsory quality standards.

3. The budgeting. The budgeting of social programs and activities is an essential instrument for the accomplishment of a coherent national policy in the social area and of the local autonomy. From this point of view, it is necessary to carry out a radical reform of budgeting in terms of design and means. The centralized, bureaucratic budgeting should not however be replaced by a chaotic decentralization of the budget. A highly differentiated structure should be developed, which would be organically integrated into the national and local responsibilities.

The social policy established at national level and implemented locally would need national funding, but local financial administration. The budgeting of priorities and national programs is not a matter for local decision. This is also the case with basic social services that should be financed by the national budget, but through **the local (county) social budget.**

4. The setting up of minimal organizational structures at national level. Unitary structures are needed beyond a certain discretionary approach. The function of these structures is to ensure a minimal framework for the activities considered being necessary at national level.

We are talking here about an organizational philosophy. The minimum structures are those organizational structures that are considered to be necessary for carrying out the nationally agreed upon and nationally budgeted minimum activities.

Supplementary structures can be set up beyond these minimum structures in accordance with local priorities and supplementary resources. These structures can be set up by the local authorities at their discretion and financed out of the supplementary resources provided by the budget.

5. Ensuring of professional procedures and standards and their dissemination through continuous training mechanisms.

- The procedures for professional action should be established and updated at national level. These procedures can be materialized through: rules, norms, minimal practices, as well as knowledge acquired in a professional manner, in different forms and disseminated across the territory. The procedure manuals, either formally agreed by the central bodies or developed by specialists and disseminated as a professional resource, represent an essential instrument particularly in the starting phase of the organization of social work services. The vast majority of the concrete problems that should be addressed by the social services have a general character, being dependent on professional/ moral/ cultural/ political elements rather than local needs.

All high professional systems are in this situation. The social services decentralization refers exclusively to their administration rather than the content of the professional standards. The professional decentralization would be impossible or if performed, disastrous. Education and health are relevant examples. The professional standards are ensured by the means of two channels: the nationally accredited education systems, and the national governmental bodies (especially the relevant ministries) as well as the professional ones (professional associations).

6. Independent professional bodies on the basis of some minimum quality standards and the control of their observance should carry out the evaluation and monitoring of social work activity. At national level, such functions may be held both by the state bodies (by governmental bodies, parliamentary bodies or, even better, by specially established bodies for evaluation and accreditation) and professional bodies (professional associations).

7. The establishment of minimal quality criteria, conditions and procedures for the evaluation and accreditation of non-governmental organizations with social protection social work activities. The non-governmental organizations have an extremely important contribution to make to the community social protection system:

- They mobilize supplementary community resources (both financial and activity resources).

Toward a Child-Centred Society

- They constitute valuable frameworks for experimenting with some new procedures to tackle the social issues.
- They complement the public social protection and assistance with more targeted approaches.
- They can provide stimulating and competitive standards.
- Additionally, they mobilize the community spirit in solving the social problems, thus stimulating social solidarity.

The governmental body in charge of this field will have to be responsible for:

- The development of a specific legislation able to provide a favorable legal framework for the development of nongovernmental organizations' activities.
- The establishment of some quality standards for all social protection activities that have to be observed by all public or non-governmental bodies. The government should defend the rights of the population to a qualitative social support in parallel with the full observance of human rights.
- Setting up of some compulsory rules as to ensure a highly transparent nature to the NGOs activities in front of the community.
- The elaboration of some procedures and evaluation mechanisms for the NGOs activity designed to lead to their accreditation process. The body in charge of the NGOs evaluation and accreditation will have to be staffed with community representatives besides the government and NGOs ones.

Such a body is all the more necessary given the recent legal possibility for state organizations to contract-out some services to NGOs.

5.11.2. National bodies

The governmental structures are still confused as concerns the system of social services.

The national reform should aim to develop an organizational framework able to ensure a unitary political and functional orientation complemented by maximum local autonomy. A prime urgency is represented by the setting up of a body or bodies in charge with developing, coordinating and supporting the territorial social work services.

Such a central governmental body should develop predominantly conception tasks:

- Identification of the issues, formulation of national objectives and general priorities for social protection and social work.

- The continuous estimation of the dynamics of social issues and the appropriate solutions.
- The elaboration of the governmental social policy and its shaping into a concrete program of governing.
- The elaboration of legislative proposals; the development of an institutional framework able to ensure the enforcement of internal laws and international agreements which Romania adheres to.
- The drafting of budget proposals; the identification of the formula for a differentiated distribution of national budgetary funds.
- The establishment of the minimal organizational structures for social services.
- The elaboration / revision / experimentation / dissemination of methodologies / procedures for coping with the social problems and quality standards.
- The elaboration and monitoring of the professional ethics.
- The elaboration of a national strategy for vocational training and continuing professional upgrading.
- The control of professional activities and of the way the nationally established objectives are fulfilled at local level.

This body will obviously have to take over a range of responsibilities as long as the social environment is lacking a series of structures that could normally work together on the basis of a beneficial partnership. For instance, the professional associations should in principle take over integrally the task of drafting procedures to cope with different problems and of establishing quality standards. They should actively participate in the evaluation and accreditation of social services. Of course, such an activity should be carried out at least partially in correlation and consultation with governmental bodies. Since these sorts of professional bodies are not yet in existence, the governmental bodies will have to take over these tasks. The accomplishment of these tasks should however be done in an open way, thus stimulating the formation of professional bodies that could gradually take over these responsibilities in partnership with governmental bodies.

Special Councils should be constituted at governmental level to deal with some particularly important issues of occasional or permanent nature. The councils will have to involve specialists from the whole community. Given their consultative role, these Councils should be separated from the national executive bodies as such.

The National Council for procedures and standards in the field of social work services

The decentralized development of social work services and their subordination to local authorities should be supported, coordinated and monitored at national level from a technical and professional point of view. This matter has been made evident by the County Councils' replies to the questionnaire launched by the Department for Child Protection, designed to prepare the working meeting of 15 June 1996. The county councils interested in the development of social work services insistently demanded a national level support.

The main tasks of such a council would be:

- The development of social work procedures and quality standards.
- Setting up mechanisms for the dissemination of procedures and professional upgrading standards, for specialists working in the system of social protection.
- Monitoring of procedures and quality standards.
- Standards of professional training for social work. The elaboration of principles for continuing professional training.
- Proposals submitted to research groups for the analysis of different social issues and social programs.
- The analysis of new problems and new practices.
- The dissemination of innovations.
- The organization / attestation of specialized courses for the dissemination of new practices.

The national council for procedures and quality standards should be composed of specialists from universities and research institutes, governmental structures and of the social services system, NGOs.

System for continuing professional training

There is a need for developing a coherent strategy in the field of professional training and permanent professional development for the staff in the social work system. This program should be carried out together with the universities involved in the training of social workers and with other bodies and should comprise some structural components:

- Courses for professional upgrading of skills provided by universities. For instance, modules of intensive one-week training completed by distance education.
- Dissemination of information materials.
- The national co-ordination of programs in the field of social work and other specialties linked to social services in general and with services for children in particular.
- The publication of a **National Magazine of social policies and social work**. This magazine would aim to:
 - * Represent a forum for debating social issues and policies;
 - * Promote innovations and the dissemination of international and national positive procedures and experiences;
 - * Provide up-to-date information for professionals.

Chap. 6 Child Education

Motto: "In Romania, education represents a national priority"

(Law on education no.84/1995, Art.2)

In Romania, the evaluation of the educational performances of children oscillates between pride in the "Olympics" results and concern related to increasing illiteracy and school abandonment. In the middle, between geniuses and illiterates, there are the majority of pupils whose average educational level tends to decrease. A motivational polarization concerning school attendance is witnessed, which could lead to future, persistent social polarization. The lack of equal educational chances deepens as a result of coaching lessons (parasites of public education which are encouraged by the poorly paid teachers) and private education. The pauperization of an important part of the population is leading to a fall in school attendance. The debates concerning education frequently take place at theoretical level and from the perspective of formal education. Education reform has been limited to ad-hoc experiments. The low level of salaries and the indolence of the status quo have blocked the reform initiatives of the teaching staff, which has limited itself to obeying the indications of the Ministry of Education.

The lack of coherent sets of proposals, resulting from direct discussions and consultations with teaching staff, educational specialists and parents has led to immobility and to reduced support from people in the territory for comprehensive proposals for reform. The establishment of the number of pupils/students for each section / profession of the vocational education, lyceum and higher education was done in a sluggish way, given the lack of studies concerning the demands of the labor market. In some cases, our educational system has therefore created future unemployed people, who have needed re-qualification for getting a job.

6.1. The financial effort needed for education support and school attendance

The school-age population represents almost 21% of the Romanian population. The expenditures for education, as % of GDP, have increased from 2.2% in 1989 to 3.1% in 1994 (table 6.1).

Table 6.1.

The governmental expenditures for education and child allowance, 1989-1994

		1989	1990	1991	1992	1993	1994	1996
Expenditures for education	% of total budgetary expenditures	5.1	7.6	9.5	8.0	9.0	8.6	N/A.
	% of GDP	2.2	3.0	3.5	3.6	3.2	3.1	4.0
	Expenditures for pre-school, primary and secondary education	1.6	2.5	2.6	2.5	2.2	2.1	N/A.
	% of GDP	0.2	0.3	0.4	0.6	0.5	0.5	N/A.

N/A. = data not available

Source: NCS

However, considering the fact that the GDP has decreased during the reference period, we realize that the financial support for education did not increase very

much in real terms. In neighboring countries, the financial effort for education in 1993 was bigger than in Romania (table 6.2).

Table 6.2.

Expenditures for education in Romania and other European countries

COUNTRY	Expenditures for education % of GDP		In 1993 % compared to Romania
	1993	1994	
Romania	3.2	3.1	100
Bulgaria	5.0	4.6	144
Hungary	5.9	–	184
Poland	4.7	–	147
Czech Republic	4.1	4.2	128
Slovak Republic	5.1	4.1	160
Ukraine	4.8	5.7	150
Russia	4.3	–	134
Lithuania	4.8	5.8	150

Source: *Central and Eastern Europe in Transition – public policy and social conditions*, Regional Monitoring report no.3, 1995, page 124, International Child Development Center, Florence, Italy.

Out of the 18 former communist countries from Central and Eastern Europe (including the former Soviet republics in the European territory), Romania allocated the lowest proportion of GDP for education between 1989 and 1991. Considering the period between 1992 and 1994, the only country situated below Romania was Georgia. Given the fact that our GDP is 10-15 times lower than that of the European Union's countries or 2-3 times lower than Hungary and the Czech Republic, the state expenditures per pupil or per student in Romania are even lower than the above-mentioned countries. Although in 1996 and 1997, the state expenditures for education reached 4% of GDP, the state financial effort should be increased to 6% so as to cover adequately the educational needs.

The general collapse of the living standard has forced most of the families with many children to reduce their expenditures for education. The limited budgetary resources were not able to cover the gap in a proper manner. Therefore, because of the increased costs of education (textbooks, school supplies, clothing etc.), many children do not enjoy the minimum resources for satisfactory attendance at the school.

As a result, clear tendencies of lower school attendance showed up at all levels:

- The attendance rate of kindergartens decreased steadily from 83% in 1989 to 55.2% in 1994.
- The rate of enrolment in primary schools decreased from 97.3% in 1989 to 93.5% in 1993. The sharp increase to 99.4% in 1994 has most likely been the result of the eligibility conditions for getting the child allowance.
- The rate of enrolment in secondary schools (high schools and vocational schools) decreased from 91.1% in 1989 to 75.5% in 1994.

- The explosive increase in higher education attendance confirms the hypothesis of a motivational polarization.

6.2. Demographic effects on education

The demographic policy of the communist regime and the post-revolutionary economic and social evolution have led to very big oscillations in birth rate from one generation to the next. On one side, the huge generations of 500,000 children, born yearly after 1966. On the other side, 250,000 children, born yearly after 1996 (table 6.3).

Table 6.3

The demographic evolution

Year	Number of newborns
1946	391,273
1956	427,034
1966	273,678
1967	527,764
1976	417,353
1986	376,733
1989	369,544
1990	314,746
1991	275,275
1992	260,393
1993	246,549
1994	246,736
1995	236,640
1996	231,348

Source: NCS

As a result of the sudden increase in the school population, the state was supposed to increase the level of financing. Instead, the state increased the number of children in a school class or kindergarten group and introduced a school program in three shifts. The result was the substantial decrease in the quality of education.

It is worth noting that the school population decreased from 5,575,000 in 1989/1990 (24% of population) to 4,703,000 in 1995/1996 (20.7% of population). If the present demographic trends continue, the school population will decrease, as an average, by more than 100,000 yearly. Such a decrease will lead to less than 3,500,000 pupils in 2008, representing 60% of the schooling population in 1989, 16% of the population in 2008, 24% in 1989 and 21% at present.

These figures would allow lower numbers of children in a class/group and transformation of these demographic fluctuations (with very serious economic and social consequences in the medium and long-term), but better quality of education, especially than in the case of overcrowded classes.

Given this situation, it is essential to design a policy able to compensate for the reduced number of the new entrants on the labor market as from 2010, through an increase in the quality of their training.

6.3. Education per age groups

Education of the child aged 0-3

Up to 3 years old, the child does not practically benefit from an institutionalized system of education outside the family environment. Instead, education is delivered almost exclusively by the family.

The family should however be able to supervise and educate the children, to have available time and necessary material resources.

Since 1990, mothers are entitled to post-natal leave (65% of salary) until the child is 1 year old (recently, until 2 years old).

Between 2 and 3 years old (when the child is not eligible for kindergarten), the supervision and

education of the child is almost totally neglected by the public institutions.

The possible alternatives are the following:

- **The child to be supervised by its mother.** In such case, the post-natal leave should have to be prolonged to 3 years with a potential reduction in allowance or the introduction of a lump sum. Advantages: increase in the quality of education, decrease in unemployment rates among mothers. Disadvantages: the costs associated with this option. Practically, there are 200,000 mothers with children of 2 years old, but an important proportion is not working, thus being not eligible for benefit.
- The child to be supervised by another member of the family: by his father (if working in different shifts from the mother) or by grandparents.
- The child to be supervised by a person or institution outside the family:
 - a. **Baby-sitters** are not very numerous in Romania. Baby-sitter services would be beneficial especially in big cities, although only a small part of the population could afford them. The control of their quality would have to be performed by specialized agencies and by legislative arrangements, thus increasing the confidence of the population.
 - b. **Associations of families with small children, for aimed to child supervision.** Such associations operating in other countries should be encouraged by the state through facilities provided to mothers with children of 2-3 years old: 1-2 free days per week, work program reduced to 4-6 hours per day and/or flexible work program.
 - c. **Institutions: public or private nurseries / hostels / day centers.** Such solutions would require the reintroduction of state financial support, especially for poor families and for families with many children. Moreover, the quality of education in such institutions should be improved as it was severely neglected in the past. This deficiency may be explained by the neglect of staff training and improper staff recruitment. There is a strange lack of nursery teachers in nurseries and children homes, despite three series of graduates since 1994.

THE HOUSE OF PLAY (Foundation Copiii Nostri, financed by PHARE, UNICEF, etc.). *Supervision of children for limited periods of time.*

The project is an alternative to the traditional institution aiming to prevent the abandonment, neglect and institutionalization of children of families in difficulty. It is a special type of free Kindergarten, with flexible program, where disadvantaged families or families experiencing a crisis can leave their children. The House may shelter 40 children per day. The children cannot be left there more than 5 hours per day or 25 hours per week.

In the House, children take benefit of education by the means of games and stimulation. Their psychic and mobility development is monitored. Medical controls are carried out for identifying in time possible health disorders. The project aims to organize special activities with the parents so as to solve some of their family difficulties. Such centers could also cope with emergency situations confronting the people in charge of supervising their children.

A special importance should be given to information and educational programs for people taking care of children aged 0-3 (mothers, grandparents, institutional staff etc.).

These programs may be carried out either in institutions (centers for mother and child) or information materials, like "To Know How to Live", published by UNICEF.

"TO KNOW HOW TO LIVE": The primer of health

The paper translated into more than 200 languages and printed in more than 10 million issues is pleasantly illustrated and drafted in a clear, accessible style. Each chapter comprises:

- ♦ **A note for the trainers** – explaining why the messages of the chapter could strongly influence the health status of mother and child. For instance: numerous births or a too close succession of births, or births at very young or very old ages, are causing approximately one third of the newborn deaths in the world. If all children were breast-fed during the first six months, more than one million small children in the world would not die each year. Without vaccination, three out of one hundred children would die because of measles, the fourth because of tetanus, while the fifth because of whooping cough. Out of two hundred children, one child would be handicapped because of poliomyelitis.
- ♦ **Essential messages** – information needed to be known by every family and community (for instance: "The risk of death in case of small children increases by 50% if the period elapsed between two births is less than 2 years". "The pregnant woman should not gain in weight more than 10-12 kilos during pregnancy").
- ♦ **Supplementary information** – for trainers who need to know more about the respective topic (for instance: "Breast feeding should not start later than one hour after the birth of the child". "More than 200,000 children in the world go blind yearly because of a lack of vitamin A contained in mother's milk and certain food". "It is important for parents to know that vaccination is provided in the maternity home during the baby's first year, while afterwards, in dispensaries").

Education of the pre-school child aged 3-6/7

As from 3 years old, the child does benefit from the system of educational institutions, especially the kindergarten. The number of children enrolled in kindergarten has decreased from 83% in 1989 to 55% in 1994. The proportion increased slightly during the following year.

For children aged 3-6/7, the kindergarten is not compulsory according to the Law on education. The specialists confirm that the results of children who have attended the kindergarten are better than the results of those who did not. The situation of preschool units in the schooling year 1995-1996 is illustrated in table 6.4.

Table 6.4

Children enrolled in pre-school units

	Total	Normal program	Prolonged program	Weekly program	For children with deficiencies	Pre-school children homes
No. of pre-school units	12,772	11,272	1,290	93	42	75
No. of children	697,888	535,228	146,276	7,014	2,578	6,792

Source: NCS

Table 6.5

Attendance rate of pre-school education in Central and Eastern Europe (- % -)

The number of children attending kindergarten represented only 55.8% of the total pre-school population (meaning 697,888 children), which was lower than in other Central European countries (table 6.5).

It is worth mentioning that the attendance rate of preparatory groups for school reached 78.6%, thus arguing in favor of their generalization and obligativity.

Country	Attendance rate of pre-school education
Romania	55.2
Bulgaria	64.6
Hungary	86.1
Poland	44.3
Czech Republic	88.6
Slovak Republic	74.9
Ukraine	44.0
Russia	55.5
Lithuania	34.5

Source: Central and Eastern Europe in Transition – public policy and social conditions, Regional Monitoring report no. 3, 1995, page 124, International Child Development Center, Florence, Italy.

Toward a Child-Centred Society

The main reasons for the decrease of kindergarten attendance were the following:

a) **Increased family possibilities to take care of children as a result of the decrease in retirement age (which increased the number of available grandparents) and unemployment among the youth with children (especially in case of women).**

b) **Decrease of incomes in families with children,** which forced the parents to send their children to grandparents in rural areas or to keep them home alone or under the supervision of some family members, thus avoiding the payment for the meals in kindergarten.

c) **Private kindergartens,** attractive for rich families especially for the provision of some special services (like teaching of foreign languages); baby-sitting services.

The strategy for increasing the number of children attending kindergartens should include:

- Economic measures, through the provision of bigger subsidies or full coverage of costs especially to kindergartens with prolonged programs. Such measures would support particularly the poor families.
- Provision of financial incentives to enterprises (tax reductions) so as to encourage their participation in subsidizing some kindergartens. Such option would be all the more necessary since local councils are lacking the necessary funds to supplement the funds allocated by the Ministry of Education.
- **An active policy of attracting children to kindergartens** by using their staff (discussions with the parents who keep their children at home) and mass media (raising awareness concerning the benefits of attending the kindergarten).

Toy libraries

Given more pressing needs (food, clothing, and maintenance), many parents are not able to buy toys or books for their children. However, even when bought, children are getting bored rapidly or are destroying them, thus wanting other toys.

The setting up of some "toy libraries." would partially overcome this situation of inequality between the rich and poor children. The financial and organizational effort would be relatively low. Such libraries, (that exist in Great Britain), are also accessed by families with a medium or high standard of living. They function around centers for mother and child, thus using their staff. The toys are just bought or donated by manufacturers or parents with grown-up children. The functioning of the libraries of toys is simple: the parent fills in a form and provides a small financial guarantee (of one or two pounds). The child chooses a toy that could be kept at home for 1-2 months. After that, the child may prolong the period of keeping it at home or may replace the toy. A supplementary advantage is the possibility of the parents to benefit from counseling services at the center.

In our opinion, the measure could be easily introduced in Romania. The libraries may function within nurseries, kindergartens, schools, hospitals (in pediatric sections), large enterprises. Trade unions, different sponsors, local administration could support the provision of toys. The big advantage is the support provided to poor families and the possibility of using the same toy by several children.

The improvement of the quality of education got by the children in kindergartens could also contribute to the increase in the attendance rate. Raising the quality of education is an important objective at present, when the values and social structures are changing. And all the more as education in kindergartens during the communist regime was provided in groups (non-individualized) and was partially based on former ideology (for instance, the Organization "Soimii Patriei" with all its ideological elements: uniform, hymns, etc.). The new curricula of kindergartens

introduced by the Ministry of Education and UNICEF through experimental projects promote:

- The game, as a fundamental activity, covering 80% of the daily educational program of the child
- Individualized education (on different areas of stimulation), addressed to each child rather than to all.
- Collaboration of educational staff with parents: improved communication with the family through the resource centers for parents.

The principles of the project of individualized education on areas of stimulation

In general, the project of early-individualized education proposes through different areas of stimulation a "global" and functional education; a "pedagogy of action and communication" focused on the child as author of his own learning process. The principles of the project are the following:

- ⑤ Each child is a distinct individual, with specific needs that should be periodically updated.
- ◆ The educational activity is focused on the individual requirements of the child.
- ◆ Education is addressed to each individual child rather than to children in general.
- ◆ The educational staff can identify permanently the needs of the child and can satisfy them.
- ◆ The specific form of activity of the early education (age of 0-7) is the game; the learning process should be based on games left at the choice of the child rather than imposed.
- ◆ Providing the child with various playing choices, its independence and self-confidence are developed.
- ◆ The self-confidence and respect, even at low ages, should be the main elements of education objectives.
- ◆ Own playing experience is the best way of ensuring proper learning. The two forms of learning are action with objects (sensorial experience) and relational action (social experience). Both forms of learning can be properly accomplished in the areas of stimulation that allow the children to collaborate among themselves and ensure a new relationship between the educational staff and the child.
- ◆ The stimulation of individual action experience should be combined with activity in small or larger groups so as to offer the child the possibility of individual and social adaptation as well as linkages with school-type learning.

Through games, children manage to understand and approach reality.

This new orientation of curricula in kindergartens has already proved its efficiency and the Ministry of Education should therefore ensure its generalization. Of course, alternative curricula may continue to be used, like Waldorf, Montessori, P.Petterson, Freinet, Head Start, Step by step, etc.

A program based on national criteria and periodical training sessions and exchanges of experience at county

level is undoubtedly necessary for educators and directors of kindergartens, in order to facilitate the introduction of new curricula.

The relationship of the kindergarten with the family

As from the enrolment of the child in kindergarten, the development of a co-operative relationship between the family and institution is essential.

Resource Centers for Parents

An example of such collaboration is represented by the Resource Centers for Parents located in kindergartens, a model tested in 20 counties by UNICEF and the Ministry of Education within the framework of the Project on non-formal education. It is intended to generalize the model across all kindergartens and to introduce it into the primary and lower secondary schools.

Given the success enjoyed by these pilot centers, the Ministry of Education decided to generalize them so as to ensure one center in each kindergarten or at least in each locality. The taking over of the model in some localities and its financing out of local funds is of some interest. There is the case of a kindergarten in Alexandria, where the center was set up with the support of the Prefecture and local sponsors. The center is designed to host the actions with parents, the training of local educators and the organization of a permanent exhibition with the works of children attending the kindergarten. Another similar center is functioning within a kindergarten located in a commune, Berca – Buzau County, for the use of oil workers and financed by an enterprise for oil extraction.

Although the positive impact of the resource centers is obvious, the global needs of a kindergarten should not be neglected. For instance, we paid a visit to a kindergarten where the number of toys was very low and the beds very obsolete. The beds could not be replaced because of lack of funds. However, very modern equipment (high capacity copy machine, fax, PCs, very modern furniture) was bought for the resource center out of UNICEF funds. The equipment was used only once a month during the meetings organized by the center.

Pilot Resource Centers for Community have been also set up in order to provide the agents of change operating outside family the possibility of documentation, training and debate of children-related issues. The following activities have been carried out: production of video cassettes with educational purpose; drafting or translation of information materials; programs of intensive training for students in Social Work, educators, representatives of non-governmental organizations, etc.

The education of the family can be done not only through these centers, but also using other channels of dissemination of information and other agents of change, like: social workers and nurses through direct contacts with family, mass-media through press, radio and television. The training of these disseminators of information should be included into distinct programs of the Ministry of Education, organized in the form of national programs with clearly defined objectives and at affordable prices. The non-governmental organizations should also play a very important role. In this context, it is worth mentioning the experience of UNICEF programs for the training of trainers.

Although the main effort should be nowadays directed towards the provision of the basic means of living to an important segment of children, we should not ignore the investment into professional services aimed to develop the family capacity for taking care of children.

Education of school-age children (7-15 years old)

During this period of life, corresponding to the general compulsory education, the child is entering the formal education cycles.

Until 1989, the Romanian school put too high stress on theory and authoritarian education. Such character can be unfortunately identified even nowadays. There are three very important directions to be followed by the process of changing the education curricula as follows:

1) **The training of citizens of a modern, democratic state**, the accent being put on communication, interdependence, tolerance, respect for differences, environment, universality, creativity, etc.

2) **The training of young people, that should become able to adapt themselves and act efficiently within the new social system that is going to be set up in Romania**, the accent being put on the acquisition and

application of some main concepts. Some of these concepts would be efficiency, cost, optimum solution, creativity, competence, decision, initiative, professionalism, motivation, management style, participation, etc.

3) **The training of some personalities, capable of designing their own life in a responsible, informed and independent way.** The education reform put the stress on the switch from an informative to a formative education and increased the proportion of elements designed to shape a democratic behavior. However, less attention was paid to the encouragement of entrepreneurial spirit, and development of personality. The elaboration of new curricula and new textbooks is underway. There are already alternative textbooks for some disciplines.

It is however important to initiate and develop complementary teaching tools, like videocassettes and computer-assisted programs. The issues related to curricula and textbooks are complex and should not be dealt in a fragmented way through studies and elaboration of textbooks for each discipline. Instead, they should be addressed by multidisciplinary research teams, working according to a national program-strategy approved by the Ministry of Education. Such teams would periodically elaborate new sets of curricula and textbooks (for instance, every 4 years).

The periodical, compulsory training of teachers and professors is also very important in order to help them understand, accept and promote more easily the changes in education.

School abandonment is a worrying phenomenon of the present Romanian education system. The number of those who are yearly leaving the school without completing the respective training cycle is very high (table 6.6).

Table 6.6

School abandonment in Romania

Year	1986/1989	1989/1990	1990/1991	1991/1992	1992/1993	1993/1994	1994/1995
Number of people abandoning different forms of training	191,679	231,268	155,611	100,595	73,306	68,060	72,575
Percent of total schooling population	3.5	4.2	3.1	2.1	1.5	1.5	1.6

Source: NCS

Their number increased in the last 10-15 years, reaching a peak in 1990 and tending to remain constant thereafter, however still at a worrying level. Even though the percentages seem to be low, their cumulating over the whole school cycle leads to worrying figures. Practically, only those beginning the

primary school are entering the school system, the rest passing from one stage to another. Considering an average period of school attendance of 10 years and the fact that the abandonment is evenly distributed in time, then approximately 20-30% of the young people of a generation is abandoning school at different stages.

In fact, the real abandonment seems to be higher than the level reported. There is an important segment of children attending the school rather symbolically, but not excluded because of regulations which forbid expulsion during the primary and lower secondary education. Another reason is the possibility of getting the child allowance even in case of 40 absences per month.

The reasons for this negative phenomenon are diverse: lack of resources for continuing education; the perception that school is no longer essential for a successful life; the processes of school exclusion due to some deficiencies in the present organization of school.

According to a study carried out by the Danish expert, Kjell Reidar Jonassen, in 1995 (*Gypsies in Dolj*, Research Report, Red Barnet, Craiova, 1995) on six compact communities of gypsies living in Dolj county (900 families), the majority of gypsy children live in poor and overcrowded housing, the living density being 3 persons per room (2.5 times higher than the national average). These data confirm the results of the research carried out in 1992 and coordinated by Elena and Catalin Zamfir on a representative sample of gypsies, according to which only 51% of gypsy children of 10 years old are attending school regularly. Other 14% interrupted school, 16% were attending it "from time to time" while 19% were never enrolled (*Tigani în ignorare și îngrijorare*, coordonatori E. Zamfir, C. Zamfir, Editura Alternative, Bucuresti, 1993).

The situation is very serious, but it was expected that the school attendance as eligible condition for getting the state child allowance would mostly solve it.

K. R. Jonassen has however noted in 1995 that **48% out of 2,274 gypsy children belonging to 900 families do not go to school**. The reasons invoked by their parents were the lack of money for buying clothes, footwear, school supplies or **the lack of birth certificate (121 cases, 5%)**. There are two other important reasons that should be mentioned:

- ◆ The lack of parental interest in school, given the fact that they have not attended it either.
- ◆ Many gypsy children (especially those living in compact communities) do not speak Romanian well at 7 years old.

The seriousness of this situation is enhanced by the fact that these children are considering school as the single way to escape from the vicious circle: poverty – lack of interest in school – illiteracy – lack of profession and wage – poverty.

The necessary measures should be taken for improving the situation:

Direct, palpable incentives, for instance the provision of a free meal in the school.

An active policy by teachers to attract children to school and a tolerant attitude towards gypsy children who do not accept easily the discipline because of their traditional life style.

A preparatory year may be introduced in areas with many gypsies, so as to allow the children to learn Romanian and overcome adaptation difficulties.

We do not consider education in gypsy language as being a viable solution since this language is not a written one and the dialects are very different. However, it would be better to have gypsy teachers in areas predominated by ethnic population.

Awareness by local councils, school and police concerning the importance of promptly issuing identity documents for all school-age children and the punishment of parents in the case they do not support the institutions mentioned above in this respect. (**Out of 2,274 gypsy children studied by Jonassen in 1995, 121 – 5% – do not have birth certificate**. If the proportion were the same across the whole gypsy population, the total number of children without birth certificate could reach 20,000–40,000 at country level).

Equality of schooling chances

Many of the serious problems confronting compulsory education are linked to the equality of schooling chances for children. The lack of financial resources of families with children makes the provision of clothes, textbooks and food difficult for many parents. **The introduction of school attendance as the eligible condition for getting the child allowance has rapidly settled the problem of attendance at primary and lower secondary school.**

The state should promote the equality of schooling chances by introducing some support measures for poor children and for the encouragement / stimulation of the "peaks". Such measures could be:

- a. **The introduction of a free meal in schools**, as in some Western countries (for instance, in Great Britain) or in Romania between the two wars. This measure is already envisaged to be taken by the Ministry of Education in the case of poor children and kindergartens.

Free meals in schools

Each civilized and modern state should be concerned for the mental and physical health of its children (the adults of tomorrow), the results in many activity areas being dependent on them.

The need for the social efforts required maintaining the level of physical health of children was perceived in Great Britain by the beginning of the century. During the War in South Africa (1899-1902), it became evident that Great Britain, the most powerful imperialist force, was facing difficulties in defending itself in front of a relative small number of local farmers. Afterwards, it was noticed that a big number of volunteers (there was no compulsory recruitment) was rejected from army because they were unable physically to fight. The public concern increased after the war once data related to the illnesses and mortality recorded among troops were published. Furthermore, a report made public by the General Inspectorate of Recruitment was talking about the "gradual deterioration of the physical status of the working class that was the main source of soldiers". Many research commissions have studied the deterioration of the physical health, the system of medical inspection, the causes of high infant mortality. As a result of this social activity, the school medical service was set up in 1906 and free meals were introduced in primary school (Richard M. Titmuss, „Essays on The Welfare State“, London, 1958, page 80-81).

The impact of the free meal on school attendance has been tested in Bucharest within the framework of the RUT project, financed by the SOROS Foundation for an Open Society.

A school was set up in Ferentari for the very poor children (mostly gypsies) who were not attending the school even at age of 10. A free meal was provided so as to encourage them to come to school. There are currently 100 children attending the school regularly, but many other requests cannot be honored because of limited space.

b. The provision of social scholarships for poor children and merit scholarships for 3-5% of children.

The scholarships may be provided in the form of clothes, food stamps, school supplies, books, PCs or free holiday camps.

The social scholarships can reduce the economic handicap of poor children, who are not able to benefit from facilities like personal computer, books, etc. despite their intellectual capacities. The role of private

lessons should also be limited because they generate inequality of chances.

Attention should be paid to sport and health, sexual, ecological education in the new curricula.

A large range of services should be developed within schools (counseling, psychotherapy, and social work) for certain groups of children in special situations (consumption of drugs, conflict between generations, violence in school).

“Focused” education

Between 20 and 30 thousand children are involved in divorce processes in Romania. Taking into account the fact that 250,000 children are being born each year, the proportion of those involved in divorce reaches almost 10%. Divorce is causing different psychic traumas to children. These traumas are often not noticed by parents. Being too concerned with their own problems, they do not know or do not wish to make efforts to limit the consequences of divorce on their children.

In a world concentrated either on “normal” children or on those living outside their family, no institution is concerned with the impact of divorce upon children. Most frequently, the major difficulty of children involved in divorces is their lack of understanding of the new situation that is confronting them and its consequences. The parents or other persons are lacking the instrument of explaining the situation to the children in an accessible way.

We propose the editing of a book addressed to children whose parents are divorcing. They are available in the West and may be edited in Romania as well through translation and adaptation or through completely new drafting. For small children (2-7 years old), these books should be elaborated in the form of color books, presenting pictures about the situations specific to divorce. Short dialogues or explanations, in the case of children that have reading skills may accompany the pictures. These books may be provided free to parents through courts and/or schools. The educators and teachers should discuss the issues with the children on the basis of these books in case their parents are not doing that.

Such initiatives can ensure an education “focused” on a certain issue (for instance, divorce) and on a certain group (the children involved in divorce).

Education of teenagers (15-18 years old)

Whether or not they are attending high school or a vocational school, teenagers are in need of and are looking for references: a system of values, concrete examples, models, advice necessary for ensuring their

success in society. The perspective of some responsibilities like finding a job, attending a faculty, setting up of a household leads to a major change in their way of thinking and action. They need support for managing the transition from adolescence to adulthood.

The material support should meet both basic and specific needs. As regards the ordinary needs of each individual (food, housing, clothing), the teenager tends to pay more attention to clothing, music, etc. as a result of his needs to identify with his own generation or affiliation to certain sub-cultures specific to his age. He is therefore failing to ensure some basic needs. The family cannot however meet the financial needs of teenagers.

The lack of resources and interest and the incapacity to continue school are leading almost a quarter of teenagers of 15-18 years old to abandon school. They are frequently confronted by the impossibility of getting a job.

Therefore, the need of more social scholarships is obvious especially for the poor to ensure equal accessibility to higher education. It is also necessary to provide free textbooks for the poor and merit

scholarships to stimulate performance and recompense efforts.

In the context of the educational process, a special accent should fall on discussions concerning the setting up of a household, alcoholism, drugs and their risks, labor market (finding a job, interview), sexual education. Setting up of counseling and resource centers for teenagers, with hot-line services (in each town as in Bucharest) is absolutely necessary.

Insufficient attention is paid to drug consumption, violence, etc. which have showed up or increased in the schools after 1989.

Advice and emergency aid, educational activities for the prevention and fight against alcoholism, consumption of drugs, prostitution, rape, AIDS can and should be institutionalized. Leisure should not be neglected either.

Violence in school

Another topic frequently signaled by mass media during the last years is the violence in schools. Although apparently isolated or accidental, the cases of violence in the Romanian schools have worrying dimensions. The violence in schools may lead to serious social consequences if not sufficiently addressed by those responsible, therefore being not properly controlled. There are 3 main forms of violence in schools:

1. Violence of teachers against pupils. Although forbidden by law since 1948, such violence shows up too frequently in Romanian schools. The idea that "thrashing is part of paradise" and the lack of concrete punishment of those with such convictions and practices have led to frequent ear-pulling, face-slapping, beating with the cane of pupils from primary to high school. For pupils, such violence leads to traumas that could not be easily overcome, or to adverse reactions like school abandonment.

2. Violence among pupils.

It is necessary to develop a program to promote non-violent behavior.

3. Violence of some people outside the school against pupils and/or teachers. Although rare, such type of violence could be identified in marginal environments. Without the police intervention, such violence may seriously diminish the possibility of the school to ensure discipline and morality.

Many difficulties of the school may be overcome by encouraging creative and responsible management initiatives, additional to an adequate organizational framework.

6.4. Conclusions and action guidelines

- The level of expenditures for education **should be maintained at 4% of GDP so as to ensure efficiency of educational activities. A level of 6% would be more desirable**, thus making possible the increase of teachers' salaries and the (partial) provision of free meals to pupils.
- The yearly decrease of almost 100,000 of children enrolled in school (due to the decrease in birth rate)

until 2010 should be used for **improving the quality of education without limiting the staff or the funds**. The reduction of the number of pupils per class to a maximum of 25 and the elimination of education programs in three shifts.

- **The reduction of inequalities in schooling opportunities should be encouraged.**

* *Introduction of a free meal in schools* (firstly in the very poor areas) would reduce school abandonment and inequality of opportunity.

* *Private lessons*, which have become indispensable for passing the entrance examinations in prestigious high schools and faculties, could be eliminated by more careful checking of learning processes in the class.

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* *Introduction of certain social scholarships and/or in-kind support* (school supplies and books) for poor pupils (or even in the form of a component part of state child allowance) would diminish the inequality of schooling opportunities and increasing motivational polarization.

* *Facilities for school attendance of pupils from isolated localities* (transport, hostels, etc.).

* *Generalization / obligativity of the preparatory group in kindergartens* could raise the level of knowledge necessary at the beginning of schooling, especially in the case of children who have not accumulated sufficient knowledge in their family.

- *The limitation of unproductive theory in curricula*, by switching the accent to **individualized education** and a more attractive / pleasant learning environment, could increase the quality of education especially in kindergartens and primary schools. An attractive of curriculum could to a certain extent decrease the rate of school abandonment.
- *The curriculum should be more firmly oriented towards the needs of a market economy*, of a democratic society needing to set up civil structures as a basis for a real participatory democracy.

- *School abandonment should be reduced* and clear possibilities of return to school should be instituted
- *Juvenile illiteracy should be prevented and eliminated.*
- *Violence in school should be combated in all its aspects.* The authoritarian forms of disciplining children should be identified and eliminated.
- It would be beneficial to introduce and develop modules such as: education concerning the labor market, setting up a household, sexual education, the fight against the consumption of drugs and alcohol, prostitution, etc.
- The attention paid to sport in the curriculum should be increased.
- Involving to a larger extent the parents in activities performed jointly with the school and other institutions involved in children's education **should increase the role of the family in children's education.**
- *The development in school of some support services (counseling, psychotherapy, social work) for children in special circumstances* could have a positive impact at the social level as concerning the quality of education of all disadvantaged categories of children.

Chap. 7. Health of Mother and Child

7.1. Health of mother and child before 1989

After the Second World War, the health status of mother and child registered a substantial improvement. This positive evolution was in fact scored by the population in general due to the improvement of living standards, health and medical assistance delivered, especially to children through direct state involvement.

From a medical point of view, the improvement in maternal and infant health was the result of: a rapid

development of the network of basic maternal and infant health services; accessibility of preventive services: universal and free vaccination leading to the reduction of contagious diseases; delivery of prenatal services to pregnant women; medical examinations of mother and child; improved health services at primary, secondary and tertiary level; development of a national network of public health and hygiene services.

The health status began to deteriorate starting with the end of 1960s. In the case of children, the reduction in the infant mortality rate (IMR) has slowed down as compared with other countries or the previous period (table 7.1).

Table 7.1

Infant mortality in Eastern Europe (EE) between 1950-1989

	1950-55	1960-65	1970-75	1975-80	1980	1989
Bulgaria	92	36	26	22	20.2	14.4
Poland	95	51	27	23	23.2	15.7
Romania	101	60	40	31	29.3	26.9
Hungary	71	44	34	27	23.2	15.7
Russia	73	32	26	28	22	17.8
EE Average	81	41	29	25	21.5	15.9

Source: Regional Monitoring Report. No.2, 1994, UNICEF

We can therefore say that although the IMR registered, in quantitative terms, a significant reduction in Romania - of 74.1 deaths per 1,000 live births as against 65.1 Eastern Europe average - the 1989 situation was worse than that of 1950.

Maternal health status has a particular significance in Romania.

Before 1966, maternal mortality had levels similar to those of other European countries. Once legislation against abortions was introduced and contraceptives became scarce, the maternal mortality rate (MMR) increased dramatically. In 1989, it was 10 times higher than in any other European country, especially because of abortion-related mortality.

As far as the reasons which led to this situation are concerned, one should make distinction between reasons related to health system performance and more general ones, **the health status of mother and child being an indicator of both medical assistance policies and social-economic development, living standards and lifestyle.**

At a general level, the standard of living has deteriorated, thus affecting directly the biological status of mother and child and implicitly lowering the biological resistance of the body. There was an increased environmental pollution. Lifestyle-related risk factors were responsible for negative impact on maternal and infant health status: smoking, alcohol, unhealthy nutritional habits, and psychosocial factors. Poor health education of the population had a negative impact on maternal and infant health status. Compulsory pronatalist policy of the regime was promoted without adequate support provisions.

The medical system was characterized by a decrease in the quality of services and inadequacy of medical provisions to cope with increased medical needs. The main reasons for such a situation were as follows:

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- Poor financing of the system, Romania allocating the smallest proportions of GDP for medical assistance (less than 3%);
- Managerial dysfunctions associated with inadequate resource allocation to cope with local medical needs;
- Poor motivation of medical staff because of lack of professional and financial incentives.

7.2. Health of mother and child after 1989

Many of the reasons for the worsening of health status are exterior to the medical care system. The most relevant example is related to the impact of legislation

on abortion upon the maternal health status. The liberalization of abortions and, to a lesser extent, the introduction of modern contraceptive methods in 1990 have quickly reduced the maternal mortality by 2/3 while the infant mortality registered the same trend (but not so spectacularly).

Despite these positive changes, maternal and infant mortality in Romania continues to be among the highest in Europe. The reduction rate of this indicator is also below the European average, Romania scoring an unfavorable situation both in absolute terms and as concerns the distribution across all age groups. Romania committed itself to improve the situation by signing different international treaties.

The declaration and action plan adopted at the World Conference for Children organized in 1990 in New York represent important political documents for child health status. The Conference stressed the special needs of woman and child within the broader context of community objectives. Romania has signed the final declaration and committed itself to develop a national program of action (NPA) in order to reach these objectives. This commitment has been honored in 1994.

The health-related objectives adopted in the national plan of action of the Conference refer to the following:

- ◆ Eradication of poliomyelitis by year 2000
- ◆ Elimination of neonatal tetanus by year 1995
- ◆ 90% reduction in measles and 95% reduction in deaths related to this disease.
- ◆ Immunization, compulsory vaccination of at least 90% of children aged 0-1 and 100% of women of fertile age.
- ◆ 50% reduction in mortality caused by infant diarrheic diseases, 25% reduction in incidence of such diseases.
- ◆ One-third reduction in mortality related to acute respiratory infections.
- ◆ Elimination of deficiencies caused by lack of vitamin A and iodine.
- ◆ Reduction in incidence of low birth weight (below 2,500 grams) to a maximum level of 10% of the total number of newborn children.
- ◆ One-third reduction of female anemia
- ◆ Access for all women to prenatal assistance, specialized assistance during delivery, special services for pregnancy under high risk and for obstetrical emergencies.

Prenatal genetic services

Health and viability of the child are conditioned by the health status of parental couple, as there could be diseases that might influence the development of fetus. Although increasing, the genetic pathology of the child is not a priority of health policy because of the prevalence and costs associated with the development of some specific programs.

In the case of important genetic diseases, some interventions like genetic screening and prenatal genetic diagnosis might be considered.

In Romania, the genetic, diagnosis-related and counseling services are provided on an ad-hoc basis by some university clinics with research facilities. There are no national programs and the specialists do not share the same views concerning their operation within the context of the present pattern of mortality/morbidity and the available resources in Romania.

Genetic advice before pregnancy could be provided formally by the general practitioner on the occasion of a pre-nuptial medical examination, but its efficiency is not evaluated yet.

A measure which might be considered for the future would be the upgrading of the skills of these medical doctors on these subjects, through university education and post-graduate training courses / sessions. Such a measure would be the most adequate one given the present possibilities in Romania.

Irrespective of available resources, the following issues should be considered:

- The tests for identification of genetic risks should not be performed before the provision of necessary staff and facilities for counseling, intervention and/or treatment.
- If applied prematurely, screening programs could be harmful for the population and could waste resources.

- It is necessary to develop adequate legislation.
- The introduction of specific elements into the code of ethics for medical professionals, given the fact that the new technologies will raise ethical and legal issues besides strictly medical ones.

Maternal health status

Different indicators are used for the evaluation of maternal and infant health status, their permanent monitoring being an essential component for the assessment of progress registered by the health status of mother and child.

Birth rate

- The birth rate has decreased steadily since 1989, as a result of liberalization of abortions and, to a lesser

extent, due to the programs of family planning. The gross birth rate has steadily decreased from 16.0‰ in 1989 to 11.0‰ in 1995; this level situates Romania within the inferior third part of the decreasing hierarchy of European countries; there are also notable territorial variations.

- The number of abortions has increased, scoring in 1990 a level of more than 992,000, meaning approximately a rate of 3 abortions to 1 newborn child. Since 1990, abortions have registered a decreasing tendency; in 1995, there were 502,840 abortions, meaning 2.12 abortions to 1 newborn child (table 7.2). During the last years, there has been a negative demographic trend corroborated with low birth rate and higher mortality.

Table 7.2

Evolution of abortions in Romania

Indicator	1989	1990	1991	1992	1993	1994	1995
Absolute number	193,084	992,265	866,934	691,863	585,761	530,191	502,840
Abortions to one newborn child	0.398	3.1526	3.15	2.65	2.34	2.14	2.12

Source: Ministry of Health, 1996

The decrease in child birth's rate has multiple explanations, especially of a social, economic and cultural, rather than a medical nature; the medical aspect may be considered when talking about pathology associated to abortions which might lead to a reduction in fertility.

Maternal mortality

Prenatal assistance, type of birth and its complications, hospitalization period and associated costs are considered for the evaluation of the quality of medical services during birth. However, there is insufficient data on the matter to allow such analysis. The one indicator that synthesizes information on the issues referred to above, as well as other maternal health determinants, is the maternal mortality rate.

After 1989, the maternal mortality has registered a significant decrease (abortion-related deaths decreasing by more than 80%), once abortions were liberalized and modern contraceptive methods were introduced. However, it continues to be the highest among European countries. The main causes of this situation are emergency abortions, hemorrhage and infections, abortion causing almost 70% of maternal deaths.

Emergency abortion is the main cause of maternal mortality, its prevention being the principal method of reducing the indicator.

In order to achieve such an objective, the following actions are essential: specific education delivered to the population, development of family planning, identification of risk groups and targeting of medical services accordingly, involvement of the social work services in the identification and counseling of these groups of population.

The recommendations of the Ministry of Health program on maternal health, such as the initiation of prenatal assistance in the first 12 weeks of pregnancy and at least 10 prenatal consultations before birth were not observed, many studies showing that:

- Only 23% of mothers attended the recommended number of consultations.
- Only 57% of mothers have started the prenatal control early.
- The use of prenatal services was directly linked to the educational level and social-economic status of the mother.
- Only one third of mothers considered by the study have declared the ownership of a pregnancy card during the last pregnancy.
- The hospital medical doctor who assists the birth does not have information concerning health and the evolution of the pregnancy, thus possibly leading to negative consequences for the therapy.

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- 13% of maternal deaths through obstetrical risk were caused by home birth, without medical assistance.
- A quarter of abortion-related deaths were caused at home by empirical abortive measures. This aspect indicates:
 - * Deficiencies, concerning the appeal by pregnant women for specialized medical services;
 - * A reduced efficiency of family planning which should have normally provided the access of women to information concerning the protection of their own health;
- Prenatal care of the pregnant woman continues to be unsatisfactory.
- The need to introduce **the pregnancy card** at national level.
- Insufficient endowment with investigative and monitoring equipment for pregnant women
- Quantitative and qualitative insufficiencies related to necessary specialists composing the teams on duty in maternity units.
- Lack of the necessary quantities of blood as and when required.
- Logistical insufficiencies: difficult transportation from rural to urban areas in cases of emergency, communication difficulties.
- Lack of a good quality information system concerning the causes of maternal mortality.
- Inefficient circulation of information between the primary, secondary and tertiary medical services.

All the deficiencies mentioned above are considered by different programs whose special aim is to reduce maternal mortality:

There are many causes explaining this situation and they are linked to the medical sector as well as to the attitude of pregnant woman.

At the level of primary health care:

- The evaluation and control mechanisms have not been functioning practically since 1990
- Although elaborated by IOMC, there are no written protocols at the level of dispensaries for the identification of pregnant women with high obstetrical risk, who should therefore be the subject of well-defined therapy.
- A similar situation is registered by family planning that does not enjoy written practice protocols for the medical staff.

At the level of maternity units and hospitals, the following problems have been identified:

- Procurement of high-tech equipment for county maternity homes, with the support of the World Bank;
- Development of emergency assistance, including pediatric assistance, with the support of the Swiss government and the World Bank;
- Setting up of 95 rural health centers in order to cope with and stabilize emergency cases and rapid transportation from isolated areas to adequately equipped centers;
- Different training courses for maternity's personnel, financed and organized both by public and private Romanian bodies and international agencies (project – *Newstart*);
- Development of a confidential system for the identification of maternal deaths;

NEWSTART project

The NEWSTART project, (Newborn Screening, Treatment and Referral Training) financed by USAID and carried out by American and Romanian specialists from Project Concern International and IOMC, aims to upgrade the professional skills of medical staff at the level of neonatal assistance so as to improve the assistance delivered to the newborns and to reduce abandonment and the number of children hospitalized for malnutrition.

The project trained teams of neonatal specialists (medical doctors and medical assistants) from 12 university hospitals to act as trainers for all maternity units in Romania. IOMC was supposed to follow the training of specialists from another 160 local maternity units as well as the development of some therapeutic protocols for certain diseases.

As concerns professional training, an important result was the strengthening of teamwork of the neonatal specialists. A range of changes in clinical practice were registered as a result of seminars: the introduction of the room-in system, the encouragement of breast-feeding at request, the improvement of therapeutic techniques for certain diseases, the development of inter-personal communication with colleagues and parents. This training was complemented by procurement of equipment for intensive therapy through a loan provided by World Bank, the courses designed to train the people in using the equipment being the starting point in understanding the new procedure. At the same time, it was concluded that for more than 80% of newborns under risk there are efficient treatment methods that do not require high technology. The therapeutic protocols developed in the seminars started to be implemented at the level of some maternity units that participated in the program.

The initial assumption of the project, according to which a good neonatal assistance will reduce the number of institutionalized children because of family involvement in the intervention process, is difficult to be evaluated. The main reason is the fact that the principal causes of abandonment are especially related to social-economic conditions and education rather than medical assistance. Moreover, such an approach can raise dilemmas related to the decisions for allocating funds among the levels of pediatric assistance, especially in the case of the scarcity of resources experienced at present by Romania.

- Development of medical programs designed to identify and treat certain pre-pregnancy diseases;
- The extension of the usual prenatal and reproductive health services to the identification and treatment of genital and urinary infections as well as uterine neoplasm (which could reduce the number of handicapped children and birth complications).
- Re-evaluation of the medical services provided to women of fertile age.

Apart from strictly medical factors, **the inducement of a healthy lifestyle** may also have a major impact upon maternal and infant health.

Smoking is one of the main causes of premature birth and low weight, the children with low birth weight being under the biggest risk of morbidity and mortality. One could note that:

- The proportion of smoking women increased after 1989 especially in the age group of 15-45 years.
- The highest proportion of smoking women could be identified among pregnant women with low education level and reduced social and economic level.

Therefore, the prevention of smoking among pregnant women should be the subject of priority programs comprising the following **main components**:

- Raising awareness of all pregnant women concerning the risks associated with smoking, during the first prenatal examination.
- Provision of means to help them in give up smoking and information materials about these means.
- Involvement of general practitioners, obstetricians and midwives delivering prenatal assistance, in this program

Family planning

Family planning consists of **measures of conscious determination of the number of children by the family and the phasing of births**. Because the optimum health for mother and child is dependent on the age of the mother, the time elapsed between consecutive births, the equilibrium between family size and available resources; availability of birth control methods could sort out many of these aspects.

Family planning can have direct influences upon the health status of woman and child, preventing the pregnancies with high risk:

- Pregnancy before 20 years old
- Pregnancy after 35 years old
- Time elapsed after the last pregnancy of less than two years.

In Romania, a study conducted by IOMC/UNICEF/WHO illustrates that:

- ◆ Only 7% of women in the sample had ever used a modern contraceptive method
- ◆ Only 9% of them got advice from the medical staff concerning family planning
- ◆ Almost 39% of women aged 15-44 need modern services of family planning, the biggest proportion being among those with lower education and poor or medium social-economic status.

An efficient family planning requires:

- Availability of specialized units and staff
- Availability of the necessary contraceptive means
- Access of all couples and especially of those at risk as concerns maternal and infant health to relevant information and services.

This aspect is worrisome at present, especially for rural areas; a regulation of the Ministry of Health stipulates that general practitioners can get competencies in this field after attendance at some modular 6-month courses. As a result, many general practitioners are not able to acquire these skills.

The following proposals may remedy this situation:

- Development of a short-cycle training structure to be addressed especially to the rural general

practitioners, as they are the single source of planning services

- Improvement of university and postgraduate curricula, so as the equip all general practitioners with necessary skills
- Involvement of staff with medium qualifications, especially midwives, in family planning according to competence level and the provision of specific training for them
- Involvement of **social workers**: taking into account that the people at highest risk originate from disadvantaged areas, the social worker should have knowledge in this field and ensure the interface between the community and medical professionals.

Until 1989, there was no family planning. More precisely, there was a policy of manipulation of

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demographic behavior by prohibiting or rendering difficult the access to most modern methods of family planning (oral contraceptives, intrauterine devices, etc.). After 1989, a **national family planning program** has been developed with the financial support of World Bank and which consists of three components:

- Staff training
- Procurement of contraceptives
- Public information/education through specific communication methods (brochures, mass media, etc.), involving the Romanian authorities, World Bank, UNDF, UNICEF and different non-governmental organizations.

An aspect related to family planning is maternal sterility:

- There is actually no national program concerning fertilization in vitro, except a program developed in Timisoara and another one under preparation at Bucharest University Hospital
- There are no clear regulations for a matter that is very sensitive, not only because it requires considerable financing, but also because of its legal/ethical implications linked to donors and the mother's role.

To conclude, we think that a maternal assistance network developed outside the specific maternity services should put the stress on: the promotion of good health prior to conception, prenatal assistance, community-based assistance, family planning services.

The health of the child

Nutrition

Low weight at birth means children below 2,500 g. The average birth weight of children in Romania is lower by 0.2 kilos than in Western Europe. Such birth weight is associated with a risk of death during the first year of living that is 10 times higher than that in case of normal birth weight.

The main reasons are the following:

- The increase in the proportion of mothers under 20 with: incomplete education, lack of the physical and psychological maturity needed for raising the child
- The inadequate nutrition and lifestyle of the pregnant woman
- Insecurity and low incomes, which are characteristic to the pregnancy period.

The National Program of Nutritional Supervision (NPNS)

The low birth weight and the protein-calorie malnutrition (PCM) facilitate the death of 40% and 20% respectively of children under 1 year old. Such a situation and the lack of feasible data determined IOMC to start, with the support of UNICEF Representative Office in Romania, a monitoring of the nutritional status of the child under 5 years old.

The results of the monitoring indicate that the nutritional status of the child represents a major problem of public health in Romania, being in need of urgent intervention. The National Program of Nutritional Supervision revealed that:

- ◆ The low birth weight was 3,220g in 1990 and 3,164g in 1995, meaning 200g lower than the average in the West.
- ◆ The prevalence of low birth weight has increased from 7.6% in 1990 to 9.5% in 1995.
- ◆ The average period of breast-feeding has decreased from 5.6 months to 3.6 months in the same reference period.
- ◆ The number of children with low stature relating to age increased especially during the second year of living from 10.1% in 1991 to 23.08% in 1994.
- ◆ 49% of the children under 1 year old included in the sample have the level of hemoglobin below 11 g%, while for 10.9% of children the level is lower than 9 g%, meaning that they are anemic.
- ◆ The average birth weight, the low birth weight and the low stature related to age are strongly linked to the educational level of the mother, the prevalence being practically doubled for children whose mothers have had less than 8 classes.

The risk factors in the etiology of anemia are linked to:

- ◆ Early introduction of cow milk and solid food with no iron in the nourishment of the infants;
- ◆ Nutritional imbalance due to the pauperization of the population;
- ◆ Ignorance concerning healthy nourishment.

There is also a moderate lack of iodine in children, with significant geographical variations.

As a result of this situation, a range of programs have been developed:

- Breast-feeding during the first 4-6 months in order to prevent malnutrition, reduce anemia, reduce abandonment and implicit institutionalization, being known that malnutrition is one of the most important medical reasons for institutionalization.

- The development of a system for monitoring the nutrition and nutritional supplement for small children in the form of a national program;
- Development of a program for iodination of salt.

The health sector may also intervene through the promotion of correct nutritional practices, including breast-feeding, both in maternity units and dispensaries.

This would require the training of the medical staff in child-care and the development of communication skills, areas where some international agencies are strongly involved (UNICEF, UNDP, USAID).

Correcting other nutritional deficiencies also requires interventions from outside the medical sector:

- Modification of parental behavior that would frequently allow the improvement of child nutrition without supplementary incomes;
- Education of mothers concerning child nourishment both during illness and when they are healthy, as one of the most efficient way in combating malnutrition and infections.
- Promotion of breast-feeding, which improves both the health of the suckling and that of the mother

(preservation of iron stock because of lack of period, increase of inter-conception intervals, reduction of risks of ovarian and breast cancer).

- A National nutritional program including the development of foodstuffs able to cover the lack of micro-elements and designed to be allocated to pregnant women at risk (financial support to families unable to procure these foodstuffs should be also envisaged);

both iron and vitamin A may be added to the composition of a various range of foodstuffs for children and pregnant women; if food consumed by a certain part of population at risk can be enhanced at reasonable prices, the favorable results are faster than those of educational programs.

The project "Hospital – the friend of children" has been initiated in 1994 with the support of UNICEF Representative Office in Romania. In 1995, 10 hospitals got this title, which provided maternity and care services to newborns applying all 10 steps developed by WHO and UNICEF concerning an efficient breast-feeding; these steps specified that the hospitals should have:

1. Developed a written strategy for breast-feeding, supposed to be permanently communicated to the medical care staff.
2. Trained medical staff to acquire the necessary skills for the implementation of this policy.
3. Informed all pregnant women concerning the benefits of breast-feeding and conduct of natural nourishment.
4. Helped mothers to start breast-feeding in the first 30 minutes after birth.
5. Showed mothers how to proceed and maintain lactic secretion even when separated from their children.
6. Refrained from offering food and drinks (without medical prescription) to newborns, other than maternal milk.
7. Allowed mothers and children to be always together.
8. Encouraged breast-feeding at request.
9. Refrained from using a baby dummy in the case of breast-fed children.
10. Supported the setting up of lobby groups concerning breast-feeding and oriented mothers to them after leaving the hospital or clinic.

Even though there is no national evaluation of the project impact, the first studies demonstrated that in the beneficiary hospitals, the average rate of hospitalization of mother and child has been reduced (for instance, in the Clinic University Hospital, from 6.43 to 5.47 days. A similar situation could be identified at maternity Polizu. A number of specific indicators were improved:

reduction of the number of jaundice in the case of newborns with normal weight, reduction of number (and degree) of malnourished children, better maternal health status (diminution of mastitis as a result of correct breast-feeding), decrease in the number of hospital infections, which reduced the use of antibiotics and drugs per medical section.

At the same time, the project has increased the health education level of mothers who stayed permanently together with their children. The initial resistance of the staff caused by inertia and fear of infections (because of keeping together the mothers and children), have finally disappeared due to concrete results mentioned above.

Initially, there were supplementary costs linked to the arrangement and endowment of the mother-child common rooms (sanitary equipment, electrical power, and central heating) and to staff training in the use of correct techniques. The investment was later "recuperated" through the reduction of morbidity in hospital and its associated costs, decrease of stay in hospital and costs for procuring powder milk. The main arguments in favor of the generalization of such an approach are however those related to the improvement of maternal and infant health indicators. There is no conclusive evidence concerning the impact upon the rate of abandonment in hospital. Despite the hypothesis according to which it will be very difficult for a mother breast-feeding the child from the very first moments of life and staying permanently with him to abandon the child (the good health status being another argument against abandonment), the number of abandonment has not decreased in some of the hospitals involved in the project. The reasons are most likely linked to social and economic conditions or to social work factors (for instance, some maternity units are lacking funds for the employment of full time social workers, while in the case of others, the funds are contributed by non-governmental organizations, like Holt).

Although the progress registered through this program is encouraging, the main challenge is to convince the mothers to continue breast-feeding after leaving the hospital. Therefore, it is necessary to develop actions of promotion and education addressed both to the community and the medical staff of dispensaries, the main difficulty being the maintenance of breast-feeding for a period of 4-6 months rather than its initiation.

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Different projects were carried out on the matter involving the target population and the professionals at the level of primary medical assistance; the latter should get a training concerning breast-feeding similar to that applied to professionals in hospitals. Otherwise, the impact of the whole project is jeopardized.

Correcting the other nutritional deficiencies requires also interventions from outside the medical sector: **modification of behavior of mother and families, specific educational programs, national program of nutrition, national program of iodination of salt.**

Given the fact that the provision of such services does not necessarily mean their acceptance by the

beneficiaries, **an important part of the funds will have to be allocated to information, education and communication.**

Consideration should be given to the existing programs on child medical assistance, which are based on international conventions signed by Romania. In this respect, there is a general framework concerning health assistance for the child elaborated by CNPC. The Romanian Government and UNICEF (cassette 4) have also elaborated an Action Program detailed in time, budget and actions until 2000. There are also specific programs of the Ministry of Health.

Program for the health of child and mother 1995-2000, UNICEF - Romanian Government

In 1995, the Romanian Government, through the Ministry of Foreign Affairs, established a 5-year co-operation program (1995-2000) with UNICEF designed to develop and improve the social protection system and the basic services provided to women and children. This program has four distinct, interrelated components: 1. Health of woman and child; 2. Family education; 3. Children in special situations; 4. Social policy planning and development.

A balance between national and local strategies was envisaged, the accent being put on models of excellence developed at community level through integration of county-level services of child-care.

The action is based on inter-sector co-operation with the involvement of community and non-governmental organizations as well as public structures.

The main objectives to be reached as concerns maternal and infant health are the following:

- ◆ Decrease of maternal mortality by 1999 to 50% of 1990 level (from 84 deaths/100,000 newborns to 42 deaths/100,000 newborns).
- ◆ Decrease of infant mortality rate by 1999 by one third of 1990 level (from 27/1,000 to 18/1,000) and mortality rate among children less than 5 years old (from 36/1,000 to 24/1,000).
- ◆ Reduction to half of the serious and moderate malnutrition among children less than 5 years old, by 1999.

For each of the above-mentioned objectives, there are specific responsibilities and detailed activities.

The co-ordination of activities performed by Ministry of Health, Ministry of Labor and Social Protection, Ministry of Education and Ministry of Youth and the fulfillment of common projects are the priorities.

Infant health (0-1 year old)

The main health problem for this age category is the high level of deaths, meaning infant mortality. Although decreasing (1995 being the year with the lowest infant mortality ever), it situates Romania in one of the lowest places held by European countries (table 7.3).

Table 7.3

Rate of infant mortality (RIM):

number of deaths of children of ages of 0-1 years old /1,000 live births

Index	1989	1990	1991	1992	1993	1994	1995
Infant mortality	26.9	26.9	22.7	23.4	23.3	23.9	21.2

Source: Ministry of Health, 1996

The structure of mortality rate in Romania is characteristic of developing countries with a

predominance of post-neonatal mortality after 28 days, which causes 70% of infant mortality (table 7.4).

Table 7.4

Deaths of children below one year old per age groups in some European countries

Country	Year	IMR	Structure of infant mortality (% of total deaths below 1 year)			
			Younger than one day	1-6 days	7-27 days	28 days - 11 months
Romania	1993	23.20	5.1	21.3	12.8	60.8
Austria	1993	6.49	23.0	20.1	13.3	43.7
Bulgaria	1993	15.52	9.0	30.9	16.3	43.8
France	1992	6.82	11.0	22.5	15.1	51.4
Germany	1993	5.84	23.2	17.3	13.0	46.4
Poland	1993	13.41	22.4	31.1	18.2	28.3
Hungary	1993	12.45	26.7	26.4	15.8	31.1

Source: Ministry of Health, CCSSDM, 1996.

It should be underlined that in almost all of the European countries, perinatal diseases and congenital anomalies rather than respiratory or contagious diseases cause most deaths of children below one year of age. In Romania, respiratory diseases, even the perinatal ones increased during the last years (from 16.4% in 1989 to 38.0% in 1995) because of poor biogenetic quality of the mother and child, cause most deaths of children below one year old.

The distribution of mortality illustrated above indicates **poor child care** (avoidable demises) provided by parents and the health system because of: insufficiency of basic foodstuffs, lack of adequate health education of mothers (parents), dysfunctions of post-hospitalization medical assistance, lack of essential medicines.

Some of these deficiencies may be associated with pauperization of population, being therefore difficult to remove in the short-term. Others relate to poor organization/indifference of decision-makers, which might be corrected through educated involvement of medical staff.

We refer to measures linked to:

- Information and education of the target population, mothers in particular and families in general;
- Increase in the competence of medical staff on the matter, especially at the level of primary health care.

The child aged 1-4

Indicators of physical development of children and teenagers demonstrate stagnation and even a regress at ages of 0-3, but also at the ages of 6-15. There are significant differences in the development level between children living in urban areas and rural areas, the latter registering unfavorable evolution (at the age of 15, the difference in height is 6.8 cm while that in weight reaches 4.7 kilos).

For children aged 1-4, the main health problem is the juvenile mortality caused particularly by acute respiratory illnesses, accidents, traumas and acute leukemia, Romania registering one of poorest situations in Europe.

For children aged 1-2, the main reason for death is represented by the respiratory illnesses. The difficulty can be overcome by the health system through better endowment of medical units with equipment and drugs.

In comparison with other neighboring countries, Romania has the highest mortality rate for children under 5 years old, while registering a similar decreasing tendency.

Accidents represent the main cause of mortality for this age group. They happen on streets, at home and at playing places.

The programs designed to reduce juvenile mortality should consider preventive measures and should be addressed to:

- Public authorities, in order to adopt regulations meant to reduce the risk of accidents.
- Parents, in order to be better informed and aware of risks.
- Children, in order to develop the knowledge and skills required for the reduction in accidents.

The child aged 5-18

For children aged 5-14, the main health problem is caused by accidents and traumas that contribute to more than half of deaths corresponding to this age.

The health status of children aged 5-14 was also damaged by inadequate schooling conditions: development disorders, psychic fatigue, visual disorders.

The intervention actions should comprise:

- Measures for the prevention of respiratory diseases.
- Educational measures addressed to parents and children for the reduction of accidents and traumas.
- Educational actions for the promotion of a healthy behavior (reduction of smoking, drugs or alcohol consumption, practicing sport)
- Adaptation of the educational process to the needs and capacity of children
- Improvement of the means of diagnosis and of therapy for the rehabilitation of those injured.

As concerns children aged 15-19, the main health problems are represented by accidents, sexually transmitted diseases and an unhealthy lifestyle. The mortality rate among children aged 5-19 situates Romania in a disadvantaged position in comparison with neighboring countries.

The intervention measures should aim at the following:

- Reduction of accidents in general and the road-related ones, through general and specific measures involving children, the young, families, school and community.
- Awareness of methods and techniques of family planning so as to avoid unwanted pregnancy.
- Information related to the risk of transmitting diseases through sexual relations.
- Early identification of disease and provision of skills, according to measures that need to be taken.
- Information concerning the risks associated with smoking, consumption of alcohol and drugs.
- Promotion of sport activities.
- Identification of teenagers with emotional instability and provision of measures promoting mental health.
- Improvement of emergency medical assistance for the management of traumas.

Morbidity. Diseases are also caused by poverty, poor hygiene, low educational level, and inefficiency in preventive medical services.

The incidence of some diseases like those mentioned below has increased:

Viral hepatitis. The main problem is hepatitis B, which has an increased incidence in children and whose recent increase was mainly caused by the traditional excessive use of injections in medical treatment: 21 injections on average during the first year of life if cared for at home and 118 injections if institutionalized.

Therefore, it is strongly recommended to:

- Reduce the number of injections and replace them by oral treatment.
- Start a national campaign of vaccination against hepatitis B of newborns, followed by its extension to other age groups.

Tuberculosis. After 1989, the incidence of tuberculosis increased because of the reduction in the vaccination rates (lack of immunization of some isolated groups of individuals, especially among population at high risk) and the deterioration of the social and economic status of an important part of population (leading to poor feeding, poor conditions of hygiene).

AIDS. 52% of pediatric cases of AIDS/HIV in Europe have occurred in Romania, meaning that more than 90% of cases registered refer to children. It is worth mentioning that there was no registered case of HIV infection of newborns in 1995 due to the joint efforts of public bodies and non-governmental organizations. After 1990, the medical authorities supported by international non-governmental organizations and bodies (USAID, UNICEF, PHARE, SOROS, ACET) have taken a range of measures like: the provision of single-use syringes in pediatric hospitals and vaccination, national programs of prevention, county training courses. **The result after six years is positive as the cases of nosocomial HIV cases among children have decreased substantially.**

Health services for children

According to the law, medical assistance is free in Romania. It counts among its beneficiaries 5-6 million children, out of which 280,000/year are aged 0-1.

The present system of medical assistance is a regressive one, 33% of public expenditure for primary assistance being provided for the benefit of the richest 20% of population. Similarly, the public health expenditure per capita is three times higher in the richest decile as compared to the poorest one. The less regressive public expenditure applies to primary assistance, while for the hospital-based one it is vice-versa (World Bank, Romania: Poverty and Social Policy, 1996).

7.3. The reform of health services and their impact on the pediatric services

The general principles for reform of the medical system are in line with EU criteria and refer to: accessibility of services (no economic, geographic, cultural barriers); solidarity as the basis for the functioning of the system; equity and positive discrimination of disadvantaged

groups; prevention of diseases and promotion of health as pillars of the whole system; integration of medical services into a national strategy of public health according to the European health policy "Health for all by 2000", elaborated by the WHO; reorganization of health care system (able to ensure: freedom of choice by patients, autonomy of medical professionals,

introduction of competition among health care suppliers, computerization of medical and pharmaceutical network, development of a health care system based on primary assistance and supported by secondary and tertiary care, increase of community role).

A new system of provision of primary health care has been implemented in 8 counties of Romania, the project being supported by the World Bank through the loan for the rehabilitation of the medical sector.

A new system of payment and registration of patients was introduced, each medical doctor being paid according to the number of patients registered with him and each patient having the possibility to choose and change the medical doctor. As concerns pediatric assistance, the major modification was the provision of child assistance by general practitioners besides the pediatricians. The system is going to be generalized across the country taking into account that the Pediatric Faculty was dismantled in 1990 and that pediatrics became a distinct specialty for the graduates of the Faculty of General Medicine.

Such modifications require the following measures:

- ◆ Special attention paid to pediatric curricula, at university and postgraduate level (for general practitioners).
- ◆ A system of more rigorous accreditation putting the accent on the quality of pediatric training, taking into account the fact that the general practitioner (who became family doctor with pediatric responsibilities) has had a reduced pediatric training.

The medical doctors are paid a lump sum for each patient registered on their list to cover the costs of consultation and treatment when necessary. This sum differs according to the age of the patient, being higher for age group 0-1, as an acknowledgement of the responsibility of taking care of these children. Complementary payments are done in the case of specific medical services.

The new system of payment for pediatric care should have encouraged the activity of prevention of illnesses, should have stimulated improvement in the quality of services in the field of primary assistance through the introduction of competition and freedom of choice and should have reduced the number of patients sent to or hospitalized in secondary and tertiary assistance facilities.

Existing data demonstrate that there are no significant differences as compared to the former period or to the counties not involved in the experiment.

However, such a system based on the relationship between per capita and per service remuneration of medical doctors, could be efficient in reaching the desired quality of medical services on the condition that financial ceilings provide sufficient incentives to the medical staff.

The paragraphs below present the way in which the maternal and infant assistance may be promoted more efficiently so as to involve the medical staff in different activities, according to priorities established by the methodological bodies on the matter. The establishment of financial equivalency is an **option of health policy** rather than a financial one, the allocation of funds being done for the sector of biggest impact on health improvement: in the case of Romania, the maternal and infant assistance, especially at primary level.

Medical assistance alternatives in Romania

There are three main options for the modification of national medical assistance:

- A system based on compulsory health insurance (social insurance system)
- A system based on taxes (general and/or local)
- A system based on voluntary insurance (private insurance system).

The real option is between the social insurance system and the tax-based one, given the fact that the private system needs significant amounts in insurance premiums and raises important difficulties related to accessibility and equity, thus impacting on the maternal and infant medical assistance.

According to the draft law voted already by the Senate:

- ◆ The new medical system will be financed by compulsory contributions of all employed population.
- ◆ Half of the insurance premiums are covered by the employer and the other half are covered by the employee. Other funds (unemployment, pensions) will cover the insurance premiums for the rest. (Child assistance is paid by the parents or by the state where the parents are not employed).

The new system might raise some problems with direct or implicit impact on pediatric assistance.

- ◆ The definition of the minimum package of services for children and for the whole population in general, taking into account that children's health is conditioned substantially by the health status of their parents.
- ◆ The minimum guaranteed services should be dimensioned taking account particularly of the needs of the most disadvantaged categories, like the poor and the less educated.
- ◆ The free services package should include the most frequent services used by the disadvantaged categories (prenatal assistance, assistance at birth and assistance of sick children have universal character or at least are for the benefit of the poor), attention being paid to equity and differentiated approach. In this context, the maternal and infant medical assistance needs numerous medical services given the fact that it is delivered to a population with increased risks of getting ill.
- ◆ Given high unemployment, a high proportion of pensioners and other categories not able to pay the contribution (pupils, students, peasants with difficulties in paying at present the taxes), supplementary sources outside the system (budget, social insurance, pension fund, etc.) will have to be used. The funds will have to cover also the administration costs of the new system (estimated at 5-10% of total costs).

In the short term, there will be a sharp competition for resources within the medical system, their distribution being at risk of affecting the infant medical care. We believe therefore that at least **in the medium term, the basic maternal and infant medical services should be mostly financed by the state budget given their obvious priority.**

Such a solution should be considered especially in the case of **preventive services** for mother and child. Their financing should be mostly done by the state budget, at least for the prevention programs considered to be a priority at national level; the rest of preventive services could be financed by the insurance houses (funds) or by other sources (local, private, community, etc.).

The co-ordination of these services and the improvement of their efficiency would need a local body (at county level or at geographical area level), in charge of ensuring the optimal functioning of these services.

For services like vaccination with a precise calendar, the respective body might pay the medical doctors and control their activity in a more efficient manner than central bodies or local health bodies which, at present, are in charge of all medical assistance for the respective region. These local preventive offices could be integrated into existing structures, like the Directorates of Preventive Medicine or Health Police or could take over part of their functions.

Moreover, these local offices could co-operate with local authorities for dealing with specific local needs, taking into account the significant differences between regions as concerns maternal-infant health.

These offices would by no means be suppliers of medical services (curative or preventive), such responsibility belonging to the medical doctors working especially at the level of primary care. **This system would ensure the payment of medical services**

suppliers on the basis of efficiency and quality criteria rather than affiliation to the public or private system.

The decisions concerning the medical care can be therefore taken at local level, without political connotations and taking into account their adequacy to the specific needs of children living in the area.

Given the big difference in the mortality and morbidity levels, we support the development of capacity and the delegation of authority to local Health Directorates for the development and implementation of local intervention plans in the field of maternal and infant medical assistance and based on the specific needs of the county.

The professional evaluation would fall under the responsibility of the professional association, namely the Medical Doctors' College, which would be also in charge of establishing professional standards and training curricula.

This body might also use the expertise of some methodological centers like IOMC for the elaboration of therapeutic protocols and measures of specific pediatric assistance. Once agreed by medical authorities, they can become compulsory for all practitioners. At present, IOMC supplies standards for maternal and infant medical assistance and is involved in the training of obstetricians and midwives.

The insurance houses or funds through their local branches will perform economic monitoring. They

could conclude contracts with service providers and control the efficiency of using the funds.

The state central and local authorities will have more clearly-defined functions, like policy design and establishment of public health objectives at national and regional/local level, establishment of criteria for the accreditation of health services suppliers, accreditation of insurance agents, elaboration of policies in the field of human resources.

In this way, a clear separation between suppliers and payers of medical assistance would be made and between medical authorities and professional control bodies. In our opinion, certain distinct bodies like those existing in the majority of Western countries may ensure a more efficient control of medical practice.

It is worth noting that a system based on health insurance is more regressive than one based on general taxes, the equity in the provision of maternal and infant medical assistance services being as important as its efficiency. Therefore, we would mention the significant disparities between urban and rural areas, the latter being clearly disadvantaged.

The regressive feature would be enhanced with the introduction of the new system. It would therefore affect mostly the groups with low incomes that are precisely the main contributors to the maternal and infant morbidity and mortality. This would therefore be an additional reason for **maintaining the financing of maternal and infant medical assistance out of the public budget.**

Strategies and perspectives in the policy of maternal and infant health

After 1989, the health status in Romania presented contradictory evolution, some indicators registering worse levels while others improving their level. The transitional impact upon health status may be explained by numerous factors.

The health status is influenced in a proportion of 80-90% by economic and social reasons, lifestyle and human biology and only in a proportion of 10-20% by medical assistance, irrespective of the type of medical system.

The best predictor of health status is the difference between the incomes of social groups rather than the level of incomes as such. A more equitable distribution of national fortune is associated with better health indicators. This aspect suggests that, during transition to a market economy, the health status could worsen because of poverty among certain groups of population, thus enhancing the role of social and medical policies.

Although the indicators of maternal and infant health status scored better levels after 1989, Romania still holds the poorest situation among the countries in the region. In the case of some indicators, the differences are bigger than 40 years ago.

As concerns the measures designed to protect the health of children, distinction should be made between health policies and medical assistance ones.

As concerns medical assistance, the strategies of intervention should take account of the morbidity and mortality of specific age groups:

- For age group 0-1, the main health problem is infant mortality, especially through the post-neonatal component.
- For children aged 1-4, the main health problem is juvenile mortality caused by traumas and acute respiratory diseases.
- For children aged 5-14, the main health problem is represented by accidents responsible for 50% of the mortality of this group.
- For age group 15-18, the main health problems are represented by accidents, diseases transmitted sexually and unhealthy lifestyle.
- For pregnant women, the main health problem is maternal mortality.)

Medical interventions will be focused on these issues, the main directions focusing on training of medical staff and the improvement of medical practice, procurement of equipment and basic materials and involvement of population. Another intervention would be focused on the main risk factors that cause maternal and infant mortality.

As concerns the medical system, the accent should fall on the strengthening of the capacity of pediatric assistance at primary level through the improvement of professional competence of medical doctors, assistants and midwives and the improvement of endowment and logistics.

Given the big geographical discrepancies of morbidity and mortality, the local medical authorities should benefit from higher autonomy as concerns the use of resources according to local priorities.

In order to know better the real needs and to ensure the evaluation of system performances, it is necessary to develop a coherent informational system of data collection, transmission and analysis with vertical and horizontal links.

The reform of medical assistance should lead to the separation of suppliers from the buyers of medical services.

Toward a Child-Centred Society

The basis for the financing of maternal and infant medical assistance should be secured by the public budget, the provision of services being done on competitive grounds between public and private suppliers and according to quality and efficiency.

The package of general services guaranteed by the state should include the maternal and infant services and especially those of preventive nature.

The diversification of financing sources by supplementing the national sources with the local ones and those resulting from other activities (co-payment, deductible payments) should consider the disadvantaged groups, our proposal being the exemption of mothers and children from paying for essential medical services.

Taking into account the need to enhance the financing sources for medical assistance on short and medium term, the priorities of medical policy would have to be

established within the existing budget, the maternal and infant medical assistance being one of them. The success of such an approach would be conditioned by the decision-taking process, the collaboration between the health sector and other segments involved at the level of both public authorities and civil society being essential.

The international support provided in the field of maternal and infant medical assistance was substantial; initially, the international involvement had a reactive, emergency character and tried to cope with disparate ad-hoc needs. There was no long-term strategy for the continuation of activities initiated with international support. In the last period, however, one could notice the attempts to co-ordinate these activities especially at county level, the main challenge being the involvement of local resources for ensuring their sustainability and continuity.

PART III

THE CHILD SEPARATED FROM HIS/HER FAMILY

History has demonstrated that the family is the most appropriate environment for the raising and development of children. It offers a human environment with the most constant and increased orientation towards the welfare of the child. It provides for material, psycho-emotional and social conditions required for the development and preparation of the child for adulthood. No other human "institution" has proved to be so adequate for raising and development of children.

Parents are associated with love, affection, friendship, security and comfort. Most parents fulfil their role successfully, ensuring a proper environment for the development of children through adaptation of lifestyle and behavior to their needs, that are considered a priority in making family decisions. There are also situations when parents are not able or do not want to take this responsibility. For all these children, separation from family means a trauma that could have negative consequences for their whole life. Studies carried out during the last decades indicate that the building of attachment and affection between mother and child especially influences social-psycho-emotional development of the child. Additionally, the lack of parents and of a family environment led to the absence of some normal feelings and emotions of the child, delays in physical development, behavioral disturbances and even mental retardation. In the case of separation, there are three very important elements: its length, conditions of separation, manner of care and development provided to the child during separation.

Abandonment is the extreme and definitive form of separation of the child from his parents. There are however situations when the family entrust the child to institutions or relatives for undefined periods of time, although they do not adopt explicitly a final abandonment decision. It is necessary to distinguish clearly between two situations:

- a) The case in which such entrustment is done under the pressure of exceptional living conditions and when the family express clearly the temporary status, maintaining and cultivating relations with the child;
- b) The case in which the family has no interests in child development and does not cultivate normal relations with children.

Usually, the latter leads finally to abandonment through a painful and uncertain process for the child. We call this uncertain, separation situation, quasi-abandonment.

Chap. 8 Child abandonment

Abandonment generates a profound trauma with very serious consequences for the whole life. The moment of abandonment is a crucial one, when life – at its beginning – is pushed on a way with few alternatives. It is therefore not accidental that one of the most important indicators for the quality of living conditions of a child is **the risk of being abandoned**.

Between the situation of a child living in a family and the legally-declared abandonment, there is **a multitude of intermediary forms of separation of the child from the family**: definitive abandonment of the child with or without formal declaration of abandonment in maternity units, nurseries, hospitals, children homes, railway stations or in the street; entrustment of the child for undefined periods to some institutions, without a clear decision on the provisional or definitive character of separation; chronic neglect of the child, who is left to stay in the street, to run away from family and to obtain alone the necessary means for survival.

In case of separation, the community should identify the most adequate solution for the child in line with the child's superior interests. A wide range of solutions can be adopted: prevention of abandonment and especially child institutionalization for defined periods of time; reintegration in the family of children entrusted to institutions; adoption; trusteeship and fostering until the identification of a permanent solution. In some cases, the legal declaration of abandonment (that provides to the child a clear perspective) is to be preferred to quasi-abandonment, which is uncertain and traumatizing and which finally lead to effective abandonment after long periods of time.

8.1. The explosion of abandonment during the last period of the socialist regime

During the last two decades of the socialist regime, a real explosion of abandonment took place. There were many factors which contributed to the situation, such as:

a. The violent pronatalist policy of the socialist regime launched in 1966: prohibition of abortions and use of some modern methods of contraception. Introduced after a period of low birth-rate as a result of forced socialist modernization, the new demographic policy produced an explosion of unwanted children and, especially children born in difficult situations: very poor families, unmarried mothers. In particular, the poor families with reduced access to informal social

resources were incapable of identifying adequate contraceptive means. An attitude of renouncing any family planning was registered within the poorer and socially marginalized segments, while the middle and upper-classes were able to find the necessary contraceptive means. This **attitude of abandonment of family planning**, characteristic to some segments of population, proved to be highly resistant to change after 1989. This inertia explained the maintenance of a high birth rate among some segments, despite the available means of family planning.

b. Rapid pauperization after 1989, coupled with strong tendencies towards the dismantling of marginalised families has particularly hit those segments of society characterized by high birth rate and lack of family planning. The pauperization as such is not the direct reason for abandonment of most children, but a combination of social-family disorganization and poverty. Families in this situation are absorbed into a whirlpool of shortages (lack of housing, workplace, lack of extended family support) combined with family dismantling, alcoholism, prostitution. An aggravating factor is the lack of control over one's own life.

This cumulating of risk factors is very significant in marginal ethnic groups (gypsies in particular) which have the highest birth rate.

c. High rate of maternal mortality, caused by illegal abortions, was another cause of abandonment.

d. A system of child protection which induces abandonment instead of preventing it. In order to overcome the social difficulties of families unable to raise their children or to cope with difficulties of children with health problems, the system allowed a form of undefined provisional institutionalization. The medical doctors, obsessed by the need to reduce infant mortality, preferred to send the children with health problems from poorer families to institutions for the malnourished or hospitals.

Because of a lack of alternatives, these institutions or hospitals accepted the prolongation of stay beyond the medical treatment period. Long-term hospitalization, progressive separation from family and inability of the system to support the families in difficulty led inevitably to the transformation of this medical protection form into an irreversible abandonment of children in institutions. Most children from these institutions are sent to nurseries rather than families.

e. **Quantitative and qualitative degradation of medical and educational services and of facilities for mothers with children** (crèches, kindergartens) increase in taxes for nurseries and kindergartens and the reduction of these facilities constitute other causes of abandonment.

8.2. Institutionalisation – the favored reaction against child abandonment of the socialist regime

Childcare Institutions represented the major option of the socialist regime, although legislation provided also for other possibilities (adoption, fostercare, and trusteeship).

The public activities of prevention of institutionalization and de-institutionalization (reintegration in family, adoption, trusteeship, fostering) are underdeveloped. Prevention of institutionalization was accomplished only through the provision of material support to families (child allowances in particular). Fostering and trusteeship were done rather with an inefficient administrative means. Adoptions were done mainly through courts and tutelary authority without the support of social workers. Children institutions did not cooperate with the de-institutionalization attempts. It is as if institutions try to defend their "patrimony" against the alternatives to institutionalization.

The reasons that institutionalization is preferred are the following:

1. Alternatives to institutionalization – adoption, trusteeship and foster care – have registered a chronic underdevelopment, as a result of real constraints and cultural and ideological conditions. Adoption was sporadic and not encouraged. Trusteeship to other member of extended family (relatives) was done, but requests were rare, while foster care was chosen exceptionally, being insufficiently organized. Many factors should be considered.

a. **More and more difficult living conditions** of the majority of population. Two others supplementary factors are: housing scarcity and housing policy. Given the modest urban housing (in terms of dimensions and number of rooms) and the birth of many children, their adoption or their temporary care was not encouraged. Another supplementary factor was the tradition of families to support the youth in setting up their own households. As a result, families were tempted to have 1 child or maximum 2 children.

b. **The increase in the employment of women** represented a decisive factor in discouraging the taking

over and caring of children by other families (adoptions, fostercare).

c. **Lack of social work services**, able to prevent abandonment and support adoption and foster care.

d. **A specific cultural factor**. In traditional societies (and socialist countries preserved strongly traditional mentalities), child adoption represented an exception, usually having negative connotations.

2. An ideological factor. The Soviet-type socialism preferred the state care forms and had a fundamental mistrust in all private forms of life, including family. Therefore, state institutions were considered as a panacea for settling each problem. There could be added the social-cultural reflex of intensive industrialization: the model of large enterprise as universal model for all institutions. Therefore, even childcare institutions tended to be large.

3. A structural deficiency in the system: institutions as the solution for temporary difficulties of families. Besides abandoned children, institutions are full of children entrusted temporarily to them by families in difficulty or of quasi-abandoned children. A new pattern is therefore being shaped: institutions as a temporary solution for difficulties encountered by families, which tends to become permanent. Relation child-family is steadily decreasing, most children from this category remaining permanently in institution. In gypsy communities the following model is being set up: families obliged to move in order to get jobs entrust their children under 3 years old to institutions, considering that beyond that age, children need less supervision and care.

8.3. Against expectations, abandonment has relatively tendered to increase after 1989

It was expected that liberalization of abortions and promotion of modern contraceptives would rapidly reduce the number of unwanted babies and abandonment. Despite these expectations, abandonment increased in absolute, but especially in relative terms to the number of newborns. Increase in abandonment has a dramatic significance given the sudden reduction in the birth rate after 1989.

We are here witnessing a more general effect of transition. Considering the collapse in birth rate (newborns dominate the category of abandoned children), the number of abandoned children increased in all countries of Central and Eastern Europe, except Hungary (table 8.1).

Table 8.1

**Proportion of abandoned children and newborns
(1994 as % of 1989)**

Country	Abandoned children	Newborns
Bulgaria*	110.3	74.0
Romania	108.9	67.7
Poland	102.5	84.5
Russia	100.4	64.4
Slovak Republic	95.9	81.0
Czech Republic	91.1	83.9
Ukraine	90.2	74.1
Hungary	78.4	96.6

* Only children in institutions

Source: **TRANSMONEE**; in case of Romania, National Commission of Statistics

Although the proportion of children aged 0-3 (the most important source of abandoned children) in total population has substantially decreased from 7.8% to

5.9%, the number of small children in institutions and in foster care/trusteeship has doubled between 1989 and 1996; from 1.1% to 2.2% (table 8.2).

Table 8.2

Children in nurseries, foster care or trusteeship*

Year	Children in nurseries	Children in foster care or trusteeship*	Total children separated of biological family**	%	% of total children aged 0-3
1989	10,954	5,730	16,684	100.0	1.1
1990	8,286	—	—	—	—
1991	7,968	9,141	17,109	102.5	1.4
1992	9,979	7,549	17,528	105.0	1.5
1993	8,442	8,253	16,695	104.5	1.6
1994	8,555	8,342	16,897	106.9	1.7
1995	8,622	10,516	19,138	118.3	2.0
1996	9,863	11,000	20,863	125.0	2.2

* Foster care and trusteeship involve especially small children

** Includes children in nurseries and children in foster care/trusteeship

Source: Department of Child Protection, 1997

Some partial data suggest that child abandonment has not stopped in 1995. Data, provided by an experiment carried out in 5 counties in February-September 1995, show that the number of inflows in children institutions exceeded that of outflows by 10%. A number of 1,659 children were placed in institutions and 1,493 left institutions (D.Tobis and R.Vitillo, *Project to Strengthen Services to Children and Families in Especially Difficult Circumstances*, January 1996).

The study carried out in September – October 1996 by UNICEF, IOMC and International Foundation for Children and Family mentions that only 10% of children in nurseries and 4.5% of children in children homes were institutionalized only because of abandonment (in comparison with 51%, and 21% of cases respectively as considered by social inquiries). Other reasons were social-family disorganization and poverty.

8.4. The reasons for child abandonment increase during the first years of transition

The configuration of causes of this complex phenomenon has changed in comparison with 1990, but only as concerns some aspects.

a. The explosion of poverty in 1991-1994 and the continuation of social exclusion in the poorest segments seem to be the major explanations. Many families were hit by a brutal poverty, which forced them to abandon their children permanently or temporarily in institutions. The lack of housing and the very precarious dwellings were other factors that caused an increase of abandonment. The simple increase in child allowances would not be able to support the families with miserable housing. The new possibilities of gaining incomes – illegal work abroad, prostitution – aggravated the social exclusion of these families. In comparison with Western countries, poverty is the essential cause of abandonment. The most serious concern is that this segment of population characterized by poverty, social marginalisation and high birth-rate benefit very insignificantly from economic growth. The increase in social benefit could paradoxically increase the birth rate of this segment.

According to a study carried out by Ministry of Health, IOMC and UNICEF in 1991, abandonment in nurseries and institutions was strongly linked to economic conditions and incomes of families. 74% of parents were unemployed, 62% had insufficient incomes, 58%

has inappropriate housing or were lacking housing and 40% were unmarried mothers.

b. Low access to means of family planning. Although abortion is permitted and affordable, access to it is difficult for some segments of community. The cost of abortion has been recently increased, thus rendering it unaffordable for the poor. Distance, geographical and social-economic isolation, lack of information and an insufficiently organized system determine a limited access to contraceptives for some segments of population. The system of family planning experienced so far seems to be addressed more to the middle class and less to segments that badly need to use it. The explanation is the predominantly medical approach and the undermining of social and cultural mechanisms to ensure adequate access.

c. Attitudes towards abandonment as compared to family planning, crystallized during the last decades of the socialist regime, preserved by the low accessibility for many marginalised families. Studies demonstrate that the maintenance of uncontrolled childbirth is explained by the lack of control of one's own destiny, shaped during the last decades of the socialist regime rather than by tradition.

Gypsy children present the highest risk of being abandoned. The study carried out by Ministry of Health, IOMC and UNICEF in 1991 in nurseries and institutions showed that 45.8% of children living in these institutions were gypsies. The difficult economic conditions and high birth rate within the gypsy population represent enormous risk factors for gypsy children (table 8.3).

Table 8.3

Number of gypsy children according to age of mother (per age groups) as compared with total number of children

Age of mother	<15 years	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years	50-54 years	55-59 years	60-64 years	>64 years
Gypsies	0.7	1.5	2.5	3.5	4.8	5.0	5.0	4.7	4.9	5.5	4.5	4.5
Total population	–	0.06	0.6	1.5	2.0	2.1	2.3	2.3	2.2	2.2	2.1	2.5

Source: Elena Zamfir and Catalin Zamfir (coord.), *Țigani. Între ignorare și îngrijorare*, București, Editura Alternative, 1993.

d. Increase in the proportion of very young mothers (table 8.4), most of them unmarried and who do not want the baby. Children at highest risk of being abandoned are those born usually by mothers under 20;

in our country as in other Eastern European countries, the proportion of mothers under 20 increased by 2.2% between 1989 and 1995.

Table 8.4

Proportion of mothers under 20 in total births

Year	1989	1990	1991	1992	1993	1994	1995
	15.1	15.2	16.9	17.4	18.4	17.9	17.3

Source: National Commission of Statistics, 1995

e. Maintenance of a system that encourages provisional institutionalization of children which can lead to abandonment. The whole system facilitated a progressive abandonment and did not encourage parents to look after their children. In fact, even the legislative system did not contain stipulations supporting the parents' responsibility. The ease of entering the child into the institution, followed by a progressive separation from family is an important cause of abandonment in Romania. Institutionalization leads to a progressive loss of the link between family and child especially in the case of families with children in difficulty. Parents do not pay visits to their children because they are not encouraged to do so or because of the lack of material possibilities. The study mentioned above indicates that 2/3 of children living in nurseries and institutions will remain there and only 1/3 of them will return to their biological or extended families, or will be adopted, fostered or entrusted.

Long-term separation of the child from parents has negative consequences upon the harmonious development of the child generated by the lack of parental care, love, affection and the whole family environment. Such circumstances turn these children into orphans, despite the fact that they have a family.

f. Lack of some services for mothers with children (nurseries, kindergartens) or the high, discouraging costs of such services. Lack of a caring medical assistance network able to provide permanent medical support.

g. Lack of social work services able to act in the key moments of abandonment: prevention of abandonment; reintegration in family of children placed temporarily in institutions; adoption or foster placement of abandoned children; support for a responsible family, efficient and accessible planning. There are no social services provided by professional social workers in maternity units, institutions, children hospitals and schools able to identify and support (financially, psychologically) families at risk of abandoning their children in order to make them keep their children or to establish the most appropriate alternatives. Abandonment could be prevented by social services staffed by professionals able to work with parents who do not want or cannot look after their children. After the exhaustion of all attempts to leave the child in family care, parents should be allowed to agree another solution in the interest of the child (adoption, foster care).

h. The present legislation concerning child abandonment is also a factor that encourages the abandonment and decreases the parents' responsibility. Law 47/1993 supports partially the settlement of problems related to child abandonment, but it has a

series of limits. For instance, it specifies a minimum period of 6 months during which parents were clearly not interested in the child ("lack of interest means the cession of any normal parental contacts between parents and children). In reality, there is a multitude of situations whose settlement is not comprised in this formulation, thus hindering the clarification of the situation of the child. Here are some examples of this sort: despite their will to do so, parents do not visit the child because of lack of financial means; or parents visit the child after long periods in order to maintain their rights as parents. According to the law, this child cannot be considered abandoned, being under risk of spending his/her entire life in institutions. Another problem relates to children abandoned in maternity units whose mothers leave the maternity unit immediately after birth without declaring their real address. In this case, it is obvious that the children were abandoned. According to the law concerning the juridical declaration of abandonment, 6 months should pass before the respective child can be considered abandoned. During this period of time, the child loses any opportunity of building an attachment bond with a family, his psycho-emotional and subsequent social development being severely affected. A major difficulty for these children is represented by the lack of a birth certificate that makes the adoption, fostering, trusteeship or institutionalization difficult.

The present legislation does not put the focus on the responsibility of parents for raising and educating their children and on the support required. Additionally, it does not provide for the possibility of parents to consent to adoption or foster care as alternatives to abandonment.

It is estimated that the present legal and institutional system is very weak as concerns the support that should be provided to families, in order to prevent abandonment and to identify alternatives to abandonment.

The prognosis for the near future is rather pessimistic. Although abandonment will decrease, the number of children in public care will grow. At present the number of abandoned children or children separated from their biological family, is still artificially maintained at a low level. Although the law stipulates the need for public intervention and care in cases where the biological families do not provide satisfactory living conditions to their children, the application of the law is rather exceptional because of system difficulties and disorganization. When the public authority will be seriously concerned with ensuring the observance of children's rights, the number of children taken out of their families (which are unable to ensure minimum acceptable living conditions) will increase.

8.5. Changes in abandonment-related solutions: after 1989

In general, we can estimate that the community was relatively unprepared to cope with inherited problems and, to a lesser degree, with the rapid deterioration in children's living standards. It also proved to be too slow in introducing the mechanisms designed to cope efficiently with such problems. An explanation of the confused reaction is the economic and social response during the first years of transition.

The main actors have acted unequally and with a low co-ordination capacity.

The Government reacted in an unarticulated manner and more under the pressure of some Western political factors. It concentrated its efforts on explosive, minimal problems by providing more economic resources. Its reaction was dominated by the logic of the existing institutional arrangements and of internal groups of interests. It did not succeed in designing an articulated view concerning the reform of children's institutions. Fragmented, ad-hoc changes were accepted against a background of confusion concerning the structural reform of this problematic sector and the blockage of institutional restructuring.

There is no structured governmental program concerning the global reform of these institutions, the philosophy of their organization, type of personnel, etc. There are no methods for staff training based on the elaboration and dissemination of organizational and functional procedures in line with present international practice. There are only fragmented ad-hoc modifications without a wide rethinking of the structure, except the decision of the Ministry of Education to take the school out of children homes and send the children to community schools. There are some perspectives for changing the internal organization of institutions, liquidation of the separation between pre-school and school homes. Substantial changes are registered in nurseries as a result of external initiatives rather than from a governmental strategy of change.

Trapped into an internal quasi-complete blockage, the Government was not able to co-operate with international institutions and the civil society or with the specialists staffing its own structures, in order to elaborate a global reform strategy. Many state institutions were passive and reticent to change.

The main obstacle to the promotion of a profound reform as concerns abandoned children and children's institutions, is represented by the dependence of the latter upon different specialized ministries (Ministry of Education, Ministry of Health, Ministry of Labor and

Social Protection, State Secretariat for the Handicapped). This subordination blocks the development of a flexible and efficient strategy for the prevention of institutionalization and the promotion of de-institutionalization and the reform of children's institutions. It preserves the drab character of institutions (medical/educational), thus hindering the promotion of an organization focused on the global needs of children. Efforts were made in order to completely change the internal atmosphere of children homes and open them to the outside world, but the inequalities are very high. As a result of the special interest of Western agencies, rapid changes took place in institutions for small children. However, there are many inequalities among institutions and important obstacles to the rapid promotion of change and in the permanence of changes performed.

The setting up of social work departments within the main universities has represented a structural measure with essential effects upon the preparation of reform. There are at present a large number of young specialists representing important human resources for institutional change.

The international organisms (UNICEF since 1990; European Commission which granted to Romania 60 MECU and 3.5 billion ROL out of the counterpart funds) and **Western non-governmental organizations** have been very much involved in supporting the children at risk of either abandonment or institutionalization:

- Material support: food, clothing, support for the rehabilitation of buildings and modernization of facilities, medicines, cash.
- Initiation of programs for the prevention of abandonment and promotion of alternatives to institutionalization.
- Pressure upon the Romanian Government to give priority to institutions for child-care.
- Support in different forms for changing the governmental attitude and for increasing the competence of decision-makers: visits in the West, organization of conferences, publication of documentary materials.
- Support for training the staff from child-care institutions.
- Initiation of some studies on causes of institutionalization and its effects.
- Volunteers who worked inside the Romanian children's institutions.
- Support for the Romanian non-governmental organizations.

concerns the identification of a family – either the biological family or substitute family (foster or adoptive). This situation leads to limited interactions between the staff and children, which are confined to the supervision of activities (meals, sleep, school, corporal hygiene, home work) established in a daily program.

6. Lack of preoccupation concerning the shaping of an identity of the child and of an adequate therapy.

There is no practice of discussing with the child the situation of his family, causes of institutionalization, rights and responsibilities, future plans, etc. There are no forms of therapy for children separated from their family or who suffered because of violent, indifferent parents or because of missing one of the parents, etc.

Most children already have problems at the time of their institutionalization as they are coming from disadvantaged environments, have health and behavioral disorders and delays in their physical and psychic development. It is not sufficient for an institution to provide only adequate physical care and good material conditions, because they cannot improve the other aspects of development: social, intellectual and psycho-affective. In order to support a child to ameliorate the effects of his deprivations (from family or other institution), the institutions for children should be “therapeutic communities” able to help children to become responsible adults and to integrate themselves in the social and professional environment.

7. Fragmentation of the life of the child. The removal of children from one institution to another or from one group to another within the same institution does not create the proper framework for the development of fond relationships and for the social, intellectual and psycho-affective development of the child. A child institutionalized as from birth passes four major traumas (or five if abandoned in the maternity unit): the first, when brought to nursery; the second, at age 3, when removed from nursery to pre-school children's home; the third, at age 7, when moved to school children's home; the fourth, when leaving the children's home.

Although the Regulations of children homes mention that they have to be for children of different ages and sexes in order to avoid removal from one institution to the other, in practice this stipulation was respected only partially and only by some institutions. For instance, 20 pre-school children (girls and boys, brothers and sisters) were moved into a children home for girls of school age; a pre-school children home (with girls and boys) maintained only two groups of school-age children, removing the rest into a school children's

home. This is a difficult process that needs well-considered planning, financial and material resources and a well-trained staff. There are still brothers and sisters living in different children homes situated in the same town. On the other hand, there are directors of children's homes that are not happy to transfer the children to other children's homes, with their siblings, because any reduction in the number of children in care would automatically lead to cutoffs in resources.

8. Prolongation of institutionalization of children in institutions that are no longer adequate to their age.

There are nurseries with children aged more than 3 (up to 5-6 years old, although it is not legal). For instance, Nursery Goiesti – Iasi where all 50 children (1993) were aged more than 3 and the single qualified person was a medical assistant. According to the study carried out in 1991 by UNICEF, Ministry of Health and IOMC, almost 50% of children from malnutrition units exceeded 3 months of stay while 15% were institutionalized for 1-3 years or more. The long stay of children in institutions (even for their whole life) affects their harmonious development from a physical, social, intellectual and psycho-emotional point of view.

In children homes, the presence of youths of more than 18 years old and who are not attending school or who are not employed is illegal. The Regulation of children's homes mentions that “the age limits of children are between 3 and 18 years old or until the graduation of (higher education) studies, but until 25 years old”. The children's home represents the “home” as such, but this phenomenon has negative consequences for the rest of children. Most often, they are exploiting the smaller children as they were exploited in their turn in the past (it seems that this is a behavioral pattern in children's homes). Food is ensured by proportional reduction in ratio of other children; some children homes are overcrowded with 2 children sharing a single bed. It is estimated that there are at present 400 young people of more than 18 years old in this situation.

The present legislation does not provide for any solution for these young people. At the age of 18, they are just left at the mercy of fate after they lived in children homes that offered them little possibilities to acquire life skills (washing, ironing, preparation of meals, cleaning, etc.), to live independently (need to work and develop a positive attitude towards work, self-administration and self-reliance) and to ensure a future family life. At the initiative of some directors of children homes and with the financial and material support of some non-governmental organizations or Romanian/foreign private companies or individuals, apartments in blocks of flats were rented and furnished. These apartments are provided to young people on the

- **Social services were ignored despite the explosion of poverty and the accentuation of processes of family disorganization.** It was only at the initiative of UNICEF and PHARE and under the co-ordination of the Department for Child Protection that pilot social services for families in difficulty were set up in 1993. Their objective is limited, but very important in this perspective: prevention of abandonment (through modest financial contributions and social work services) and family integration of children from institutions. These services are to be set up in other cities as well, while their conception should still be clarified. Their activities so far demonstrate their great usefulness. The employment of social workers in maternity units was proved to be very efficient for the prevention of abandonment. However, the process is only at the beginning, the maternity unit staff being suspicious and discouraging the activity of social workers.

There are non-governmental organizations set up after 1989, which provide financial and material assistance, counseling and information to a limited number of children and families in need from different localities, according to the location and resources of these organizations.

- **Although abortion was legalized and there were many programs of family planning, the access to methods of birth control is low for poor/marginal segments of population.** All studies indicate that although legal, abortion in hospitals is difficult to be accessed by some segments of population because of different reasons. Despite substantial financial resources, the offices for family planning were not able to provide the necessary means precisely to these segments of population under risk. A change of strategy on the matter is therefore necessary.
- **The practice of encouraging provisional institutionalization (which leads to permanent institutionalization through separation) is still continuing.** The medical institutionalization of children with predominant social problems has not undergone a substantial change. The initiative of UNICEF and other non-governmental organizations to encourage the humanization of hospitals, stay of mothers with their children and diminished period of hospitalization scored positive results especially in terms of demonstration. However, these results cannot go very far given the lack of a global strategy.

The separation in different forms of the small child from the family continues to be a phenomenon that is not systematically combated.

2. Stimulation of alternatives to the institutionalization of abandoned children.

a) **First issue: clarification of the legal status of quasi-abandoned children.** There are a lot of children in institutions who do not have a clear status (abandoned or not). The lack of such clarification hinders the identification of perspective solutions thus prolonging the period of their provisional institutionalization. Despite the attempts to simplify the procedures for the establishment of legal status of the quasi-abandoned children, the present mechanisms still have structural problems; their amendment is delayed for unjustifiable reasons. There are children leaving institutions at the age of 16-18 without identity cards.

Although it is necessary to encourage parents to take back their children from institutions, this process is sometimes impossible and is not always in the best interest of the child. Therefore, children's legal status should be clarified in their best interest.

b) **Adoption, as the best solution for abandoned children, is underused.** The big demand for international adoptions created reservations concerning the possibilities of protecting the adopted child against possible abuses. Many notable efforts were carried out in order to control the international adoption. However, the issue has not been satisfactorily settled yet. National adoption is underused.

c) **Foster care and trusteeship still hold a low proportion in the alternatives to institutionalization.** In most cases, foster care and trusteeship represent pre-adoption forms or entrustment to relatives for longer or shorter periods of time. In the public system, foster care and trusteeship are limited by the insufficiently regulated character of the process, fluctuations in the provision of foster or trustee indemnities and their level, lack of specialized social work services able to build a quality system (table 8.6).

Table 8.6

Proportion of children in foster care in the total number of children in out-of-family care

	1989	1994
Czech Republic	24.3	27.7
Slovak Republic	32.6	35.3
Hungary	30.7	37.6
Poland	54.1	60.0
Romania	12.4	16.6

Source: *TRANSMONEE*

Some non-governmental organizations have carried out a notable activity in this area, but their results are ad-hoc and difficult to be extended.

Two non-governmental organizations, **Asociația pentru Acțiuni de Caritate from Oradea** and **Organizația Studențească de Ajutor Medico-Social "Asklepyos"** from Cluj-Napoca, financed by **Christian Children's Fund – Great Britain**, have developed in Cluj a program of prevention of child abandonment. The families in need were given material support for covering basic needs. The aim was to maintain the children in their families otherwise the respective families would have been excluded from the program. The eligibility criteria were related to incomes (monthly income/member of family below 55,000 ROL) and the age of children (children aged 5-11, because this is the age preferred by the British sponsors). The British sponsor has sent monthly a certain amount of money for the respective families. In general, families did not get the money directly. Instead, contracts with three types of shops (one for foodstuffs, detergents, soap, etc.; the second for bedclothes, socks, stockings, clothing, footwear for children and adults; the third for school supplies) were concluded, according to which they provided goods to families on the basis of some tickets issued by the non-governmental organizations. Stores are not allowed to sell alcohol, coffee and cigarettes according to the contracts that are periodically checked. Shops are not allowed to give change back to the family in case the value of purchase is less than 1,000 ROL in comparison with the total value of the ticket. During 4 years, 12 families were excluded from the program because they decided to institutionalize their children. Services were broadening up to cope with the wide range of problems encountered by the beneficiary families. Therefore, besides medical assistance, families were provided with family counseling concerning:

Alcohol consumption, family violence, child education and school abandonment, relation parents- children, relation between parents. At present, the program, the average number of children per family reaching 4.5, supports 680 families from Cluj. Only one child of a family can be sponsored (a rule of the organization Christian Children's Fund – Great Britain), except families with more than 7 children and monthly incomes below 55,000 ROL/member of family. The program started to function on 1 September 1992 with a single employee (the director of organization "Asklepyos"). At present, there are another 4 additional employees: two interpreters-secretaries and two social workers that graduated in 1994 from the Faculty of Social Work, University "Babes Bolyai" from Cluj.

Asklepyos Cluj-Napoca

Chap. 9. Children in Institutions

9.1. The pattern of residential child care: the socialist heritage

The opening of our society to its own problems has made public the breath-taking situation of child-care. The most shocking images, which were widely disseminated in 1990, were coming from institutions for the so-called "irrecoverable" children. But the institutions for "normal" children were not offering a better image.

- **Very precarious living conditions.** Those immense, impersonal and overcrowded buildings with hundreds of children living in unacceptable conditions, with rooms having 30-60 metal beds positioned in a military manner and where education was "mixed up with supervision" were obviously not able to provide conditions for a normal development. The housing facilities reached a very advanced stage of degradation because of chronic lack of investments, food was insufficient while clothing was deficient. The staff was insufficient, unqualified and poorly paid. The living conditions in institutions have degraded more rapidly than those in the families with children especially during the last decades of the socialist regime.
- **A monochromatic organization of institutions.** Socialist institutions were characterized by a specific mixture: medicalization (predominant in nurseries: 0-3 years old) or school orientation (predominant in children homes) or chronic deficiency of the human and social environment based on a rudimentary organization of army-prison type.

The medicalisation of institutions for small children (0-3 years old). Starting from the fact that small children need first and foremost medical care, the nurseries (children aged 0-3) were organized following medical criteria. Their subordination to the Ministry of Health was not accidental. The nurseries have been led by medical doctors, the sole qualified personnel being the medical ones (medical doctors and nurses). They looked like hospitals, children being forced to spend most of their time in bed, in huge rooms of 10-50 children. They got food and medicines, but they were totally ignored from a social and psycho-emotional point of view. The medicalisation of nurseries has produced a marginalization of psycho-emotional and social components of organization. Medicalisation is the effect

of deterioration of living conditions rather than that of wrong conception: the decrease of allocated resources and of staff. This has led to a regressive tendency as concerns the provision of fundamental living conditions: those medical and hygienic. Children should have not died and should have been medically treated.

School-barracks for children aged 3-18/25. Besides food and clothing, children of more than 3 years old were supposed to require education in school/kindergarten, units incorporated into children homes. Children homes were subordinated to the Ministry of Education. The human climate, which is so vital for the normal development of the child, was ignored, most forms of social organization being dictated by objective conditions (inappropriate buildings, little or unqualified staff) and being primitive, quasi-military and often of prison-type. Primitivism, indifference and even violence between staff and the children frequently characterized the internal atmosphere. The latter oscillated between a strict, abusive and violent discipline imposed by adults, and abandonment of children to their own culture based on authoritarian, aggressive and violent structures between the strong and the weak (favorable to the development of a criminal culture). The lack of children's participation, the discipline based on abeyance, strict program, the lack of freedom of choice with its complements (anarchy, neglect, child abandonment) have determined the setting up their own social organization reflecting the primitivism in the organization of institutions. There were frequent physical abuse, degrading punishments, humiliating circumstances, sexual abuse by bigger children or even by staff. The sole specialized staff was that linked to the fundamental orientation of institution – professors, educators. There was no specialized staff for non-medical, non-school care of children.

Not only the freedom to organize their own life program, but also the adaptation of the program to the basic requirements of age was sacrificed in favor of a uniform discipline, able to be easily supervised. What a professor said about the atmosphere existing in the children home when he took over the management, was more a rule than an exception. Children were wakened very early to wash and dress themselves and to arrange the beds. From 7 in the morning until 7 in the evening, they were not allowed to return to their bedrooms. In an afternoon, he discovered a small child sleeping under a teacher's desk.

Institutions for children tended to be **closed institutions**, separated from the social environment and without any systematic possibility to re-establish and cultivate relations with the children's families.

Such a drab atmosphere obviously represents a structural method of administration designed to simplify primitively the children's lives. Institutions for children should first of all be a substitute for family, a vital social and emotional environment for the development of children.

This organizational pattern tends to be still preserved by some structural factors that continue their actions:

a. **Structure of organizational authority; subordination of institutions to some specialized ministries:** Ministry of Health for nurseries, Ministry of Education for children homes, State Secretariat for the Handicapped, for institutions for children with disabilities. Such subordination, despite its possible good intentions, represents a structural pressure towards a monochromatic profile of institutions. Directors of institutions are medical doctors or professors/educators. The performance criteria and quality standards are often medical and /or education-related.

b. **Incapacity to take over immediately children abandoned** in maternity units or in institutions for malnourished children because of their unclear legal status. In such situation, institutionalization of children in medical institutions, only because of social reasons, is prolonged until a legal formula is identified for transferring the child into a nursery. Hospitalization aggravates the situation of the child and strengthens the view that problems have a medical nature rather than a social-emotional one.

c. **Lack of specialized staff** in the organization of social and psycho-emotional life. The imbalance between different specialists was very little corrected. The specialists in children's care or in social work were non-existent in children institutions.

9.2. The effects of the inherited form of institutionalization upon children

The organization of institutions for children is responsible for a series of negative and unavoidable effects:

a. It hinders the designing of an organizational model focused on the global needs of children; the result is a big distortion in the personality of children.

b. It splits the life of the child into distinct stages, the passing from one stage to the other generating brutal changes: units for malnourished children, children's hospitals, nurseries, pre-school children's homes, homes for schoolchildren. The transfer from one

institution to the other completely breaks off of any familiar element of the former human and physical environment.

c. Mental, physical and emotional retardation, serious psychological and emotional traumas, distortions in personality. Despite the medical and school focus, the health status and educational level are still modest because of the underdeveloped, non-stimulating extra-medical and extra-social environment. Usually, children in institutions are less tall and their weight is low for their age; many children from nurseries and children homes suffer from enuresis; their level of intelligence is usually lower than that of children living in family; many children have behavioral disturbances, use of vulgar language, have frequent speaking disorders and a limited vocabulary; they are violent with their smaller colleagues; children suffer from "lack of affective vitamins" which will further lead to difficulties in the development of relationships and to the establishment of occasional relationships without any discernment.

According to a study carried out in 1996 by IOMC on 2,813 children in 27 nurseries, 60% of studied children have anemia (as compared to 46.9% of children comprised in a comparable group who are living in family) despite the special attention for health status and nutrition; between 54.8% (children of 4-6 months old) and 70.6% (children of 37-60 months old) have a low height for their age; between 59.8% (children of 4-6 months old) and 64.4% (children of 37-60 months old) have a low weight according to their height (this indicator being one of the most important ones for raising and development). The results of the study show that "children in nurseries have serious health problems" which indicates "an unbalanced diet". In the view of the authors of the study, the quality of services provided to children in nurseries is therefore questionable.

d. Underdevelopment in the capacity of children to have an independent life. At present, institutions create an incapacity to live in a normal human context. Their organization is very far from what characterizes a normal life – from interpersonal relations (of family, first of all, which are vital for the development of the child) to the lack of any basic life knowledge and skills. Often, children do not know how to prepare food, how to wash, iron or clean. Adolescents do not even know how to switch on the cooker, which is a typical example for a wide range of missing basic life skills.

e. Lack of perspective concerning adulthood. Institutions for children do not open any perspective to children for adulthood. At the age of 16/18, when children have to leave the institution, a second abandonment follows which is very traumatizing for teenagers, entering into a life for which they are poorly prepared and lacking any support.

9.3. The child care institutions after 7 years of change

The last 7 years may be split into two periods with different tendencies:

- The first period (1990-1991) characterized by a decrease in the number of children in institutions as

a result of liberalization of abortions, extension of maternity leave to 1 year, foster care programs and big number of international adoptions (especially of children in nurseries);

- The second period (1991-1996), characterized by a worrying increase of 18% in the number of institutionalized children (table 9.1).

Table 9.1

Children in institutions, foster care and trusteeship in 1989-1996 (as % of 1989 level and in absolute figures)

Year	Children homes and nurseries	Hospital homes	Total in institutions	% of 1989	Foster care / trusteeship	% 1989	of Total institutions or foster care/ trusteeship	% of 1989
1989	40,500	—*	43,854	100.0	5,730	100.0	49,584	100.0
1990	37,240	3,354	40,594	92.5	—	—	—	—
1991	34,112	3,617	37,729	86.0	9,141	159.5	46,870	93.6
1992	39,000	4,204	43,204	98.5	7,549	131.7	50,753	100.7
1993	39,188	4,349	43,537	99.2	8,297	144.0	51,834	102.6
1994	41,986	3,940	45,926	104.7	8,342	145.6	54,268	108.9
1995	42,163	4,586	46,749	106.6	10,516	183.5	57,265	115.5
1996	41,823	4,130	45,953	104.8	11,000	191.9	56,953	114.8

* No data available. For comparison, we considered that in 1989 there was the same number of children in hospital homes as in 1990.

Source: Department for Child Protection

According to a study carried out by the Ministry of Health, IOMC and UNICEF in 1991 in 64 nurseries and 48 institutions for malnourished children, institutionalization is caused by (in order):

1. Health problems of the child (malnutrition, anemia, rickets) because of inadequate nutrition. 2. Families with many children (54% with more than 2 children, 16% with more than 6 children). 3. Difficult social and economic conditions of the family (inadequate or lack of housing, low income, unemployment, low educational level of the mother). 4. Young, unmarried, divorced mothers. 5. One parent being in prison or being dead. 6. Alcoholic parents. 7. Children with disabilities or children infected with HIV.

According to this study, 54% of children in nurseries were transferred from maternity units and children's hospitals and only 15% were coming directly from home on the basis of recommendations of the local dispensary. In most cases, the parents have been encouraged by the pediatricians (76%) to send the child to nursery or malnutrition units while 24% were advised by neighbors, friends, relatives, dispensary staff, local authorities or police. These data show the role of the medical system in taking the decision to institutionalize the children.

According to the same study, in 1991 there were 4 main patterns of placement of children in nurseries and malnutrition units:

a) children were abandoned at birth or immediately after birth (41% of studied children were illegitimate; 51% were Romanian, 46% were gypsy and 3% were Hungarian); b) children with physical or sensorial handicap or children with handicap acquired after birth who were becoming a burden for the family, being institutionalized and progressively abandoned; c) children suffering from malnutrition were frequently put in hospitals because of fear of some infectious diseases and kept there even after the removal of danger because the pediatricians were considering their parents to be too poor or lacking the level of education required for an adequate care of the child; children were placed in institutions also because there were no public support and/or community services and inability of hospitals to allow the mother to stay with the child; d) Children being too small or too ill at birth to allow parents to take them home; they were left in units of newborns until the transfer to nurseries or units for the malnourished.

A new study concerning the causes of institutionalization carried out in September – October 1996 by UNICEF, IOMC and International Foundation for Children and Families on a number of 61 children homes and 14 nurseries from 8 counties showed that since the last study (5 years), a significant change has occurred in the order of causes of institutionalization:

1. Precarious economic conditions (no financial support) – impossibility of feeding children, sending them to school – in case of approximately 73% children in nurseries and 79% children in children homes. 2. Extreme poverty in case of 60% children in nurseries and 63% children in children homes. 3. Problems in the family: divorce, separation, father does not recognize paternity. 4. Alcohol, violence, sexual abuses in family. 5. Unwanted children. 6. Children with disabilities. 7. Chronically ill children.

The results of the study demonstrate that:

- ♦ Many families consider children's institutions a sort of boarding place where the child benefits from all conditions that cannot be provided at home.

- ◆ Most children would not be institutionalized in case of adequate material, financial, psychological, etc. support provided to families in difficulty.

The average length of stay in a nursery was 1.9 years in 1996 and 3.6 years in children homes; 74% of cases in children's homes were coming from other children's institutions. In nurseries, 41% of children were suffering malnutrition, anemia or rickets and 32% of children were mentally retarded in comparison with children's homes where 74% of children were not suffering from any medical disorders or mental disability. These figures indicate that in the last 7 years less significant changes were produced in nurseries than in children's homes.

Institutions for children represent a very heavy legacy. There is a wide consensus on the need to change from scratch their organization, which is very harmful for children.

The present moment could be summarized as follows: accumulation of changes at all levels of the system against a background of some confusion, blockages and the lack of governmental strategy to address the issues related to children in general and with institutionalized ones in particular. Despite many dissatisfactions concerning the rate of change, the existence of many blockages and the lack of a global strategy, there were registered in a relatively short period many and profound changes in the effective organization, available resources, attitude of the staff and community, professional training. There are at the same time dissatisfactions linked to the numerous hurdles and blockages in the promotion of widely agreed and desirable changes.

The most spectacular changes took place in the living conditions of children in institutions: rapid improvements jeopardized by instability in the allocation of resources. Given the high visibility of the miserable situation of institutions for children inherited from the socialist regime, one of the first measures taken by the new government was to increase significantly the funds allocated to them (table 9.2). The Western governments and the non-governmental organizations enhanced this effort through important contributions. The result of this joint effort was the improvement of living conditions in institutions for children in comparison with the worsening situation of children living in their families. Important improvements were registered in the quality of medical assistance for children. Expenditure for institutionalized children increased substantially after revolution and have been maintained at a high level ever since.

Table 9.2.

State average expenditures for an institutionalized child, as percent of average wage

Year	1990	1991	1992	1993	1994
	60.2	85.2	103.8	113.4	115.1

Source: Calculated on the basis of data provided by the National Commission for Statistics

Maybe the best example of impact of the living condition improvement is represented by the changes in mortality in the so-called institutions for "irrecoverable" disabled children (table 9.3).

Table 9.3

Changes in mortality in a number of 20 institutions for "irrecoverable" handicapped

Year	
1989	706
1990	268
1991	64

Source: Department for Child Protection

These efforts were able to improve the immediate living conditions (food, clothing, housing). Many institutions, housed in old buildings that were not repaired for ages, need big investments for their rehabilitation. The funds are not available. At any moment, such institution may undergo a major crisis.

Owing to permanent economic difficulties, the satisfactory financing of institutions tends to deteriorate, depending on the renewal of the political will to allocate important funds out of the scarce resources available for this sector. Some fluctuations of this sort might be noticed during the last years.

In a way, change happened. It was substantial where the staff of institutions was receptive and animated by a strong will for change and where the local authorities have supported or at least tolerated the attempts at renewals. There is therefore a wide variety of situations: innovative institutions which succeeded to induce deep changes despite limited available resources, obsolete legislation and unsympathetic hierarchy; institutions in a disastrous situation because of inertia, incompetence, poor administration, indolence, misuse of funds, abuse in a world of confusion and due to the lack of a national strategy.

Three factors have contributed essentially to the introduction of positive changes for children:

- The willingness of the Ministry of Education to transform subordinated institutions (children homes) into more adequate places for children, although the changes required by the ministry were not sufficiently backed by the necessary human,

financial and material resources. The Ministry of Health subordinating nurseries had a rather ambiguous attitude concerning the change of the nature of "closed institutions".

- *Own human resources: work capacity, will and commitment on the part of the personnel* of children institutions who understood the need for change and involvement in this process, in order to improve the life of these children.
- *Financial support and specialized assistance* provided by some Romanian and foreign non-governmental organizations; the frequency, continuity and size of this support have influenced the dimensions of change.

The most dynamic changes were induced especially by Western non-governmental organizations that acted alone or in partnership with Romanian non-governmental organizations. Their programs refer to: **prevention of abandonment, de-institutionalization, development of foster care, homes for young mothers, support for families in difficulty, family-type housing for children.**

Changes in institutions for children

All institutions for children introduced some changes which improved the living conditions, the number of those achieving deep and multiple changes being however quite low.

Staff:

- Increase in the number of staff for one group of children, for instance in children's homes, 3 educators (in shifts) for 8-12 pre-school children (according to the new Regulations of children homes, 1995), while in nurseries one nurse for 10 children.
- Employment of a social worker in children homes with minimum 150 children.
- Employment of educators/child-care personnel in nurseries and children homes.
- There were training courses organized by some non-governmental organizations sometimes in collaboration with public institutions that promoted quality practices for a normal physical, psycho-emotional, social and intellectual development of children.

At present, there is a wide variety of approaches as concerns the training of the staff of institutions: social workers, social instructors, specialists in child-care.

Internal organization of institutions

- Organization of a living environment of family type: for instance, setting up of small apartments with kitchen, where children can take and prepare meals, etc. Children from children homes get pocket money monthly (3% of 1995 average wage).
- Reduction of number of children per bedroom (there are 4-20 beds in many institutions). Setting up of family-type homes for children, where 6-12 children are looked after by a couple with own children (there are 55 homes of this sort, according to some data provided by the Ministry of Education, 1996).
- The opening up of institutions to the social environment: most children in institutions attend schools and kindergartens in the community, those included in institutions being dismantled (24,000 children in institutions).
- Humanization of the living environment of the child: endowment with carpets, furniture, toys, radio, TV, video-recorders, sports equipment, dishes, sports halls and play parks.
- Individualization of equipment, children having own things and wardrobes.
- Some institutions (especially school children homes) set up workshops for teaching children some life skills: tailoring, hair dressing, and typing, computing, repairs (of electronic devices), gardening. Participation in holiday camps and trips to the seaside or in the mountains was provided for many children in children's homes and nurseries.

De-medicalization and de-schooling of institutions

There are distinct ways of achieving the above-mentioned goal: reduction of the period of stay in medical institutions; development even for very small children of non-medical institutional forms able to allow the continuation of the medical treatment, but not exclusively; overhaul of staff structure (from medical and school staff to social workers and other specialists in child care); exclusion of school and kindergartens from children institutions.

The process of rebuilding the family climate within nurseries encounters some difficulties: medical staff is still predominant; the staff with non-medical training is reduced and its prestige is lower in comparison with the medical staff; housing is hospital-type (rooms with many beds, reduced space for social activities).

Association SOS Copiii has initiated a project called "*Children's home of family type*", a mixed institution addressed to orphans and abandoned children who have never lived in a family.

The number of children living in a family-type house is 10-12; they are 3-18 years old; houses have 2,000 sq., out of which the floor space is 250 sq.; courtyard and garden of 1,750 sq. The floor space comprises: a common room (for play); room for girls; room for boys; room for "family"; bathroom, hall, kitchen and lumber room. The courtyard is used for play and leisure. There is also land for animals, fowls, vegetables and solarium.

The Association has 10 houses of family type (in communes Santana and Zabrani) out of which: 3 owned by the Association, 7 rented from state.

The 10 houses were repaired, endowed and arranged with the material and financial support of partners from EU/PHARE (5,000 ECU), Germany, Switzerland, Austria and England and with the contribution of the members of the association. Later, the houses were taken over by the state following the conclusion of a protocol between Association SOS Copiii and County School Inspectorate from Arad. The state has taken over the financial responsibility for allowances, food, equipment, running water, electric power, heating, staff salaries (educational staff and workers), maintenance.

The Association SOS Copiii covers the following expenditures: rent, taxes (for houses, agricultural field), repair and endowment, salaries for supplementary workers as required, presents, birthdays, feasts. The staff comprises 5-6 persons who are substitute parents (who can be from the educational staff or workers); educators; workers. Children are enrolled in the kindergartens, schools and high schools from Santana, Zabrani, Arad and Chisinau Cris.

The substitute parents ensures permanency in the house and are responsible for the inventory, supply, organization and functioning, the rest of staff having tasks according to job description and house needs on the basis of a mutually agreed planning. Through the provision of secure living conditions, family affection and special instruction, the family-type houses offer the children the possibility of physical and psycho-emotional development for their **social and professional integration**.

After graduation, the youth are employed by different units (according to professional training) or follow apprentice courses in the jobs they chose for (bakery, carpentry, and construction). For those who did not have a permanent link with the biological family (orphans, abandoned children), the Association SOS Copiii has provided houses for youth which are functioning on the basis of a statute. Some young people maintain the contact with the staff and children from the family-type house through paying visits, participating in anniversaries, feasts, providing help to some house works, etc.

Association SOS Copiii, Santana, Arad county

Organization SOS – Children's villages, Romania, is looking after biological and social orphans, ensuring a permanent housing until their full independence. It is a non-governmental humanitarian, apolitical organization based on private initiative. SOS system is characterized by four main elements: mother, father, brothers and sisters, house and village.

- ♦ **The mother.** Each child without family gets a mother. SOS mother enjoys the same concerns and happiness of any mother. She cultivates the family spirit, prepares children to cope with complex life problems, takes care of household and administers the budget of the family. The SOS mother is a woman who has dedicated her life to children entrusted for raising and education. Through her care, children learn what love of a family means.
- ♦ **Brothers and sisters.** A SOS family comprises five or more children, boys and girls of different ages. They are provided a family environment so as they can grow together as brothers and sisters. The biological brothers are raised together.
- ♦ **House.** In SOS villages, there are houses for each SOS family, the center of the house being the living room. Usually, two children share one bedroom. The SOS house provides children affection and stability, being their permanent home.
- ♦ **The village.** In general, a SOS village comprises 10-15 family houses. The SOS village is a bridge to the outside world, the integration of the child into the local community being constantly monitored.

There are two SOS villages in Romania: in Bucharest and Cismesti with, respectively, 15 and 12 family houses hosting 113 children. With the support of SOS-Kinderdorf International, 2 kindergartens were built for children of the village and children from community in general. The same support has been provided for the building of a holiday camp for pupils with very good results at school, but with a precarious material situation.

The assistance of children and young people requires the collaborators (SOS mothers, directors of villages) to pay a very profound consideration to the personality of children. The work of all educational factors is carried out in team, but on the basis of an organizational and competence hierarchy.

The essential objective of the educational system is the diminishing and (when possible) the removal of the social and affective handicap of children. The fundamental principle of the activity is the provision of a global and individualized care in line with children's needs.

SOS Satele Copiilor Romania, Bucharest

Through *Pro-Family Program* organization "Pentru Copiii Noștri" promotes a model of child care focused on children's specific needs (individual care plans), permanent relation with community (the child goes shopping, pays visits to friends, goes to kindergarten, school, territorial dispensary) and a family climate (system of interpersonal relations, involvement of the child in taking decisions and household activities).

At the same time, the right of the child to family is observed and promoted through the strengthening of the transitional character of care in Pro-Family type units; individualized and diversified stimulation of the child in a family-type environment, in direct contact with the community and with the collaboration of the Center for Family Support and Child Care whose social workers aim to integrate the child into a Romanian substitute family through foster care, trusteeship or adoption.

The program is designed to be a bridge between institution and family life, the beneficiary children coming from state children institutions. There are 12 small houses built up by the British non-governmental organization "The Romanian Orphanage Trust" immediately after 1989. They are fully financed by this organization.

In each of the 12 small houses, 5-8 children are living (2, maximum 3 in a bedroom). Children are looked after in each house by 5 social workers, each of them being key-workers for 1-2 children. The key-worker is responsible for all physical, psychic and social aspects of child development, representing the child and its superior interest in any situation. Ownership feeling, value of goods and sexual identity are learnt through the behavioral models provided by the key-workers. On the basis of these relations with the adult, the child is developing its self-confidence, becomes independent and able to interact with other people.

The program encourages also the maintenance of links with biological family of the child by informing it regularly about the evolution of the child and by covering the costs of parents' trips to their children.

Pentru Copiii Noștri, Bucharest

Children home "Ion Creanga" from Piatra Neamt is looking after 350 children, boys and girls aged 3-25 years.

Until 1992, children's home have incorporated the school. Beginning with September 1992, children started to be enrolled progressively in the schools of the town, a process finished in 1996.

Taking into consideration the need to look after children aged 3-18 in the same unit and in order to maintain brothers and sisters together, special spaces for pre-school children below 6 years old were arranged as well as apartments for brothers and sisters and for children with no family.

The first apartment was built by transforming the identity of a building hosting workshops for pupils of Complementary School. Modifications to bathrooms (installation of wash-hand basins, showers, warm water) and kitchens were done. Two bedrooms and a living room were arranged for 13 children: 7 boys and 6 girls aged 8-14 (all brothers and sisters). The endowment with furniture of this apartment was done using existing pieces in the children's home, bought from the state budget or from donations.

Christian Children's Fund of Canada that sponsored monthly approximately 230 children for 5 years does a major contribution. Costs were not very high and the staff was very dedicated.

The second apartment was built in the summer of 1996. In each apartment as well as in the other groups, 3 teachers and educators are working 30 hours per week: 1 day – 12 hours and two free days.

Children living in apartments take meals in their own living room, wash dishes, and prepare simple courses and sweets on Saturday and Sunday. They are very proud of their house and are very careful with cleaning. Their training for life is more systematic as they learn to use the cooker, arrange the meals, wash the dishes, prepare food, and develop ownership feeling. There are intentions of endowing the apartments with washing machines and refrigerators. They have sewing and ironing machines. During free time, they are crocheting, knitting, working at embroidery, and repairing equipment, washing and cleaning. Given the availability of rooms, whose floor area exceeds 100 sq., there is an intention to arrange other apartments.

Children's home "Ion Creangă", Piatra Neamt, Neamt county

9.4. Problems and blockages in changing the public children institutions

Although the progress registered in public institutions for children is obvious, there still are lot of factors which hinder their transformation into a family-type environment able to offer the institutionalized children those necessary compensatory experiences, recovery from the losses and delays they have experienced in terms of physical, social, intellectual and psycho-emotional development.

1. Subordination of children institutions to 4 distinct governmental bodies – Ministry of Health, Ministry of Education, State Secretariat for the Handicapped, Ministry of Labor and Social Protection. These bodies have relatively different objectives and views that are reflected at the level of subordinated institutions.

2. The structure of the staff is not adequate to the children's needs. The distorted character of staff structure is a main cause of preserving the drab orientation of institutions. In nurseries, the staff consists in medical doctors, nurses and unqualified staff, which leads to strong accent on medical care, monitoring of the quantity of food taken in time and of the number of sleeping hours at the expense of socialization and educational activities (language, cognitive development, etc.) and motor, social, intellectual and psycho-emotional development of children.

In children homes: educators (who graduated from high schools or of other profile) and teaching staff (who graduated from higher education, but employed as educators), auxiliary staff (guards, cooks, accountants, secretary, etc.) and medical staff (medical doctors and assistants and/or nurses). It is obvious that the accent falls on school/kindergarten attendance, satisfactory school results and acquisition of knowledge. In comparison with nurseries, children's homes pay more attention to the social development of children. However, it is necessary to provide special attention to psycho-emotional and motor development, language, and development of programs of preparation for an independent life and professional integration, development of creative capacities and attitudes of value.

According to a study carried out in December 1995 by FICE Romania and Foundation Satul de Copii Pestalozzi, the number of staff from children homes increased from 10,612 in 1992 (out of which 5,711 educators, social workers, psychologists, psychiatrists, speech therapists and night staff) to 13,171 in 1995 (out of which 5,982 represented by the staff mentioned above). Although the number increased by almost 3,000 people, priority was given to administrative staff

at the expense of educators, social workers, psychologists, etc. The same study indicates the presence of conflicts concerning the change in the working style of the staff, status of staff, educational activity for children, tasks of the educational staff and correlation of salary with work performed.

The teaching staff is often frustrated because of lack of practicing their profession and because of their social status associated to the work place. These aspects impact negatively upon children, given the fact that this staff is providing no more than supervision and aid for school homework.

Another difficulty concerning staff and management in children homes is that the director cannot employ educational staff (educators and teaching staff), this task belonging to the County School Inspectorate.

3. Lack of staff training in some fundamental areas for the development of children in institutions: child care, child psychology, needs and rights of the child, stimulation through games, the theory of fondness, notions on separation, management. The study referred to above mentions that 1,804 teaching staff and 1,145 auxiliary staff of children homes has been trained. Teachers' Houses especially for getting teaching degrees organized the courses attended by the first category, while for the second category in-service training was provided. The very low number of psychologists (1 for 150 children in case of children homes and 1 for 80 children in nurseries) renders impossible the evaluation of the psycho-affective/emotional development of all children and the development of programs for therapy, counseling, etc. designed to offer the institutionalized children those compensatory experiences required for the recuperation of the child from a physical, social, intellectual and psycho-emotional point of view.

The still large number of children per educator in children homes and per nurse in nursery renders individualized care impossible, thus perpetuating the practice of collective care.

4. Lack of any form of supervision of activities performed by the staff in child care institutions, able to support and guide each employee and to establish responsibilities. In fact, there is no set of clearly defined procedures. The frequent scandals related to one institution or another demonstrate that control of quality standards is either weak or limited to administrative issues.

5. Lack of individual care plans for each child, able to consider all aspects of his development (physical, social, intellectual and psycho-emotional), lack of an overall educational view and of a plan for the future as

- Setting up of family-type institutions through the taking over of children living in public units.

Probably the most important contribution was the models for tackling abandonment. In fact, the Romanian governmental and non-governmental organizations have acted following these models.

The international organizations encountered big difficulties in co-operating with the government, a reason for which they preferred an indirect strategy: awareness raising within the personnel of the governmental system; training and raising the awareness in people working at different levels of the child protection system. The strategy aimed to change the culture and orientation of people from the system and to make the central administration responsible. It was considered that exposure to new values and practices would produce a change. However, the international support was not able to mobilize the central administration to elaborate a **governmental program** for the reform of the public system, so as to make it able to cope with issues related to abandonment and separation.

The attempts of different foreign specialists to work in institutions and to suggest organizational changes were looked upon with suspicion, discouraged and not taken over. It was a result of the incapacity of structures to reform themselves on the basis of such examples. The inability of the Government to use this very important technical resource in the implementation of a global reform of institutions for child care could be also explained by the focus of Western support on the development of **alternatives to institutionalization**, prevention of institutionalization and de-institutionalization and less on the internal reform of institutions. The option was correct. However, we cannot ignore the fact that children institutions will continue to exist at least for a foreseeable term and therefore their reform is vital.

Our assessment is that, at present, such strategy for changing the system through the change of its staff has reached a structural limit of efficiency. **The lack of a national strategy, legislation and co-ordination is the key variable that blocks the development of the system.** There is at present a real risk of leaving the foreign specialists to elaborate reform proposals without the participation of Romanian specialists and rather outside the governmental institutions. Such an approach would result in modest performances and would perpetuate the alienation and fragmentation of the internal reform process.

Community reaction. The Romanian community is now aware of the difficulties faced by children at risk of being abandoned/separated and of the need to react appropriately. Numerous community initiatives, but also from the public system – ministries, local

authorities, and institutions – were developed to change the practices inherited from the former regime. Romanian non-governmental organizations contributed actively, in different forms, to such change. However, the incoherence of governmental behavior and the resistance of central institutions to reform have created confusion and demoralization in the Romanian community. The Romanian civil society, which lacked experience and financial resources, became aware of the severity of the problems, and tried to organize itself especially in the form of partner organizations with Western non-governmental organizations or using the resources made available by the West. Given the dimensions of the problem, the contribution of community is weak and paralyzed by the lack of governmental strategy, insurmountable difficulties of organizational structures and internal resources.

Changes of approach

The efforts to prevent abandonment and to provide adequate living conditions for abandoned children were affected by the lack of a global strategy, institutional blockages and incongruity.

1. Prevention of abandonment.

Both international experience and studies carried out in Romania demonstrate that children's institutionalization is more expensive than keeping them in their family or in substitute families. However, prevention of abandonment and institutionalization are at their beginning in Romania.

The experience of the 7 counties, in which centers for child protection were set up, suggests that the biggest problems are not the economic but the social and psychological ones. Through a professional social work, institutionalization was prevented or institutionalized children were taken back by their families.

There were no significant positive measures taken by public authorities.

- The explosion of poverty from 1991-94 was not compensated by material support for families with children. On the contrary, child allowances diminished in real value to one fifth of the 1989 figure. It was only at the beginning of 1997, that the Government decided on a substantial increase of child allowance, which most likely will have a positive effect on the temptation to child abandonment. The financial occasional support for families with different types of difficulties has also decreased.

The cession of the state function as housing supplier has seriously aggravated the living standards of many families with children, especially the poor ones. The lack of housing is and will continue to be one of the most important reasons for abandonment.

condition that they take care of them and are employed so as to be able to pay a part of the costs (rent, running costs, etc.).

9. Almost total lack of participation of children in the planning of activities and organization of their own life. This fact leads to an almost total lack of taking over of responsibilities by children, thus negatively affecting their conception of life and their formation as adults.

10. Financing methods that are not encouraging the planning and initiative of institutions. The School Inspectorate and Town Hall send the funds monthly to the children's homes. They are not allocated on the basis of yearly planning and in line with an approved annual budget. There were several months during which only the funds necessary for children's food were sent, thus making impossible a rigorous planning and an adequate spending of funds (supplies for winter, purchase of some goods at advantageous prices, etc.).

11. Lack of collaboration between the staff of institutions for children and that of kindergartens / schools. Therefore, no support network is created in favor of children.

12. Admission of children to childcare institutions is done carelessly because of the lack of professional social work services. The social inquiries are done many times by unqualified staff and without carrying out the necessary investigations. Moreover, they are not periodically updated; therefore, they do not reflect the exact situation of the family of the child. On the other side, the Commissions for Minors' Care (which decide the placement of children) are composed of non-specialized staff, who do not know well the situation of family and child, but who have to take decisions concerning the life of some children and families on the basis of these social inquiries.

13. Unjustified institutionalization of some children in institutions for the disabled children that are limiting or even eliminating their development chances. It is a frequent practice to send some children from children's homes to such schools only because of their school results.

14. Existence of some forms of physical, psychic or sexual abuse upon children in institutions or between institutionalized children, which are however ignored almost totally.

There will be two major problems concerning the future progress in institutions for children if the present pattern is preserved:

1. Slow and unequal rate of institutional improvement. As a result of the pressure of many

social and cultural factors rather than a firm national reform (including the control of quality standards), an unavoidable change is taking place, however slow and unequal. There are institutions for children which are blocked internally and which are trying to isolate themselves from the pressures of reform. There are assessments of some institutions for children carried out even by representatives of the Council of Europe which demonstrate that their functioning parameters are similar to those of 1989: miserable physical and social conditions. For instance: Center for the reception of minors from Galati. The governmental capacity for intervention seems to be paralyzed in the face of a need for urgent action.

2. The risk of reform blockage or regression of institutions for children. Different difficulties, decrease of pressure for reform, intervention of some structural limits (for instance, system of subordination, staff structure). Some negative tendencies were already registered in certain institutions for children.

The listing of existing problems (and the list is not exhaustive) of the care system in institutions for children makes clear **the need for an institutional reform in order to improve the living conditions of children and to transform the institutions into family-type environments.**

9.5. Changes of approach

1. Prevention of abandonment

Both international experience and studies carried out in Romania demonstrate that children's institutionalization is more expensive than keeping them in their family or in substitute families (adoption/fostering). However, prevention of abandonment and institutionalization are at an early stage in Romania.

The experience of the 7 counties, where centers for family support and child care were set up (initiated and financed by the British organization The Romanian Orphanage Trust, 6 of them being taken over later by the County Councils – Arad, Bacau, Brasov, Cluj, Iasi, Timis), suggests that the biggest problems are not the economic but the social and psychological ones. Through a professional social work activity, institutionalization was prevented, some institutionalized children were taken back by their biological families or were adopted or fostered.

There was no significant positive measure taken by governmental authorities as concerns these initiatives.

● **The explosion of poverty from 1991–94 was not compensated by material support for families with**

children. On the contrary, child allowance diminished its real value to one fifth of the 1989 figure. It was only at the beginning of 1997, that the Government decided on a substantial increase in child allowance, which most likely will have a positive effect on the temptation to child abandonment. The financial occasional support for families with different types of difficulties has also diminished.

The cession of the state function as housing supplier has aggravated seriously the living standards of many families with children, especially the poor ones. The lack of housing is and will continue to be one of the most important reasons for abandonment.

- **Social work services were ignored despite the explosion of poverty and increase of processes of family disorganization.** Only at the initiative of some non-governmental organizations, like Romanian Orphanage Trust, 7 Centers for family support and child care were set up (5 centers in 1993 in Arad, Bacau, Brasov, Prahova and Timis and 2 centers in 1995 in Cluj and Iasi). They constituted embryonic social work services. Another initiative belongs to UNICEF that experimented in 1994 some Services for the assistance of children and families in difficulty in sectors 5 and 6 of Bucharest and 3 counties (Cluj, Iasi and Timis). These services were functioning within the local district office. Their objective is relatively limited, but very important in this perspective: prevention of abandonment (through modest financial contributions and social work services); family integration of children from institutions; promotion of domestic adoptions and foster care. These services are under generalization, but their conception should be still clarified. Their activities so far demonstrate their great usefulness. The employment of social workers in maternity units was proved to be very efficient for the prevention of abandonment. However, the process in only at the beginning, the maternity units staff being suspicious and discouraging as concerns the activity of social workers.

There are non-governmental organizations set up after 1989 that provide financial and material assistance, counseling and information to a limited number of children and families in need from different localities according to the location and resources of these organizations.

- **Although abortion was legalized and there were many programs of family planning, the access to methods of birth control is low for poor/marginal segments of population.** All studies indicate that although legal, abortion in hospitals is difficult to be accessed by some segments of population because

of different reasons. Despite substantial financial resources, the offices of family planning were not able to provide the necessary means precisely to those segments of population under risk. A change of strategy on the matter and the development of these programs within the Ministry of Health are therefore necessary.

- **The practice of encouraging provisional institutionalization (which leads to permanent institutionalization through separation) is still continuing.** Hospitalization of children with predominant social problems has not undergone a substantial change. The initiative of UNICEF and other non-governmental organizations to encourage the humanization of hospitals, stay of mothers with their children and diminishing of hospitalization time scored positive results especially in terms of demonstration. However, these results cannot surpass a certain limit given the lack of a global strategy.

The separation in different forms of the small child from his family continues to be a phenomenon that is not systematically combated.

2. Stimulation of alternatives to institutionalization

A. Clarification of the legal status of quasi-abandoned children. There are a lot of children abandoned definitively or temporarily in different institutions without having a clear legal status. The lack of such clarification hinders the identification of potential alternatives thus prolonging the period of their provisional institutionalization. Despite the attempts at simplification of procedures for the establishment of the legal status of quasi-abandoned children, the present mechanisms still have structural problems; their amendment is delayed for unjustifiable reasons. Adding to this is the incapacity of responsible bodies to promptly provide an identity to all children. There are children leaving children homes at the age of 16-18 without any identity papers.

Although it is necessary to encourage biological parents to take back their children from institutions, this process is sometimes impossible because the lack of social services staffed by professional social workers. Therefore, the legal status of the child should be rapidly clarified in his interest.

B. Adoption, as the best solution for an abandoned child, is underused. National adoption is underused and the big demand for international adoptions determined reality-based concerns regarding the possibilities of protecting the adopted child against any potential abuse. Many notable efforts were carried out in order to control the international adoption. However, the issue has not been satisfactorily settled yet.

C. Foster care and trusteeship still hold a low proportion in the alternatives to institutionalization.

In most cases, foster care and trusteeship represent either pre-adoption alternatives or entrustment to relatives for different periods of time. In the public system (table 9.40), foster care and trusteeship are limited by the insufficiently regulated character of the process, fluctuations in the provision of foster care and trustee benefits and their level, lack of specialized social services able to build a quality-based system.

Some non-governmental organizations have carried out a notable activity in this area, but their results are ad-hoc and hard to be extended.

Table 9.4.

Proportion of foster children in the total number of children in foster and residential care, in some Eastern European countries

	1989	1994
Czech Republic	24.3	27.7
Slovak Republic	32.6	35.3
Hungary	30.7	37.6
Poland	54.1	60.0
Romania	12.4	16.6

Source: *TRANSMONEE*

Chap. 10. Directions for the Reform of Support System Directed Towards the Child Separated from his/her Family

General principle:

All decisions concerning the child, irrespective of living in the family or separated from it, taken by the adults, should be focused on the superior interests of the child. Parents' responsibility should be explicitly promoted in any act that affects the destiny of the child. A whole system should be developed focused on the best interest of the child.

10.1. Responsibility toward the child in the decision to have children

It is the fundamental right of each child not to be the outcome of an incident or of some exterior reasons. The decision of giving birth to a child should be focused on the responsible commitment of parents to provide optimal conditions for human development. On one side, the wish to have children should be stimulated within an active demographic policy. Especially the birth rate of the middle-class should be encouraged given its possibilities to provide the child with good development conditions. It is the right of children to be born in adequate family conditions. On the other side, in the spirit of the same responsible attitude towards the child, the decision to have children should be postponed in the case of inadequate conditions.

a. Development of consultative services – preconception and pre-abortion counseling; sexual education of youth; medical advice – genetic advice, family counseling.

b. Development of family planning services. The challenge of these services is their penetration in the social groups and segments that do not have access to them for different reasons: – Young women under 20 years old; geographically isolated communities from a social and cultural point of view (some segments of gypsy population, isolated villages), families with many children that are living in chronic poverty, people with learning difficulties or mental disabilities.

10.2. Prevention of separation of the child from his family

a. Prevention of children's institutionalization through:

- Provision of support to families in difficulty. According to a study carried out by UNICEF in 1996, besides the benefits of the family environment (love, affection, friendship, comfort, etc.) it is two times cheaper to support the biological family (material, financial, psychological support), to keep their children or to find a substitute family to look

after the child for a limited period of time, financially speaking, in comparison with institutionalization.

- Making parents responsible for their decision to institutionalize the child.
- Levy a tax on parents whose children are in institutions; the level of tax should be established according to the incomes and material standard of parents.
- Post-conception counseling for the preparation of the prerequisites for child development.

b. Prevention of abandonment. The identification of families at risk of abandoning their children and the activity of its prevention through:

- Counseling of parents and extended family.
- Social support (material, institutional, housing).
- Material and social support for families in difficulty: provisional housing for single mothers.
- Development of support services for families with children – day centers, family-type centers, creches, quality home medical assistance.
- The development of family planning services within the network of the Ministry of Health and the increase of access to such services.
- The development of the network of home visitors in the Ministry of Health in order to provide medical support and specialized counseling to families with small children and to future mothers.

c. Prevention of long separation of the child from his family.

- It is essential to avoid hospitalization and to minimize the stay in hospital/units for malnourished children. A reform of medical systems for small children should be urgently implemented through the clear separation of medical functions from the social ones.
- Relieving the medical system of social functions and creation of social systems for coping with children in difficulty. Children's hospitals should concentrate their activity only on the treatment of medical disorders. The period of stay of children in medical institutions should be limited to the strict interval required for medical treatment. After that, the child should be transferred to a non-medical institution in the case where his family is not taking him back.
- Development of home treatment methods with specialized support and under medical supervision
- Rapid development of family-type hospitalization systems, provision of conditions so as to allow mothers stay with the child and prevent long-term separation.

- Avoidance and minimization of quasi-abandonment (for instance, placement of children in institutions for undefined periods of time) through the development of a system allowing parents, relatives and friends to pay visits to children, spend weekends and holidays together in order to facilitate family reintegration.

- Development of alternatives to institutionalization: emergency fostering for short, medium or permanent term and adoption.

d. Family reintegration of children from children institutions:

- Provision of material, financial, psychological, etc. support to families and to children who are going to be reintegrated.
- Progressive restoration of links of fondness, love and affection between the child and family through mutual visits, periods of time spent together, etc.

e. Development of a system of highly specialized social services able to carry out such complex activities. Experience so far indicated that the economic support is very important, but should be coupled with social work. The latter proved to be in many cases the key factor. Social workers were able to obtain notable results regarding prevention of institutionalization, although available resources were modest.

- Specialized social workers knowing how to work with families. The work for preparing a family to keep the child and to take it back from institution is complex and sometimes lasts long. Field social workers have the first responsibility in collaboration with social workers from maternity units and/or from institutions for children in solving the problems of children in their best interests.
- Social workers in maternity units able to identify mothers that do not want to keep the baby, to provide them a first assistance and to co-operate with field social workers in order to identify the best solution for the child.

10.3. Clarification, simplification and humanization of procedures related to the declaration of child abandonment

The clarification and simplification of abandonment procedures – on short and medium-term – and the establishment of procedures for the provision of parents' consent on an alternative form of child care (adoption, foster care) – on long-term.

In situations when the parents do not want to / cannot keep the child, a **very rapid decision** for an alternative type of childcare **should be taken** to allow the planning and organization of the best type of care inline with the needs and rights of the child.

On short and medium-term:

a. Preparation of parents, even before the birth, as concerns the importance of declaring the birth and address of the child for issuing the identity documents.

b. The simplification of procedures required for the legal settlement of the identity of the abandoned child and issuing of the birth certificate are of absolute urgency. The law should regulate clearly the responsibilities of all those involved in this process and limit to 3 months the deadline for the establishment of the legal status of the child. Currently, there are difficulties in the establishment of the legal status of children. The system should be fully reconsidered in order to avoid confusion or artificial situations as concerns the status of the child. There are children with no identity cards. There are children that are declared abandoned easily without investigating the possibilities of the biological family to take them over. There are also confused situations that determine the maintenance of children in hospitals, sections for malnourished children, nurseries, children homes for excessive periods of time, which could generate traumas and delays in children's development that are difficult to be overcome.

c. Individual care planning for each abandoned child:

- Identification of adoption possibilities and the launch of a rapid adoption process
- Provisional arrangements: foster families, family-type institutions, etc.

d. An aggressive policy of national adoption:

- Stimulation of national demand for adoptions;
- Development of a professional system of adoption: selection and training of adoptive families, support provided to families to cope with their responsibilities, monitoring of child development in the long run, etc.
- International adoptions in the interest of the child, but under strict control from a legal and professional point of view in order to ensure the monitoring of adoption and child development. Accreditation of international organizations for adoptions following criteria based on international standards that would ensure full security to adopted children and adequate and long-term information on the development of those children.

On the long-term:

a. Development of alternative child-care systems in a family: adoption, emergency, short, medium and long-term foster care; support for child and family: day centers, crèches, kindergartens, family centers, etc.

b. Acceleration of the process designed to clarify the situation of the child and to facilitate its return to the family or to enable the parents' consent for one of the alternative means of care.

c. Stimulation of emergency, short and medium-term foster care as temporary means of alternative care until

the identification of a final solution for the child; selection and training of families; permanent monitoring of the evolution of children and the observance of quality care standards.

10.4. Development of adoption, foster care and trusteeship

Adoption

National adoption has not advanced rapidly after 1989 because of two reasons: (1) on one side, due to the low living standard of the whole population, and (2) on the other side, due to the fact that adoption could hardly absorb the massive number of institutionalized children of older ages that are cared for in institutions.

Adoption is based on Law 11/1990 concerning the consent of adoption, that was modified and republished through Law 48/1991, modified at its turn by Law 65/1995 and Law 47/1993 concerning the court declaration of child abandonment. Adding to these are the juridical norms comprised in the Family Code of 1954.

Until the adoption of Law 11/1990, national adoption has been done by the offices of tutelary authority of local government ("The mayor chairs the local public services" and "ensures the functioning of services of civil status and tutelary authority" – excerpt from the Law 69/1991, art.43, letter s), while international adoption has been agreed by presidential decree. After the adoption of Law 11/1990, national adoption became the competence of the court, while the international one was the competence of the prosecutor's office. At present, all requests for adoptions are dealt with by the prosecutor's office.

After 1989, as a result of the intense mass-media campaign concerning the situation of Romanian institutionalized children, international adoptions registered a massive increase. Given the fact that this phenomenon became impossible to be controlled, children being transformed into illicit trade goods or into sources of profit for the intermediaries, the government established a body in charge of stopping this situation. So, the Government Decision 63/1991 set up the Romanian Committee of Adoptions (RCA) in charge of "supervision and support of all actions of child care through adoption and international co-operation on the matter" (excerpt from Law 11/1990 modified and republished in 1991). RCA was composed of representatives of the following ministries: Ministry of Health, Ministry of Education, State Secretariat for the Handicapped, Ministry of Labor and Social Protection, Ministry of Justice, Ministry of Interior, Ministry of Foreign Affairs, Ministry of Finance, local public Administration. The Ministry of Health appointed the president of RCA.

As from 31 January 1997 (according to Government Decision 16/1997), RCA is coordinated by the Department for Child Protection of the Government (the former National Committee for Child Protection).

In the traditional Romanian society, adoption was equivalent with taking a child in care, based on "good will". Adoption proved to be a solution for childless couples, as part of the social, economic and cultural changes of our society.

The usual practice was the identification of a child for a family, of the superior interests and needs of the child, evaluation of the child who was going to be adopted, preparation for adoption, the matching of the child with the adoptive family. Such practice is generally still in force.

According to law, families who want to adopt a child:

- Could contact the institution for children
- Could adopt directly from the family of origin
- Could contact RCA.

In the first two situations, the adoption procedure is practically reduced to the preparation of some documents: the family should register its request for adoption with the prosecutor's office together with the complete file of family and child (according to Law 11/1990 and Family Code). At the request of the prosecutor's office, the local public authority carries out the social inquiry for the family who wants to adopt the child and the child itself. The prosecutor's office then passes the consent of adoption.

In case of adoption through RCA, there is an internal procedure with several stages. The family contacts RCA and fills in a questionnaire with the reasons for which it wants to adopt the child, data about the history of the family, characteristics of the couple. RCA gets the "adoption form" of the child from the child care institution, this form comprising medical, legal and general data about the child and its biological family. RCA selects a family for a certain child, recommends the family to visit the child and invites it to take a decision concerning his adoption.

The public institutions have not developed a working methodology with clear criteria on adoption to serve the needs of the adopted child and to encourage the families who might want to adopt children. There are however Romanian and foreign non-governmental organizations, like Holt International Children's Services and Bethany Social Services, which are using adoption procedures in line with international standards.

These procedures should consider the adoption process in its whole and include stages like:

- Evaluation of the child;
- Recruitment and evaluation of future adoptive parents;
- Approval of the family who wants to adopt a child by an adoption Committee (at local level);
- Preparation/training of future adoptive family;
- Identification of eligible children for adoption and their evaluation;

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- Matching of the child with its future adoptive parents and setting meetings between them to get them acquainted, for creating an attachment bond;
- Fulfillment of adoption and the move of the child into the adoptive home;
- Post-adoption visits and evaluation required for checking the child's development and the quality of care provided by the adoptive parents.

By setting up social services with professional social workers and developing a working methodology (including adoption procedures), it becomes necessary to set up county adoption committees composed by professionals (social workers, psychologists, medical doctors, representatives of the community, etc.) in charge of approving the potential adoptive families and ensuring the necessary matching.

This would avoid the adoption of children by families lacking the psychological, material and emotional capacity of raising children or the situations in which children are considered as objects chosen on the basis of their look, beauty, eyes or hair color. Adoption should be done only after the approval of the adoptive family, matching of the child with the family, meetings between the child and its future parents and assurance of all necessary prerequisites for the taking home of the child.

These adoption committees should function independently of local authorities and social services, have their own statistics, a clear working methodology and easy accessibility.

In order to encourage national adoption, adoptive families could get monthly allowance similar to those provided in case of fostering. This practice is used in many Western countries (in Great Britain, for instance).

The legislation should be also amended so as to support the objectives mentioned above.

Foster care and trusteeship

They are regulated by Law 3/1970.

Foster care is based on the agreement of the biological family and is done by the territorial social work office (Directorate of Labor and Social Protection). Trusteeship does not require the consent of the biological family and is decided by the commission for minors' care. The foster or trustee family is entitled to get a monthly care allowance in the form of a lump sum.

Foster care encountered more difficulties than adoption because of the economic crisis, housing scarcity, lack of specialized staff (social workers) and willingness of population.

According to a study carried out at the end of 1993 in Bucharest and Constanta by IRSOP at the request of non-governmental organization Holt International Children's Services, temporary foster care for abandoned children was feasible on a small scale and at very high costs due to the existing economic and cultural difficulties in Romania.

The study shows that foster care and trusteeship are considered pre-adoption forms in our country, many foster or entrusted children being subsequently adopted. The number of trusteeships is much higher, the abandoned children being preferred to the others because the consent of parents is not required and the adoption is therefore easier.

The working methodology concerning foster care and trusteeship used by the public institutions is as poor as in the case of adoption and for the same reasons (lack of working procedures, lack of specialized staff, low quality of social inquiries, insufficient data, lack of detailed knowledge of the foster/trustee family, etc.).

There are Romanian and foreign non-governmental organizations which elaborated "manuals" of working procedures for foster care, similar to those used in Western Europe and North America (Holt International Children's Services, for instance).

There are, however, many question marks related to the stimulation and encouragement of the foster family by some of these organizations. The foster allowance, paid by some of them, is 2-5 times higher than the state one. Foster families get also considerable material support. There are two risks here:

- Foster parents could be especially attracted by the financial and material benefits resulted from fostering a child.
- The generalization of foster care in such a format could not be possible because of the level of allowance and other material benefits.

In Western Europe and North America, the emergency foster care (in cases in which the child should be urgently taken out from the family because of the existing risks and when the child is looked after by the foster family for a short or medium-term until the reintegration into the biological family or adoption is possible) is the solution preferred for many children whose families are undergoing a crisis or who are abused (physically, sexually, mentally/emotionally) by the biological family. These foster families are prepared carefully and periodically monitored and evaluated by specialized social workers.

Similarly, children under 8 years old (Sweden) or under 12 years old (Great Britain) are fostered in different forms: emergency foster care, temporary (on short and medium-term) or permanent foster care, these alternatives being preferred to residential care.

- The first option for the caring, raising and development of each child should be the biological family. If not possible, the priority of options should consider the importance of child development in an environment able to meet his best interests: adoptive or permanent foster care family/trusteeship.
- Short and medium-term fostering and institutionalization represent only temporary solutions, for limited periods of time, until the identification of a permanent solution for the child (family reintegration or adoption).

10.5. Reform of child care institutions

Adoption will most likely be unable to absorb all abandoned children. Foster care, except that in the extended family, cannot be a permanent, but a provisional solution. Institutional arrangements are therefore unavoidable. Although the institutions for children underwent a multitude of changes (even structural ones), there was a lack of coherent strategy able to consider the global reform of institutions for children and to determine its directions of evolution. Therefore, **it is absolutely necessary to develop a national program for the reform of childcare institutions.** Such a program should be elaborated and adopted at national level by the governmental body in charge of child-related issues. This program should comprise several objectives:

1. Clear definitions of the mandate of child care institutions and the change of their name into social establishments for children. The focus should be on the needs for children's development in a family-type, supportive environment able to help them get an identity and an autonomous capacity for development and taking responsibilities. It should not be forgotten that the needs of children in institutions are more numerous than those of children raised in family.

2. A new organizational status of institutions for children, based on a new mix of local/national authority. Institutions for children should be included in the county network of social protection. Maybe the best option would be their subordination to the county directorates of social services, except some very specialized, national level institutions like the re-education schools. The global budget in local administration will have to allow a flexible and innovative use of funds in the superior interests of the child, avoiding the organizational rigidities of institutions for children. The specialized ministries (Ministry of Health, Ministry of Education) should be responsible of the specialized components of activity in institutions, the global responsibility relying however on county authorities and institutions.

At central level, there should be however distinct bodies able to ensure:

- **The national policy concerning the child separated from his family, as part of the policy dedicated to child welfare.**
- **Provision of resources,** both financial and technical, development of procedures, competencies and support for staff training, dissemination of experience.
- **Elaboration of quality standards for services provided to the child, supported by specific indicators and periodical evaluation.** In order to ensure the observance of the needs and rights of children in institutions, the Government should establish a set of standards for the quality of care

needed to be respected by any public or private institution for children and specific indicators for the evaluation of the quality of services provided.

- **Accreditation criteria of child-care institutions** (public or non-governmental). The state should defend the rights of the child, ensuring a care of good quality in any institution. The system of accreditation developed for education could be extended in this sector as well. The accreditation and periodical evaluation of institutions for children by an independent national body are vital for ensuring a care of good quality. It is also necessary the establishment of criteria for the admittance of children to institutions.
- **Institutional unification.** The merging of the present nurseries and children homes into new institutions taking care of children aged 0-18 is necessary, thus ensuring the de-medicalization and de-schooling of institutions. Medical care and school education should be only important, high quality components of the life of institutionalized children.

The stability and continuity of care, as a basis for the development of children's identity, could be ensured by:

- * keeping siblings in the same group and including children of different age in each group;
- * carefully preparing the children admitted to or leaving institutions for children through practical and psycho-affective/emotional support: visits paid before and after the move, knowledge of staff and children of the new place, allowing them to take personal things with them (puppets, etc.);
- * small fluctuations of the staff for each group of children.

3. Elaboration of a national plan of reform of the child-care institutions and stimulation of each institution to develop its own reform plan according to national quality standards.

The elaboration of a national reform plan should not lead to a bureaucratic unification of organization. Instead, it should provide only a set of structural parameters and quality standards allowing the development of a variety of organizational models. New types of residential care, promoted by Western non-governmental organizations (for instance, in the form of children's villages) should be stimulated. Although attractive, some of them cannot be generalized because of high costs.

A very important purpose should be the stimulation of development of some family-type care methods by the Romanian community with its available resources. This purpose could be achieved by diminishing the size of institutions for children, setting up of apartments for each group of children in the big buildings, community support (donation of some buildings, material and financial contributions, provision of some services,

etc.). There are already some experiences of this sort: a network of families that look after children with the support of some non-governmental organizations and local authorities (children homes developed by Association SOS Copiii from Santana, Arad county). A new partnership between the public system and community should be developed in this direction. The development of some residential networks of families for children can be envisaged which would fully replace the classic institutions. Maybe the promotion of some family alternatives of network type would be able to provide the chance for an organic partnership that could even remove the barrier between the public and the community system.

On the basis of the national plan of reform of institutions for child-care, each institution will have to develop its own reform plan in collaboration with county Directorates of social services.

The main directions of the national plan of reform of institutions for children should consist of:

- **Transformation of institutions into family-type, open establishments, able to provide living conditions similar to those of the community.** The organization of groups with a reduced number of children can facilitate the development of adequate affective-supportive climate and family-type activities: housekeeping (preparation of food, cleaning), development of an individualized care. The opening of institutions towards the community should be encouraged: development of relations between children from institution and from community through information, visits, common actions.
- **Development of an internal planning, monitoring and evaluation system of care.** The quality of care may be ensured through establishment of clear working procedures, evaluation of staff performances, establishment of quality standards, rules for monitoring these standards, establishment of corrective actions, periodical checking and updating of the system designed to ensure the quality and setting up a system of comments, suggestions and complaints of children and staff.
- **Building up of children's self-identity** should be an explicit objective: the history of the child materialized in personal goods, unique life moments (birthdays, crucial moments), memories, etc. The prison/barrack style should be fully removed. Children should have access to information comprised in their personal files and the presentation of information should be done according to the age and development stage of the child (for instance, information that a father is in prison). Children should be encouraged to keep a "Book about myself" describing the history of their life as from birth. Children should be offered precise information, photos, etc.; when they are not able to write the educators should assist them; children should be encouraged to take with them these books when removed from institutions. The confidentiality of information comprised in the children's files should be ensured.
- **Development of the sense of responsibility and ownership, learning of some life skills:**
 - * All children should know and understand what is expected from them; the rules of the respective institution should be discussed with them, while their rights and obligations/responsibilities should be clarified to them;
 - * Children should be encouraged to take over the responsibility for personal hygiene and for the place occupied in the institution. This would require: individual towel, soap, hairbrush, toothpaste and toothbrush, clean clothes, hot and cold water, adequate heating system, well equipped bathrooms (mirrors, shower, protection carpets, etc.).
 - * Children should be taught to take care of their bedroom, kitchen, and living room: cleaning, sweeping, washing, preparation of meals according to their age and development stage. The staff should ensure that these tasks are not in contradiction with the rights of children (exploitation, abuse); children should be recompensed for these household tasks;
 - * Children should be taught how to spend money carefully; they should be offered possibilities to do some shopping, have some money to be spent independently;
 - * Guidance, preparation and support of bigger children/teenagers to take over the future parental responsibility;
 - * Guidance and preparation of children concerning the danger of consuming alcohol, drugs and smoking;
 - * Preparation and support of children in case of medical problems (AIDS included), racial and sexual issues.
- **Introduction of individual plans of care and development.** They should comprise relevant information about the child: date of admittance in institution; reasons for admittance; data about family; information about physical, psycho-emotional, social and intellectual development and the opinions of specialists; religion; nationality; health status; behavioral disorders; strong and weak points of the child; likes and dislikes; school situation; attitude; expectations; relations with other children, etc. On this basis, the direction of future development of the child will be progressively changed. The plans should clearly established: priority needs, necessary care able to meet the needs and to develop the necessary resources, precise attainment tasks, who is responsible and for what, deadlines. All those involved in child-care should contribute to the design of this plan: social worker, psychologist, teacher, medical doctor, professor/educator, parents, etc. The individual plans of care and development should be re-

examined and updated periodically (for instance, every 6 months). The concept of key-worker/reference person should be developed. They will be the persons who will look after 2-3 children and will have the responsibility of ensuring the implementation of their individual plans of care and development.

- **Development and observance of some discipline and control rules through:** periodical checking of school attendance of children and their stimulation to use their maximum potential, support and guidance, positive and negative stimulation (encouragement, recompenses, but also some sanctions like the ban of watching some preferred TV broadcasts, etc.).
- **Provision of possibilities for some new experiences and stimulation of the potential of each child:** sufficient space for relaxation (gymnasiums and clubs adequately equipped and in line with age and development stage), walking and playing.
- **Development of children's capacity for free and responsible choice of their own life, through:** Development of children's capacities and opportunities to participate to the decision-making process as concerns their life, provision of room for free life-planning, diversification of activities according to talents and options, acceptance of their suggestions concerning daily programs, including the meals (possibility of choosing out of two types of course), setting up a system of meetings and clear procedures for suggestions, comments and complaints of children.
- **Development of relations with the community, public awareness raising and involvement in child care actions:** all children should attend the kindergartens and schools of the community; development of relations with children in the community (from kindergarten or school) and encouragement of mutual visits, common weekends and holidays.
- **Programs of integration of children that leave an institution into adulthood:** individual program of professional training; support for getting a job and housing, development of own household; continuity of relations with institution/social service and with significant adults of the childhood which ensures a feeling of affiliation and support. Teenagers aged 16-18 should be provided for a limited period of time with intermediary/youth houses for a smooth transition from residential to independent life. These houses would be staffed by the same personnel of the child-care institutions, but at a reduced level, aiming to support the youth in acquiring those abilities necessary for the administration of their own life: self-administration, financial contribution, learning some skills necessary for family life, learning and practicing a job, etc. There are already many positive experiences of this sort. An example:

Association SOS Santana, Arad county that set up three houses for the youth that are very efficient.

4. Development of some services for crisis situations: for children who cannot live for a period of time in their biological families (lack of or unwillingness to provide the normal development conditions, serious abuses). The reception centers will have to modify entirely their functions and probably deal only with specific types of problems. These institutional forms should have a series of special tasks: therapeutic/rehabilitation functions, preparation of permanent solutions for children (reintegration in family or adoption).

The parents' sense of responsibility should be developed using different methods: introduction of a sort of financial contribution from parents whose children are provisionally admitted to an institution, their obligation to maintain contact with children (if in the superior interests of the child), participation in some activities beneficial for the institution, etc.

5. Setting up of emergency services able to intervene immediately in crisis situations. This is a matter of priority. Their organization should be carefully designed before their setting up.

6. The structure of the staff of institutions for children should be rapidly reconsidered.

- The structure of specialized staff working in child-care should be reconsidered. The educational background of the staff should be specific in order to ensure a global orientation on the needs of the child and to build up a living system able to support adequate development. The proportion of social workers, psychologists, teachers, should be dominant. It would be probably necessary to introduce of other professionals, like residential social worker (working in institutions for children), social teacher, field social worker.
- The establishment of a clear nomenclature of professions involved in the activity of institutions for children. At present, there is a total confusion.

There are non-governmental institutions that developed after 1989 training courses (sometimes in collaboration with the Ministry of Education, Ministry of Health and/or Ministry of Labor and Social Protection) in the following professions:

- * **Social worker** – course organized by Bethany Social Services within Timisoara University. The course has a duration of 6 months and provides training for social work, psychology, sociology, psycho-pathology, children with special needs and legislation: theoretical training 33% and practical training 67%. Up until now, 155 persons have been trained.
- * **Social teacher** – course organized by Foundation Pestalozzi Romania in Bucharest, Normal School "Elena Cuza". The course has a duration of 2 years and provides post-secondary training. The social

teacher is trained to work in children homes, re-education schools, centers for the reception of minors, boarding schools, day centers, etc.

- * **Educator-for infants' care** – course organized by the Romanian Orphanage Trust and taken over by the normal schools of respective towns. This post-secondary course lasts for 2 years and trains qualified staff able to work in nurseries and children homes (only for those hosting children aged 0-6), crèches, kindergartens, institutions for children with disabilities. The course provides for 50% theoretical training and 50% practical training. Topics trained: health, education, communication abilities, social studies, creative arts, environment studies, music, and physiotherapy.
- * **Nurse-educator** – short-term course initiated by World Vision which prepares qualified staff for nurseries.

The initiatives and experiences of these or other organizations that elaborated working methodologies and procedures or studies in different social areas could be starting points for the development of comprehensive social policies in the field of child and family care, setting up of competent social services, intensive training courses in social work. A unification of the system of professions is however necessary.

- **Training of specialized staff for institutions for children**, both with medium and higher education. Forms of continuing professional development are necessary. Training in the field of child care should comprise: children's needs and rights; child development; psychology of the child; social psychology; non-discriminatory practices; play and stimulation techniques; prevention and treatment of anti-social behavior; communication techniques; team work; power and authority; management of change; crisis situations and conflict solving; investment with decision and control over own life as concerns children; consultation and involvement of the staff in the decision-making process (empowering); supervision and evaluation; individual plans of working with the child; involvement of children in the planning, implementation and evaluation of activities designed to improve their living conditions; importance of preserving relations between the child and family, friends, community in general, etc.
- **Introduction of periodical attestation** (for instance, yearly) of the staff on the basis of evaluation of the activity performed. Staff with no required qualification, but with experience and record vocation should be offered special possibilities of professional training.

7. Design of a national methodology of data collection on children in institutions and clear definition of concepts and terminology used.

10.6. The key factor of reforming the child support system

The key variable of reforming the child support system requires the development of a coherent global government strategy for child welfare based on children's needs and rights, irrespective of living in family or separate.

The design of such a strategy requires several prerequisites:

- Development of a governmental body able to formulate such strategy and implement it.
- Rapid development of a public system of highly qualified social work services.
- Elaboration of standards of quality for the services provided to children and establishment of specific indicators of evaluation.
- Development of a methodology and bodies for the evaluation of the quality and efficiency of services provided to children.
- Organizational unification of activities for prevention of abandonment and institutionalization of children and for their reintegration into the family.
- Liquidation of the central dependency and institutional fragmentation at the level of childcare institutions. With some exceptions (national level institutions), institutions for children should be subordinated to the local authorities, namely: the county directorates of social services. At national level, it is necessary to elaborate only quality standards, methodology and working procedures and supervision of the observance of these standards.
- Unification of information concerning the child, definition of concepts and terminology and facilitation of communication between institutions providing services to children.
- Development of some well coordinated and supervised professional systems of adoption and foster care (emergency, short and long-term care, permanent).
- Elaboration of a national strategy for the reform of institutions for children.
- Elaboration of an articulated national policy of staff training: establishment of professional profiles, methods and conditions of professional training and continuing upgrading of knowledge and skills; elaboration of professional criteria of employment able to avoid employment of unqualified staff, including the managerial positions; development of a system of professional training of existing staff as a fundamental condition for preserving their workplace.

PART IV

THE CHILD AT RISK

The increase of risks affecting children

During the first year of transition, the number of children at risk has increased, irrespective of their living in the biological family or outside it. The explosion of poverty is only one of the risks affecting the children during this period of transition. The most serious risk is their abandonment in institutions or in the street, their institutionalization for unlimited periods of time, their onerous, uncontrolled adoption by foreign individuals or organizations presenting insufficient guarantees. Adding to these is the risk of being abused by their own family or other people, of becoming delinquents or victims of violence and abuse, of not being enrolled in the educational system and of not getting a satisfactory medical care, the risk of being infected with AIDS; in the case of disabled children, the risk of not enjoying the conditions necessary for their development; finally, the risk of not living in a family environment based on love and support for development.

Chap. 11 **Child Abuse**

Romania has ratified on 20 September 1990 the *UN Convention on Children's Rights*. Article 19 stipulates the state obligation of protecting the children against all types of abuse and neglect. Articles 34 and 36 are also regulating the rights of children to protection against sexual exploitation, sexual abuse, prostitution and other types of exploitation. The international policy stresses the idea that the child is neither the parents nor the state's ownership. Rather, the child belongs to himself and is under his parents' protection.

11.1. The dynamics of perception and attitude towards abuse at international level

Starting with the 60s, a special interests concerning the identification and fight against child abuse has been developed in the Western countries. The acknowledgment of the superior interest of the child as independent human being and the commitment of the community to defend the children's rights even against his biological

family have opened a new view on abuse. Although launched decades ago, the process of developing some modalities of identification, prevention and treatment of child abuse is still facing big difficulties. The difficulty to estimate its incidence is caused by the fluctuation of terminology and the methodological limits related to the awareness and registration of abuse typology. The shaping of this new responsibility has led to a real explosion of the number of cases of abuse at international level.

At international level, the social work services were faced with massive increases in registered cases of child abuse. Between 1974 and 1984, it was estimated that 65% of children aged between 18 months and 3 years presented body harm traces. According to Kempe (1984), "between one and two million women were the victims of incest" in United States. In Great Britain, 10% out of 2,000 persons of 15 years old and more complained because of sexual abuse. In England and Wales, the number of ill-treated children raised from 13,800 in 1977 to 18,000 in 1983 (Cooper & Ball, 1993).

Child abuse leads to major trauma from a physic, psychic, emotional and social point of view. The family tensions and the lack of affection between its members would result in ambivalent feelings towards family and foreign people. This might lead to aggression, isolation, lack of any notion about family support and lack in family capacity of protecting him, apathy, lack of social integration and compensation through violence, delinquency and facile relationships with dubious persons, drop out, home abandonment coupled to social and professional lack of integration.

For Romania, the problem of child abuse is new as global concern. We do not have yet a system for child protection against abuse (legal definition of abuse, legal procedures of intervention, establishment of competencies and professional standards).

According to the existent literature on the issue, child abuse comprises two elements: significant harm of the

child and responsibility of parents (or of those who have the child in their care) for this harm. In order to use the notion of abuse, the presence of the two elements mentioned above is necessary: an insignificant harm of the child coupled by a total responsibility of the family cannot be considered an abuse. Similarly, a very serious harm of the child coupled with a lack of family responsibility is not an abuse.

The definition of abuse notion should consider the situation of children in each country, the social and cultural model, health indicators relevant to infantile population, etc.

11.2. Forms of abuse

At present, the following types and definitions of abuse are used at international level:

- **Physical abuse** could be considered "minor" in case of some reddened skin surfaces or light lesions and "severe" in case of fractures (of skull, limbs, ribs, etc.) or burn. This category of abuse includes beating, using the hand or any object (hose, cable, knife), applied on any part of the body; putting the child on his knees; tying the child; shaking the child or beating him with an object; pulling his hair and ears; burning or poisoning him; exploitation of the child through difficult physical work that is beyond his possibilities.
- **Sexual abuse** consists in subjecting the child to any kind of forced oral, genital or anal intercourse, sexual molestation with or without genital contact, sexual exploitation, seduction, exposure to sexual practices which are not in line with age, broadcasting of pornographic video materials, etc.
- **Emotional abuse** refers to compelled isolation of the child (from other children or locking him in the house, garret, cellar, etc.), lack of emotional support, terrorization, refusal to help the child when he asks for support, offence, repeated ridiculing, denigration, scaring (locking in dark rooms), ignoring his feelings, humiliation or moral exploitation, corrupting him through learning him or recompensing his racist, immoral or criminal behavior.
- **Child neglect** means the deprivation of minors of those necessary for their biological, emotional and psychic development needs.

Physical neglect refers to the refusal of providing medical care, inappropriate feeding (insufficient food, lack of home-cooked meals, go to bed hungry because of a punishment), delay in requesting the provision of medical care in case of illness, inadequate supervision, banishment, child abandonment.

Emotional neglect presupposes inadequate communication modalities with the minor, lack of care in front of negative influences, directing the child towards other activities at the expense of school ones (taking care of small brothers, household work).

Educational neglect means the lack of children's enrolment into an adequate school, neglecting of special education needs, lack of concern for ensuring those required for school attendance, permission of vagrancy.

Source: UN documents

11.3. The Romanian situation: between confusion and lack of legislative framework

In Romania, the tackling of child abuse is framed by two very important prerequisites:

- The rapidity of development of child abuse perception and attitude at international level.
- The lack of specific legislative framework and, more than that, the lack of a clear definition of abuse even among the professionals. Certain specific cultural patterns (bashfulness, threat of authorities) that are characteristic to an adult-centered culture and that keep the family into a closed framework are blocking the process of collective awareness on situations of abuse. The

child is often educated in the spirit of obedience, but the major dysfunctions of the family are kept under silence.

Statistical data concerning child abuse and sexual exploitation are almost non-existent, a fact which minimized the phenomenon. There is no strict state control. The sexual abuse is not perceived as a serious social problem. The situation becomes more dramatic because of lack of laws to allow intervention in case of family and institutional abuse. The real number of physical, sexual and emotional abuse is not known and therefore, uncontrolled. Some types of abuse (for instance, emotional abuse, neglect) are not socially acknowledged. Adding to this is the lack of any protective measures for the mother and the child who might report the abuse.

We signal the publication of two scientific studies that aim to identify the phenomenon: Romanian Government, CNPC, 1996, *Child exploitation and sexual abuse*, in collaboration with the Organization *Save the Children* and *UNICEF*, *University Babes-Bolyai*, Cluj-Napoca, *World Vision International* – Romania, 1996, *Exposure of minors to abuse and neglect in Cluj county* (coordinator Traian Rotaru).

The collective perception indicates the existence of abuse in certain schools and child-care institutions, committed by members of the staff and by other children. Some of these cases have already been widely discussed in the media. The legal and political decision

of banning the beating in the school should be updated and disseminated. The emotional abuse is present even among social-cultural groups whose philosophical and religious conceptions oblige the children to practice some rituals or to observe some interdictions (for

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instance, refusal of blood transfusions, non-attendance of school), thus limiting the child rights. The consequences of self-exclusion of the children living in these groups consist in the lack of proper socialization, difficulties of integration and social-cultural adaptation, unilateral development of child personality, communication problems, etc.

Some non-governmental organizations involved in child protection after 1989 have identified abused children. Trying to solve these cases, they discovered however the impossibility of scoring efficient results

owing to the lack of adequate legislation to support the victim of abuse and facilitate the identification of proofs. The social work services required for the identification, investigation and solving of the cases are lacking.

Given the importance that will be attached to this issue and the development of programs for raising the awareness of population that will somehow help towards the settlement of these cases, many of them will become visible, but this should not be necessarily considered as amplification of abuse phenomenon.

According to the conclusions of the study on child abuse in Cluj County carried out in 1996:

- ◆ 1 out of 4 children in Cluj county is exposed to significant neglect (educational, emotional, health neglect) or serious physical punishments.
- ◆ 4.6% of interviewed children indicated different forms of sexual abuse while their parents denied that in all cases.
- ◆ It was confirmed the initial hypothesis according to which there is a strong linkage between poverty, material hardships (correlated to lack of respect for child personality) and increase of abuse phenomenon.

The study shows that approximately 28% of children living in Cluj County are at risk of being abused and there is an acute need of disclosure and support for children that are sexually abused. The results of this study represent an alarm signal as concerns the services that should be developed for prevention, intervention and support. They would protect the abused child and would provide specialized assistance to his family.

Legislative reaction

The Romanian legislation does not operate with the abuse terminology as defined by UN and EC documents, but its content is mostly covered, in different forms and in a different conception, by penal legislation related to child-victim (for instance, incest, corruption, rape, and seduction.)

The statistical data included in the investigation files of Criminal Police Directorate indicates the registration in

1995 of 676 cases of sexual aggression where the victims of offence were minors (601 girls and 75 boys), 119 being under 10 years old. Rape rendered the biggest number of victims: 328 children, meaning 49.75% of total cases, out of which 218 were school-age girls. Whoremongering (71.2%) and prostitution (67.3%) affected minor girls without occupation, while 14.2% of sexual perversities cases had the minor as victim; 26.5% out of these children were aged 0-10.

The analysis of the criminal phenomenon as concerning sexual abuse ("*Child sexual exploitation and sexual abuse*", CNPC, *Save the Children, UNICEF, 1996*) lead to the conclusion that the most common victims are:

- ◆ Children with low intellectual level, naiveté, low school attendance or school abandonment correlated to consumption of alcohol or inhalation of volatile toxic substances.
- ◆ Children coming from single-parent families (as a result of divorces and separations), families that pay little attention to their children or that are neglecting them completely.

Causes of abuse

The present social and economic context (poverty of a large segment of population, unemployment, proliferation of violent and obscene materials, lack of educational alternatives for leisure) and the lack of some specialized services for the identification, investigation and support required for solving such type of problems lead to the increase and spread of certain types of behavior. There are other causes of abuse such as promiscuous family environment and the perpetuation of abusive parental model, lack of

education and ignorance concerning the abuse, stress generated by the drop in living standards, consumption of alcohol, mental disease, big number of children in the family, young age of parents, etc. The child is part of the most vulnerable category of population due to the age specificity: "they are lacking almost completely physical and psychic defense possibilities; reduced capacity of self-defense; limited capacity to anticipate some own or others behavior; reduced capacity of understanding the effects and consequences of his own or others actions; reduced emphatic capacity;

impossibility of discrimination between the good or bad intentions of other people; high level of credulity; sincerity and purity of feelings, thoughts and intentions" (Mitrofan, Zdrengea, Butoi, 1994).

11.4. Possible intervention mechanisms

It is necessary to identify situations so that the child would benefit of professional support that would contribute to the decrease of the traumatic effects of abuse. The adult who abused the child should be integrated into a program of psychotherapeutic treatment. The child could remain in the family depending on the results of the evaluation, type of abuse and its dimension. If the psychotherapeutic program proves itself useless, the abuser should be moved out of the family. There are cases when it is not necessary to take the child out of his family. Following the evaluation of the situation by the social workers, the decision of "supervision" of the family can be made. While the social workers will monitor and evaluate all other involved actors (parents, child, medical doctor, home visitor, etc.) the family and the child would benefit of counseling services and individual support.

In cases when it is necessary to urgently take the child out of his family, he will be brought to "secure places" (unknown for the parents) in order to be protected against any possible danger.

Statistical data show that in England and Wales, the number of shelters increased from 214 in 1973 to 5,726 in 1983. This evolution indicates the increase in the number of abused children.

Children can spent a period of time in these shelters. Afterwards, they can be taken over by an extended family, foster family or children home, while continuing to work with them and their families. The role of social workers in the families at risk of child abuse is to ensure an adequate and secure parenting. When this objective could not be reached in a predetermined period of time, social work would intervene to ensure a substitute form of care to the child (extended family, foster family or children homes). It is extremely important to set up the purpose of intervention and steady focus on the problem. The protection mechanism against child abuse includes:

- The involvement of the social work service, at different stages. In the first phase, it identifies, evaluates and reports the abuse to police, while in the second phase, it counsels the family, directs it towards specialized institutions, facilitates integration into the family or identifies a trusteeship family;

- The police intervenes and informs the prosecutor;
- The prosecutor submits the case to the court;
- The court decides whether the child will stay with his family or he should be removed from the family environment).

In developed countries, the problem of abused children is solved through strong, interdisciplinary co-operation between social workers, medical doctors (pediatricians, gynecologists, etc.), child psychologists, psychiatrists, home visitors, police, prosecutor and court. The interdisciplinary team is staffed with professionals of different departments (social services, health services, police etc.). Their competencies are clearly established.

11.5. Action directions: for a coherent strategy of prevention, intervention and rehabilitation of abused child

On the background of rapid social and cultural changes, Romania will be seriously confronted by child abuse that will become more and more visible. A coherent strategy of prevention of and fight against abuse should be developed, taking into account the need to rehabilitating the abused children. This strategy would consist of:

- Introduction in legislation of legal definitions of child abuse and adequate sanctions.
- Definition of institutions, competencies and responsibilities in case of abuse.
- Development of intervention procedures according to different possible situations.
- Training of specialists – social workers, psychologists, psychiatrists, pedagogues, as well as police officers and judges that are supposed to intervene in these situations.
- Development of an awareness activity for the community concerning child abuse, its consequences and prevention and combating measures.
- Development of an institutional system to support the intervention activity: "secure homes" (shelters), intervention teams, teams for the education of children and families, therapy teams. Setting up of specialized services, backed by legislation, that can allow the intervention of specialists in such cases.

The community social work system will have a crucial role in the prevention and intervention in case of child abuse.

Chap. 12 Street Children

Street children represented one of the most shocking social image after 1989. The social dismantling accompanied by the explosion of poverty increased their number. The decrease of police control made very visible the street children phenomenon at present. Widely presented in the media, this phenomenon entered the public conscience.

Probably the dimensions of the phenomenon were also dramatized by a feeling of collective helplessness. The actions of public institutions and foreign or Romanian non-governmental organizations that were largely presented in the media, are in a striking contradiction with the situation of street children that has not been visibly improved despite all efforts.

12.1. Present situation

The ambiguity in defining the street children. It is quite difficult to define the dimensions of the population of street children. The following three categories can be considered:

- Street children as such – children who are living permanently in the street and who are lacking housing and education. They do not have any link with their family or with child care institutions. An obvious cause of their presence on the street could be the dismantling of the family of origin.
- Seasonal street children – children who live circumstantially in the street. They have a certain

contact with their family to which they return periodically. These children live in the street because of family internal tensions and violence. They represent the bulk of street children.

- Occasional street children – they are sent in the street by their own family or they choose to go on the street.

According to an inquiry carried out in March-April 1995 by the organization "Save the children" on a number of 220 street children in Bucharest, 71% of these children originate from disorganized families and 23% from children homes. The rest of 6% children declare that they are in the street as from ever.

The number of street children is lower than suggested by public image. According to data provided by interested bodies, there were 5,000 "street children" (an average of 25-30 children per each county) at the end of 1995. There are however counties where the number of street children is higher, for instance 120 in Iasi, 350 in Galati, 500 in Constanta, 230 in Bihor and 140 in Neamt. On the other side, there are counties without street children like Teleorman, Olt, Salaj and Covasna. The estimations for Bucharest are difficult to be done because the phenomenon has a high mobility. In general, it is considered that Bucharest has 700 street children. Due to the decrease of living standard and inefficiency of social protection system (lack of social work services included), an increase in the number of street children would be possible.

Following a medical evaluation carried out within the "Labyrinth" police action on 22-23 February 1996 among street children, a range of diseases has been identified: syphilis, scab, tuberculosis, schizophrenia, heart diseases, surgical trauma, otitis, chronic alcoholism. The following facts have been also identified:

- ♦ Preponderance of boys (304) as compared to girls (73), out of which 25% are from other 25 counties.
- ♦ More than 73% of minors originate from disorganized families, with material difficulties or with more than four children.
- ♦ Low age of minors involved in such groups (145 children are under 14 years old and, out of them, 14 children of pre-school age).
- ♦ The majority of minors are in a situation of temporary or permanent school abandonment.

Source: Police General Directorate of Bucharest, *Synthesis concerning the results of "Labyrinth" police action carried out on 22-23 February 1996.*

Lifestyle

Beggaring, theft from markets, kiosks, etc., car windscreens washing in cross-roads with traffic lights, prostitution, homosexuality, different antisocial activities represent the usual ways of getting the necessary resources for living. They are forced to work

at very young age for their survival. They are used for difficult and dangerous works, which are inadequate to their age. Additionally, they are not paid according to the work carried out.

The street children are exploited frequently from an economic and sexual point of view. Many of them are

used by adults for begging and prostitution. The field social workers from some non-governmental organizations have signaled the existence of a network of pedophiles of Romanian or foreign citizenship that operates among street children. According to a research carried out in 1996 by the non-governmental organization Save the Children with the aim of identifying the dimension of sexual abuse among street children, prostitution was an important survival means for 65% of total analyzed cases (research conducted on a lot of 32 children). It is more specific in case of girls. It represents an accessible modality for ensuring material needs required for everyday life. Rape is usually the origin of the sexual life of these children. There are cases when rape is combined with sequester. Pedophilia is usually met among boys who are preferred by foreign citizens. It is associated frequently with sexual perversities and pornography. According to declarations of children, there are approximately 50 adult clients in Bucharest, most of them foreign citizens. They own many apartments where children, especially boys, are brought in and with whom they have sexual relations. Children may be also registered on video camera or photographed while having sexual relations.

The consequences of this phenomenon can be identified both at the individual level (behavioral disturbances, diseases, deaths, sexual abuse) and at the societal level (juvenile delinquency, increase of illiteracy, spread of venereal diseases including AIDS through prostitution, children born in the street).

Reactions of the community

The involved public institutions (police, centers for minors' reception and selection, etc.) have an inadequate reaction on the matter. The phenomenon takes proportions because of present incapacity to reduce the causes and recuperate the children from the street rather than a lack of interest. The lack of a national strategy is obvious and it diminishes considerably the impact of the ad-hoc attempts to cope with the problem. The non-governmental organizations attempted to address the issue by tackling it from different perspectives.

The problem is not essentially the eradication of the phenomenon, because it is not achievable. Instead, its drastic reduction should constitute the main objective. The centers for the reception of minors are trying to reduce the number of children in the street.

Two institutions for street children were set up at the initiative of Bucharest Local Council:

The Center for Minors "Ciresarii" is carrying out a re-socialization process using the following modalities:

- ◆ Isolation of the minor from the street environment and his integration into the activity of the center;
- ◆ Integration into instructive and educational activities, personalized psycho-social counseling, shaping or updating of sensorial, perceptive, oral, cognitive and motion skills;
- ◆ Awareness of the Commission for Minors' Care which is functioning along the Local Council of Bucharest as concerns the situation of each minor living in Bucharest so as to enable the provision of care measures.

The following programs have been carried out: a) a program concerning the improvement of psycho-social and instructive-educational assistance process provided on a temporary basis to the minors lodged in the Center for Minors. This program is implemented with the collaboration of departments of psychology-social work and instruction-education;

b) A program concerning the reintegration of the child in the birth family, involving the active work of the social worker as well as a program of family therapy;

c) A program that aims to optimize the team work among different institutions involved with the street children, towards an efficient solution for their best interest.

Center for Reception of the Minors "Pinnocchio" emphasizes the need to motivate the children to attend school, attempting to increase creativity, to develop a personal identity of the child together with a sense of responsibility, to understand and therefore, to try to solve the problems and to meet the needs of these children. The programs they developed so far are the following:

- ◆ the going on activities, started in the centers "Pinnocchio", I, II and III, centered on the preparation of children for different occupations;
- ◆ cultural programs: shows, movies, theatre, cultural exchanges with the participation of children from abroad;
- ◆ stimulation of creativity and motivation of the children by individual and team conquests;
- ◆ social work services for more serious cases, such as children with an unknown history or children from dysfunctional families;
- ◆ psychological and medical assistance for the children in need.

12.2. Action directions – prevention, reintegration and support programs of ad hoc support as elements of a national strategy for the eradication of phenomenon

A. Prevention:

- Significant increase of economic support for families with many children along with energetic measures of making the families aware of their responsibilities.
- Development of social services for child and family. The development of social work services for the prevention of the phenomenon and the reintegration of street children is paramount, and it could also be supported by experienced non-governmental organizations; the setting up of counseling centers within schools, staffed by social workers, pedagogues or psychologists, to make possible the identification of potential problems faced by the child (abuse, neglect, behavioral disturbances, lack of school attendance, difficulties in school integration, etc.).
- Development of a child protection system that would protect the child against neglect or abuse in his own family. The child should be even taken out of the family if there is no adequate care provided to him in that environment. Development of community social work services in charge with family integration and identification of families at risk of sending their children in the street or of neglecting them.

B. Reintegration

- Family reintegration, either in the biological family or in a substitute one (foster or adoptive family). The accomplishment of such objective is however conditioned by the provision of a qualified social work service to families in order to enable them to offer a normal family environment to their children,
- Placement of street children into specialized institutions, adequate to their needs in case family integration is not possible.

- It is necessary to undertake a reform of child-care institutions in order to improve the living conditions. A part of street children originate from institutions or spent a certain period of time into an institution. The following measures should be taken to reform the institutions:
- Professional training provided to care staff through the provision of special courses concerning children's needs at different ages;
- Extending the personnel by hiring social workers and educators according to existing number of children in the respective institution (one social worker for 25-30 children). At present, the social worker either does not exist or has to deal with more than 100 children;
- Individualization of services provided and development of a secure environment; stimulation of children's initiatives and development of own identity and independence; introduction of a personal file for each child;
- More rigorous control of the quality of care of children in institutions by coordinating ministries. Most institutionalized children complain against the poor treatment of "senior" children or of members of the staff.

C. Ad hoc support programs that aim to support street children. There are already very interesting experiences from this point of view. Their costs are usually very high while the results are easily reversible. Unexpected effects have been also witnessed like continuation of living in the street.

1. Long-term community care

- Setting up of a network of public institutions that might provide care services (protection, medical assistance, housing, food, schooling) in exchange for other services (for instance, troop child, involvement of children with elderly homes or hospitals, etc.).
- Setting up of some apprentice schools for teenagers who are living in the street (without family) and who would like to change their lifestyle.

The Center Fratii lui Onisim from Timisoara provides complex assistance to more than 40 street children (between 5 and 16 years old). The staff of the center includes social workers, educational staff, medical doctor, and psycho-pedagogue. It could be noted the welfare of the children that scored remarkable progress and who behave at present as if they lived in their own family. The main principle of the program is the following: "each child has the right to a decent life, education and family-type environment". Nowadays, most children are attending school and those who exceed the age for primary school education are learnt to write and read by the educational staff of the center. The medical care and reintegration of former street children into their biological families represent two very important elements of the activity carried out by the staff of the center.

2. Temporary community care

The aim of this alternative is to ensure decent living conditions for a limited period of time and to make the children aware of the need of changing their lifestyle.

The "Street Children" Club from Craiova was set up in 1992 by "Save the Children" with the support of Red Barnet – Denmark and European Community. Dolj County Council has taken it over in May 1993. The Club aims to socially reinserting the street children from Craiova, thus ensuring permanently housing, meals, clothing, individual hygiene, instructive-educational and leisure activities. On the basis of collaboration with social and educational institutions – schools, workshops, small and medium-sized enterprises – the Club provides the children concrete possibilities for changing their lifestyle as soon as they are ready for this challenge. In 1995, (residential or street) assistance was provided to 83 registered children, out of which 13 children have been reintegrated into their biological family, 8 children were transferred to other child-care institutions, 5 children have attended the normal or special education schools.

The Association "Open House" set up in Bucharest as a day center for street children between 8 and 18 years old conceived as an intermediary link between street social work and residential care. The objective of the center is to prepare the children for their social reintegration through improving their image. The center has a daily schedule between 8.30 and 15.30 o'clock. The focus is on the acquiring of basic educational rules and school training. The child is supervised until he is considered to be ready for a complete independent life. The philosophy of the center is that the child is an active and responsible part of the re-socializing process even during the time spent in the street. Changing lifestyle should be their own option. They come daily at the center, as they want, thus preserving their independence feeling. The staff of the center exhibits respect, love and understanding, namely the feelings that were not provided by their family or institutions that they are coming from. Their co-operation is sought by observing their lifestyle. Once modifications in the mentality and behavior of the child take place, the center would consider him as a "solved" case. Only then, a workplace, housing, a place in the school or boarding school are provided to him.

A similar model has been implemented by the organization ASIS. The stress is put this time especially on education rather than charity. The interventions are addressed to the individual and less to the group. The project involves teenagers and young adults in the implementation of personalized projects able to make use of all capacities of the individuals. The project takes into account the motivation of the child, while the educational staff is in charge of counseling tasks. The project should be reformulated or possibly modulated according to the evolution of the context and of the child. It was noticed that, in general, there is a lack of motivation characteristic to street children. When present, it is however weak and temporary. At the beginning, the child was made aware of his body and physical aspect. As time goes on, the exigencies were gradually increased. In general, the intervention philosophy of ASIS concerning street children has been gradually shaped on the basis of following rules: avoid a comfortable street life, avoid brutal intervention (no decision to be taken on behalf of the child), provide incentives for change, attract the co-operation of the child, the worst family is better than the best institution (institutionalization should be the extreme solution)

The **Fundatia pentru Ocrotirea Copilului** (FOC) with the technical and informational assistance provided by UNICEF and EC-PHARE and in co-operation with CNPC, the Ministry of Labor and Social Protection, Bucharest mayoralty, IOMC and interested non-governmental organizations. The FOC has two reception centers: Pygmalion (day center) with a capacity of 50 places and Oliver (residential) with a capacity of 45 places. The day center is endowed with educational and professional workshops, medical cabinet, social bureau, kitchen and sanitary places. It has a weekly program. The residential center Oliver has been made available by the Foundation Oliver from Denmark and has a permanent program. Its beneficiaries consist especially of children without family or who left the family forever. The specific activities of these centers include emergency measures (food aid, medical care, monitoring of pregnant girls, body hygiene, protection of the child against abuses, violence or exploitation), educational measures (prevention of catching diseases and sexual education, family planning, health education, reading and writing, apprenticeship in carpentry and mechanics) and social work measures (identification of children and design of individual social projects, getting of child identity documents, defense during court actions, social inquiries, family, school or social-professional integration, social work for family in crisis or at risk).

In order to ensure the control and protection of the staff involved in such activities, it is necessary the acknowledgement of work carried out in the street and the statute of street social worker.

The Department for Child Protection together with the non-governmental organizations Save the Children, ASIS and FOC is implementing a project of street social work for children living in Bucharest. The team of street social work, comprising 16 social workers, is carrying out its activity in the street during day and night (in areas of Bucharest which are overcrowded by street children), thus maintaining the link with street children in order to know their medical and material problems. The team assists the children who have broken down their contact with the family to reintegrate themselves either into family or in specialized institutions.

The social workers develop educational activities, organize visits to museums, film watching, minimum school education. They distribute also information brochures about the UN Convention on Children's Rights. The social workers bring the children into day centers, are boarding them into minors' centers, inform the Commission for Minors' Care and try to reintegrate the children in the school. They know well what are the social, medical and educational services provided by the day centers or residential institutions (governmental or non-governmental). This project is based on the prerequisite that all street children have a social handicap caused by the lack of an educational framework and by the emotional and behavioral problems that are facing them. The street social work aims to reduce their number and prevent or decrease their behavioral disturbances (offence, child prostitution, etc.), but also to raise the awareness of decision-making institutions and public opinion concerning the necessity of social reintegration of street children.

The experience accumulated so far could be synthesized in a national strategy for the eradication of street children phenomenon.

Chap.13 Children with AIDS

13.1. An explosive phenomenon: causes and consequences

The children with HIV/AIDS represent one of the most worrying social problems of Romania. The absolute number of infected children does not render the severity of the situation, but by lack of chances and difficult living conditions confronting affected families. The costs of treatment imposed by the disease push families in a chronic state of poverty that generates family

tensions, family dismantling and even child abandonment.

Adding to these are the precarious nutrition, unwholesome housing with a big number of members living in a single room (5-6 persons), community stigma and discrimination (school, neighbors, workplace, territorial medical services) which determine the isolation of infected children and even the physical and moral molestation by other members of the community.

During 1985-1989, 43 AIDS cases in Romania were reported to the WHO. However, the real explosion of HIV/AIDS infection took place after 1990: 3,911 cases (3,556 children and 355 adults) were reported on 31 March 1996. About 52% of HIV/AIDS pediatric cases from Europe have occurred in Romania. Between 1985 and 30 September 1995, 1,262 deaths were registered (1,158 pediatric cases and 104 adult cases) while 2,291 people with AIDS were still alive (2,087 children and 204 adults). The situation of 47 people (33 children and 14 adults) out of those alive is not known.

Source: Ministry of Health, National Commission of Statistics

Children born in 1988-1989 run the greatest risk of being infected with the HIV virus. They represent the peak of iceberg known from an epidemiological, clinical and therapeutic point of view. The identification of this situation was allowed by the testing of children living in isolated communities of nurseries and pre-school children – awareness of pediatricians and increase of the responsibility of parents who are frequently in contact with the pediatrician.

The reasons explaining the pediatric infection are the following: degradation of sanitary assistance system during the socialist regime (transfusions with untested HIV-infected blood, incorrect sterilization of syringes), the policy of non-acknowledgement and even denial of people with AIDS during the former regime, limited capacities of diagnosis and epidemiological analysis, lack of information among medical doctors concerning AIDS (disease and epidemic), lack of AIDS-related issues in the curricula of medicine faculties (except for the courses on contagious diseases), lack of sanitary education and information among population concerning this disease.

At present, the number of newly diagnosed HIV infections caused by improper medical procedures is under slight decrease in comparison with 1991-1995.

However, the number of perinatal (from mother to child) infected children is increasing because of high incidence of HIV infection among young mothers, prostitution and lack of basic knowledge concerning the means to prevent the disease especially among poor population.

The number of registered HIV/AIDS cases is an unreliable indicator for the dimensions of the phenomenon. The real situation is much more serious taking into account the fact that the disease unleashes after several years as from the date of HIV infection, many infected people cannot be identified for different reasons. Possibilities of epidemiological control are limited yet.

It is estimated that there are 25-100 people infected with HIV per each person with AIDS. We would like to mention the fact that 60% of people with HIV will get AIDS after 12-13 years as from the date of infection and they will survive approximately 1-2 years as from the date of diagnosis. The survival period is dependent on the quality of life, psychic comfort, treatment and antiviral drugs. Statistics reveals only the visible, known and controlled part of AIDS iceberg.

13.2. Types of problems/insufficiencies

Medical problems:

- Coverage of a big number of children with AIDS by the dispensary programs for chronic diseases, thus generating a financial overburdening of the medical system.
- It is necessary to train medical doctors, nurses, and laboratory staff in the provision of proper medical care.
- The cost of providing special medicines to all infected children (for instance, AZT, antifungicides, antiviral drugs, performing antibiotics, etc.) is extremely high.
- The hospitalization of serious cases and the monitoring of ambulatory cases are very necessary.

Social problems:

- The need to ensure improved living conditions and adequate nutrition to these children. They often originate from disorganized families or from families with big social and financial difficulties;
- The need to educate the parents of these children on universal protection measures.

Psychological problems:

- It is necessary to change the attitude of all those in contact with these children in order to ensure their protection against social discrimination.
- It is necessary to motivate the care staff working in medical institutions.

Present reactions to the problem

Being confronted by a totally new problem in terms of its philosophy, epidemic pattern and extension, the Romanian society and medical services have reacted in a less organized way and in a very different manner. The social protection policies directed towards people with special needs do not comprise stipulations concerning HIV/AIDS-infected people, thus influencing in a negative way their life expectancy, quality of life, families and community.

What is specific to existing legislation is lack of stipulations concerning HIV infected people and lack of protection for any real need of people with HIV/AIDS and their families. The children infected with HIV or having AIDS are however wrongly included in the stipulations of the Law 53/92, according to which they are entitled to get a handicap certificate.

The average cost per HIV-infected child is estimated to reach yearly 2 million ROL while for a child with AIDS the cost amounts to 5.4 million ROL (1992-1993

prices). In industrialized countries, the cost of direct medical care for an individual with AIDS is estimated to 25,000-150,000 USD yearly (WHO, AIDS, no.8/1992).

Given the fact that the epidemic affected firstly the children of 0-9 years old, there was no concern as regards the reduction of active population and long medical leaves that might have affected the social insurance budget. This was probably the reason that AIDS was not perceived in its real dimension by responsible authorities.

- The Ministry of Health took in 1990 the following measures: provision of single-use syringes to pediatric hospitals, procurement of sanitary equipment, AZT and other drugs. It elaborated a range of internal orders to ensure the non-discriminatory medical assistance to patients; dissemination of measures for universal prevention especially to nurses through the organization of county-level courses within some programs organized in collaboration with UNICEF, PHARE, SOROS, ACET. Their effect after six years is a positive one: drastic decrease of HIV cases transmitted through the misuse of syringes and unsterilized medical equipment.
- The National AIDS Commission was not able to cope with the problem. Except the medical team, the bodies that are members of the commission are not involved visibly.
- The Ministry of Education regulated the non-discriminatory school enrolment of children. However, the stipulations of the law encounter difficulties in their observance in pre-school education and in schools.
- The State Secretariat for the Handicapped ensures the access of HIV/AIDS-infected people to the provisions of Law 53/92.
- Mass-media involvement in the education process against AIDS was sporadic and inadequate. It preferred to be focused on AIDS-related scandals rather than prevention means. During six years, the mass-media channels disseminated especially news related to children with AIDS and nosocomial AIDS. However, its informational message was inadequate, thus diminishing and embezzling the society attention from the real danger – sexual transmission among young adults through unprotected sexual intercourse.
- The local authorities create problems because of excessive bureaucracy in the provision of social benefits (according to Law no.67/1995) to eligible families infected with HIV/AIDS. The social benefit is however far below subsistence level.

13.3. For a national protection program of children with HIV/AIDS

The strategies conceived on the matter should be developed in two action directions. Delimitation

between medical and social domains is absolutely necessary.

First direction: the medical care should put the stress on dispensaries and the setting of day clinics (hospitals).

Romanian Angel Appeal Foundation is supervising two such clinics for children with AIDS in Constanta (from 1991, at Municipal Clinic Hospital) and in Bucharest (from 1994 at N.Gh.Lupu Hospital for which a grant of 75,000 ECU was provided by PHARE). The results of day clinics after five years of functioning consist in: the reduction of hospital stay and the avoidance of child separation from his family; prevention of abandonment; good quality of medical care; promotion of oral treatment rather than those based on injections; improvement of medical care through adequate staff training; the provision of a medical care that would provide maximum protection both for the patient and the staff; non-discriminatory practice and preservation of confidentiality; increase in the responsibility of medical staff and patients. The day clinics provide a range of medical services in rehabilitated buildings that include consultation and examination cabinets. Unlike other medical institutions in Romania, the efficiency of social services is acknowledged in these units. The social workers are working with the patients and their families (in hospital and community) for the identification of social needs and for the establishment of a permanent contact between the patient infected with HIV/his family and medical community.

Medical, educational (Portage system – stimulation according to different areas of development) and social activities are carried out to avoid the hospitalization and facilitate the return to home by the end of the day. The two clinics provide medical assistance to more than 900 children with HIV+. The evaluation of the programs demonstrated that the life expectancy of HIV-infected children has increased considerably (from several months to five years) as a result of the above-mentioned services. The average monthly cost for each clinic amounts to 7,300 USD per day. This amount covers medical and educational equipment, the staff wages, sanitary consumables, kits for lab testing, medicines and meals for the patients. The annual cost per child is 192 USD or 16 USD per month. The ordinary patient comes to the clinic at least once a month. The average cost of a hospitalization day in one of these clinics is 27 USD.

The efficiency of a day clinic is demonstrated and recommended at national level. Given the demographic concentration of phenomenon, it is necessary to set up such clinics in each university center (Bucharest, Cluj, Iasi, Targu Mures, Craiova, Timisoara plus neighbor areas) and areas seriously affected. In this way, the necessary medical services related to AIDS would be able to cover all country regions and cope efficiently with the problems generated by this disease. At present, there are such day clinics (hospitals) in Bucharest, Constanta, Giurgiu and an initiative in Craiova. The system of day clinics would allow the more efficient use of time spent in the hospital through monitoring the patients' evolution by the means of a computerized database and a more efficient planning of hospital visits paid by the patients. At present, 60% of financial responsibility has been taken over by the Ministry of Health.

The studies carried out by the Romanian Angel Appeal Foundation confirmed that the medical care system provided by the day clinics in Bucharest and Constanta represent the optimal way of coping with HIV-infected children or with those affected by other contagious diseases who do not require hospitalization.

Second direction: In the field of social protection, the accent should be put on the development of community

support, increase of local responsibilities, as AIDS is a problem that affects the whole community.

Social protection of HIV infected children it's neither the responsibility nor the competency of the Ministry of Health, as it was considered for more than ten years. This problem shouldn't be neglected as far as the rate of infection at children is still increasing, this fact being in contradiction with the situation in other European countries. We suggest, therefore, that, as a part of the general social protection system, the phenomenon of HIV/AIDS would benefit of special attention. The increase in life expectancy depends directly on the quality of life and the psychological comfort, nutrition quality, etc. The death of infected children is a traumatic event for the family and therefore we consider as a moral and legal responsibility of the state the development of social programs on the issue. A special consideration should be given to financial support of the families with HIV+ children, due to the reality that for most of these families it is almost impossible to ensure a decent life standard to these children.

The Romanian civil society, with the support of some international agencies such as UNICEF, USAID, SOROS, PHARE, EC, developed some very important programs on the issue. The need for continuing these

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experiences proves, on one hand, the lack of involvement of the state in social protection and, on the other hand, the extent and the severity of the phenomenon. Most of the protective measures for these children are ensured by non-governmental organizations.

In the social area, the development of a national protective strategy for HIV+ children needs to have the following components:

Component 1:

Provision of social services to all the families that are affected by the disease. This requirement should be fulfilled both at the clinic and in the community. Social work projects, developed by various non-governmental organizations (Romanian Angel Appeal, Health Aid Romania, Holt International – with the support of USAID, UNICEF, etc.), in hospitals from Bucharest, Constanta, Giurgiu, Craiova prove the usefulness of the service. We propose the development of social work services within the medical care network and the provision of financial incentives to professionals (medical doctors, social workers) who are working in such clinic. The social work service is ensuring the mediation between the medical doctor and the community whose member is the patient. In the center of this reciprocal relations, there is the complex of needs of children and families affected by this scourge (avoidance of marginalization through social and school integration, coverage of nutritional needs, provision of specialized medical care, coverage of affiliation and affection needs, etc.). Besides medical sciences that assist the AIDS-infected people, it is necessary to involve the psychosocial sciences, specialists in the

provision of social and human services: psychologists, sociologists, social workers, and counselors. The social workers that are working with people infected by this pandemic disease make use of similar professional skills necessary for the delivery of social work services to other groups of people. However, epidemiological, prevention and control, legislative and therapeutic knowledge is essential. The design of projects directed towards individual, couple or family intervention should consider the cultural perception of the disease. The social worker has essential knowledge concerning a certain category of services, psychosocial and medical resources, and existing facilities outside institutions, organizations implementing support programs for these children, support groups and organizations providing ambulatory care.

Component 2:

Economic support for families affected by the disease through increase in the level of state child allowances and companion benefit provided according to Law no.53/1990 so as to ensure at least a partial coverage of care costs for children with HIV+.

The project implemented by **International Children Care** organization from Canada provides substantial financial support to 30 families affected by AIDS from Bucharest. They are the poorest families of this category.

Component 3:

Alternatives to institutionalization for HIV+ children who have been abandoned in the hospitals and are likely to be institutionalized.

It is worth mentioning in this context the program **"Family-type houses"** developed by **Save the Children, Health AID Romania** in collaboration with **Child Protection Department, Ministry of Education, Ministry of Health, other non-governmental organizations**. The program started to be implemented in Bucharest since 1990. Children with HIV+ that were abandoned in Colentina Hospital from Bucharest represent the target population. At present, there are 37 children (abandoned in hospital) with AIDS living in these houses. Children are living together with care staff (house parents) in six units (four in Bucharest and two in Snagov). The project was based on the certitude that these children should not live in hospitals only because they are carrying the HIV virus. Instead, the hospital should be considered in case of medical reasons. Children do benefit of education, care, and parental love as any other children. Such views are reflected in "Tender Loving Care" concept. It represents an alternative to the institutionalization of children with HIV+ and consists of: improved quality of hygienic and medical facilities, care and feeding; new care model based on love and tenderness; normalization of lifestyle for HIV-infected children; integration into community of these children and increase in their life expectancy. The houses are arranged in such a manner so as to reproduce family housing conditions provided to usual children. The staff of each house includes the social mother and auxiliary personnel. An unusual but positive aspect is represented by the presence of father in the respective micro-community. The husband of social mother (without being employed) or a member of the staff assumes the role of the father. Each family has boys and girls of different ages. Children themselves are involved in household work according to their possibilities, thus enhancing the cohesion and family nature of the group. The feeding program is a dominant concern: children are provided with good food, rich in vitamins and in sufficient quantity; they can get supplementary food on request. There is a constant preoccupation in preserving the contact with the families of abandoned children and re-establish dismantled affective relationships. The program provides for educational courses similar to those performed in state schools, courses, seminars and conferences for staff training and professional upgrading. This care model is new for Romania, but due to its efficiency the Ministry of Education has taken over a part of its costs.

Component 4:

Health education and improvement of information exchange between care institutions, local authorities

and direct beneficiaries. Information campaigns can contribute to the modification of social perception and can sharply reduce discrimination and stigmatization of infected people.

As concerns education and informational development in the sector, UNICEF and the Romanian Foundation Romanian Angel Appeal have developed in 1996 a long-term program called **"Romanian Forum for the Children and Families affected by HIV/AIDS"**. The program aims to improve the exchange of information and collaboration between national and international institutions involved in this sector; to facilitate communication between organizations, institutions and authorities activating in the field of health, education and social work for the benefit of the children and families affected by HIV/AIDS; to encourage common projects and dissemination of standards to be used in the activity of these organizations and institutions; to identify the needs and propose priorities as concerns HIV/AIDS-related activities; to promote the rights and opinions of children infected by HIV/AIDS. The Forum will become a Romanian association and will provide: periodicals or occasional publications (newsletter, catalogue of alternative services and resources); an updated, internationally-compatible database; organization of multidisciplinary meetings; library and video collection; mediation activities between representatives of civil society and authorities; know-how transfer and training opportunities.

Health education should be provided to both professionals and community.

UNICEF is developing in collaboration with *Health Aid Romania* such **Program of Health Education in primary schools from Bucharest**. Ministry of Health, Ministry of Education and other non-governmental organizations are also involved. The stress has been initially put on personalizing the methods for teaching and evaluation of hygiene in the schools. The program provides for educational materials (sexual education, drugs abuse, prevention of HIV/AIDS and other diseases transmitted through sexual contact), working books for children, consultations of parents concerning the content of the textbooks used by the teachers. The media is involved as well (radio, educational posters). The program is being carried out in 10 schools from Bucharest (different areas and 7-11 age group). Education is provided in a cascade manner, one of the objectives being the elimination of discrimination and reception of HIV+ – infected children in school.

We would also mention the project UNICEF – ACET carried out in 1994 in many counties of the country for public information and education on the complex aspects of AIDS disease. Notable is the publication of textbook for kindergartens and primary school called **"HIV/AIDS Curriculum"** edited with the support of UNICEF and USAID.

Such information campaigns should be carried out by state institutions (ministries, television, etc.).

Component 5

Reception of children with HIV+ in normal schools. We draw the attention of the Ministry of Education on the risk of social stigmatization in case of setting up special classes for children with HIV/AIDS. The home-

learning alternative can be considered in case of medical problems or risk of spreading infection due to skin eruptions or open wound.

Component 6

Prevention of HIV/AIDS is an issue of individual and community responsibility, which should be encouraged.

The Romanian Association against AIDS has a national office in Bucharest and three regional offices in Constanta, Piatra Neamt and Iasi. It is affiliated to EUROCASO (European Council of AIDS Service Organizations), is recognized by WHO – Europe desk and is member of similar international associations from USA, Great Britain, Canada, Switzerland. It is supported by USAID, SOROS, Canadian Embassy, USA Embassy, WHO.

The most important departments are the following: prevention, counseling, editing and production of materials, training, and public relations. The most important programs developed so far include: hot-line, project of names, social work services, prevention activities in high schools and at national level, training of volunteers. The activities carried out by the association refer to the production of posters and information materials with the support of students of Architecture and Fine Arts faculties, shows with Romanian and foreign artists, distribution of information materials and condoms, translation of movies to be broadcasted, information sessions in schools and dispensaries, summer and winter education campaigns, press releases and interviews for mass-media, press conferences organized on different occasions (International AIDS Day), etc.

The efforts of civil society for the prevention of this pandemic disease represent an argument for the development of such projects by state institutions.

The components detailed above might constitute a coherent program for the protection of children with HIV/AIDS. Such program should be understood and implemented by the Government through the body

charged with social protection of the child and family. The development of such program is imposed by the negative individual, family and community consequences of AIDS and by the increase in AIDS pediatric cases (a matter of serious concern in comparison with other European countries).

Efficient local initiatives have been reported so far.

We would mention the **Community Strategy of Constanta county** that aims to solve the medical and social problems of HIV/AIDS-infected children. Dr. Rodica Matusa coordinates the program, from Constanta Municipal Hospital. The application of different models for supervision and care of children infected with HIV virus are related to each specific situation of the child (abandoned child, child looked after in family), clinical and evolving diagnosis, age and special emerging problems. The supervision of HIV-infected children is carried out in hospital or through weekly visits paid in the county by an experienced team of specialists (medical doctors, counselors, social workers, and education personnel). The program comprises the following elements:

Hospital section "AIDS Contagious Diseases"

- ◆ Hospitalization (evolving diagnosis, acute infections, terminal phase, etc.).
- ◆ Counseling (pre and post-examination, periodical supervision).
- ◆ Social work (information, community visits, casuistry registration, collaboration with different institutions and bodies).
- ◆ Education (4 classes of kindergarten as from 1992, 2 school first-class facilities, game therapy).
- ◆ Entertaining and educational trips (in the mountains, seaside, puppet theatre, dolphinarium), training of educational staff (pedagogues, teachers, professors) and medical personnel of the county, meetings with pupils of all high schools from Constanta, with students and police staff, periodic information and educational articles in local press, weekly television and radio broadcasts.

Day Hospital "Floarea Soarelui" (Sunflower)

- ◆ It is functioning as from 1991 and it is financed by **Romanian Angel Appeal** (NGO). Its activity is carried out in the Municipal Hospital and on the field (Medgidia, Mangalia, Harsova, Baneasa, Cernavoda). It avoids therefore the breaking of the contact with the family and contributes to the substantial reduction of time spent in hospital. Child institutionalization is prevented, the model is cheaper, more comfortable and pleasant for the patient.
- ◆ Approximately 600 children are monitored.
- ◆ Services provided: monthly clinical evaluation, clinical examination for inter-current acute diseases, full neurological examination at 3 months old, Denver test for the assessment of psycho-motion development, paraclinical and laboratory evaluation, specialized examinations, curative and prophylactic treatments, administration of immunoglobulin, AZT, social work services, Portage educational program.

Casa Speranța (Hope House)

- ◆ Set up by Starcross Community / Morning Glory House, an American monastic community.
- ◆ Family-type care institution for children abandoned and infected with HIV/AIDS. It has been functioning since 1991 and has 30 children distributed in six 5-children families and each child to one-two mothers. An apartment is provided for each family: children's bedroom, mother's bedroom, living room, and dining room. Kitchen, toilette, washing room, chapel, game place and educational halls are common. School-age children attend the normal school located in the headquarters. The education method used is Montessori for pre-school children.
- ◆ Model which provide love, attention, permanent supervision, spiritual assistance, terminal assistance and preparation for death to abandoned child.
- ◆ Trips, visits, theatre, confectionery, walks.
- ◆ Improved quality of life.
- ◆ At present, 25% of annual budget is provided by the Ministry of Health through the Municipal Hospital in the form of housing, maintenance costs, running water, telephone, electricity, sanitation, wages for 45% of staff, food and clothing allowances, consumables, medical assistance, certain medicines.

Other components of the program:

- ◆ *Holiday House "Ștefania"* – Kogalniceanu.
- ◆ *Rachel House* – Ovidiu.
- ◆ *Hospice and "St Laurence" school* – Cernavoda.
- ◆ *The Post-Cure III Medeea*.

The relevant authorities have taken over some costs of this program.

It is also worth mentioning the **Community Program from Craiova** (Dr. Augustin Cupsa – Hospital no.3, Craiova, organization Save the Children, Red Barnet, other non-governmental organizations).

The social protection program for children with HIV+ should be designed and coordinated by a special body in charge of general child protection rather than health

directorates. The experience and competence of specialists in AIDS should be nevertheless known and used.

Chap. 14 Disabled Children

The state parties acknowledge the fact that they have to ensure to children with physical and/or mental disabilities a full and decent living in conditions able to guarantee their dignity, favor their autonomy and facilitate their active participation into the community life.

Convention on children's rights adopted by the General Assembly of United Nations on 20 November 1989 and ratified by Romania through Law 18/1990.

At international level, the disabled child is considered a potential rather than a burden. Such view is materialized in legislation and attitudes, the children being accepted by the society and stimulated to participate into the social life as present and future citizens with full rights.

All those involved in supporting the disabled children, professionals and parents, agree that it is high time for Romania to join the countries which make notable efforts to provide to these children optimal living and development conditions through the promotion of social policies able to cope adequately with their needs rather than to raise additional problems.

14.1. Conceptual clarifications

Before presenting the situation of disabled children, it is necessary to establish a clear conceptual framework allowing the proper understanding of terminology used in this chapter. Such terminology has been taken over from the official documents¹ of the World Health Organization and United Nations. It is not all the time similar to that used in Romania. The international terminology on the matter has to be adopted by us as well in order to eliminate the negative connotations of words "handicapped", "invalid", "retarded" which are frequently used in relation to disabled children in our country.

The deficiency can be defined as an organic and/or functional limitation of the natural capacity of an individual to adapt to the physical environment.

The disability is the limitation of natural capacity of an individual at action and personal level to adapt to the requirements of the physical and social environment. The disability may be a result of a deficiency, but not necessarily.

The handicap can be defined as a social functional limitation of the natural capacity of an individual to adapt to the social environment. The handicap is the possible result (but not necessarily) of a deficiency and/or disability. It is caused by the hardening of optimal interaction between the individual and his social environment as a result of physic, social and cultural barriers that hinder his access to social life as any other citizen. Therefore, **the handicap shows up only within the relation individual-social environment and limits the participation into social life.** The handicap shows up when the social environment is unable to meet the complex needs of a disabled person or is insensitive to these needs.

In some countries, the report between the number of people with handicap and the number of people with different types of deficiencies is sub-unitary, because of the social support programs that have been developed.

In Romania, the same report is almost unitary, because the handicapped people should make a lot of efforts to surpass the social environment hurdles.

According to the terminology mentioned, we can define:

Prevention, as a set of measures able to prevent the occurrence of physic, psychological and social deficiencies and their consequences in the form of disability and/or handicap.

In fact, prevention in case of disabled children should have three components given the conceptual differences mentioned above:

- ◆ Prevention of deficiencies – which is linked mostly to the promotion of health and health education programs for parents (future parents) and children, like family planning and vaccination programs.
- ◆ Prevention of disabilities – which could be done through programs of education and development of individual capacities of children facing difficulties in their preparation for adulthood.
- ◆ Prevention of handicap – which could be done by taking measures for the adaptation and awareness of physical and social environment to the general needs generated by deficiencies and/or disabilities.

The three types of prevention have different action frameworks: the prevention of deficiencies is done within the public health services, the prevention of disabilities and/or handicap is done within the educational and social services.

¹ "A Manual of Classification relating to the consequences of diseases", Geneva World Health Organization, 1980 and "United Nations Decade of Disabled Persons", 1983-1992, "Disability: situation and policies", United Nations, 1986.

We have not used intentionally the notion "normal" to define in contrast the concepts of handicap, deficiency or disability. The disabled children should not be compared to "normal" children. Instead, they should be considered as those "normal", their needs being more complex rather than special. Their inclusion into categories, like deficient or handicapped, is not for their direct benefit. They are first of all children with similar needs of growing, development, stimulation, education and affection like the other children who enjoy the full physical and psychic capacity of adaptation to environment.

14.2. The disabled children during the socialist regime

The period between 1945-1989 meant for the disabled children and their parents the confrontation with many problems because of the reduced concern of the socialist state as regards their situation.

Their situation was ameliorated by the social work services provided to families with disabled children until 1969. The social work services were provided by many categories of specialists and oriented towards the material and emotional support for family in order to develop the best living conditions for children.

During that period, the accent has put on the development of children's skills necessary for to carry out a productive activity. Integration in such activity was considered to mean his social integration.

It was considered that the children with medium and severe learning difficulties (corresponding to imbeciles and idiots) lack the capacities for being educated and recovered.

While institutionalization of children without deficiencies was done only in case of inefficiency of other means of assistance, it represented most of the time the single alternative for children with severe and/or multiple deficiencies.

The Tutelary Authority functioning around the executive committees of People's Councils took the decision of institutionalization.

After 1969, the network of social work services and the profession of social worker were dismantled. Children with deficiencies (especially those with medium and severe deficiencies) became "raw material" for care institutions, Commissions for Minors' Care and Commission of Diagnosis and Triage whose activity was regulated by the adoption of Law 3/1970 concerning the protection of some categories of minors.

14.2.1. The analysis of Law 3/1970 as concerns the welfare of disabled children

Children with deficiencies represent a category protected by state according to Law 3/1970, art.1 letter b: "being deficient, they need special care which cannot be ensured by the family".

The single care measure for deficient children was institutionalization according to the above-mentioned law (art.5). The decision of institutionalization was taken by the newly set up **Commission for Minors' Care (CMC)** following the suggestion and recommendation of some teams of medical doctors and of Tutelary Authority. It was organized around the county and Bucharest People's Councils on the basis of art.12 of Law 3/1970. Among other tasks, this commission was in charged with taking decisions concerning the care measures for deficient children, monitoring the respective minors (but there were no details in the law concerning the ways of carrying it out and the responsible bodies) and examining the possible complaints concerning the care measures which were decided.

As already mentioned, the single available care measure in case of disabled children was their placement in one of the following institutions: a) nurseries for children aged 0-3; b) pre-school children homes (till 7 years old) and school children homes (till 18 years old); c) kindergartens and schools for recoverable deficient children; d) special vocational and high schools for recoverable deficient children; e) school homes and workshop homes for recoverable deficient children; f) homes for irrecoverable deficient children.

Problems related to the composition and functioning of CMC:

As concerns disabled children, the CMC was charged of taking decisions concerning the placement of the child in one of the care institutions mentioned above. Such decision has irrevocably influenced the life of the child and of his family. The decision has been taken on the basis of information related to the child and his family that was collected by unqualified staff – the social inquiry required by the law being completed by civil servants of local authority, sometimes by even using the telephone. The social inquiry is frequently a piece of paper registering the name and functions of those who demanded it, the name and function of those who carried it out, the name of the child and of parents, address, the legal status of family, family incomes and housing conditions. In fortunate cases, such information is registered in the papers of social inquiry. It is considered that such social inquiry is sufficient for the provision of a clear image concerning the living conditions of the child at home and the family capacity of taking care of him.

The most significant proportion in taking the decision was held by the recommendation issued by the Commission of Diagnosis and Triage (in case of children aged 3-14) or that issued by the Commission of Expertise of Working Ability (in case of children above 14 years old).

The main deficiency of the system was related to the fact that the decision of institutionalization was taken by officials who had an insufficient (or most often, lack of) knowledge of the respective child. **The relationship between the decision-maker and the child was mediated and blocked by the child file, including a brief and unprofessional social inquiry, a lot of medical fiches and certificates.**

Unfortunately, the decisions have been taken in haste and without being backed by sufficient information.

Parents were able to participate in the decision during the periodical meetings of the commission provided that their attendance was considered necessary. They were obliged to be present when the decision was communicated. Disabled children were very rarely asked to meet the commission, because they were considered as lacking a sufficient discernment.

Parents are informed about the decision, but without explaining its reasons or possible advantages, disadvantages and consequences.

The decisions of institutionalization can be hardly considered to be in the interest of the child. There is no efficient modality to assess the needs of disabled children or those of their family. Despite the indications

of the social inquiry according to which institutionalization might be traumatizing for the child, the decision was however the same given the lack of alternatives.

... F.M. of 4 years old has a slight mental retard and is living with his mother and two brothers in relatively good conditions. He has behavioral disturbances. He has a strong link with his mother and is afraid of living without her.

... CMC recommends the placement in the home of pre-school children and bimonthly visits.

(Excerpt from the file of F.M., 1984)

In very many cases, information on the child has referred exclusively to deficiencies, lack of capacities, limitations without presenting **the development potential of the child.**

The Commission of Diagnosis and Triage (CDT) has provided most information concerning the disabled children that were instrumental for CMC in taking its decisions.

CDTs have functioned on the basis of Decision 6/1968 of the Ministry of Education. The tasks of the Commission organized around the County Sanitary Inspectorates and Bucharest Sanitary Inspectorate were described in the methodological guidelines of Central Commission for Minors' Care concerning issued for the enforcement of Law 3/1970. The tasks comprise the following:

- ◆ The assessment of the degree and type of deficiency for minors under 14 years old who suffer of psychic, physical and sensorial deficiencies and who cannot be looked after in their family.
- ◆ The identification of care institution for the placement of minor, if required.

Medical doctors staffed the Commissions of Diagnosis and Triage: pediatricians, doctors of infantile neuropsychiatry, orthopedists, ophthalmologists, and sometimes psychologists. Their aim was the triage² and the assignment of three degrees to deficient minors: recoverable, partially recoverable and irrecoverable.

Children considered by the CDT as being recoverable or partially recoverable were directed towards open education units or to boarding schools.

Until 1989, many institutions were set up especially at the periphery of localities, in almost full isolation from community and at big distance from the domicile of children. The living conditions were reaching the promiscuity. The buildings were improper and dirty, lacking hygienic-sanitary facilities. The staff was insufficient and unqualified. The daily food ratio represented only one third of the optimum level (700-800 calories in comparison with 2,400 calories necessary for a child each day)³. The conditions were worse in case of "irrecoverable children" who were incapable of performing activities in the public benefit.

² The word "triage" is coming from French, meaning "to sort in 3 categories".

³ See "Asistența socială în România" (Social work in Romania), Editura Institutului Biblic, București, 1992, page 22.

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Children considered as being irrecoverable were placed into permanent, closed institutions, namely the 28 hospital homes with 4,000 places for children with multiple handicaps.

Children considered "irrecoverable" and "uneducable" were not educated in these institutions for many reasons: lack of staff preoccupation, insufficient and non-existent staff training, insufficient number of caring and educational staff, lack of educational facilities.

Sometimes, medical nurses represented the most trained staff in hospital homes.

For irrecoverable children living in their family, there was no available form of home education. The single educators were their parents, sporadically supported by professionals. Parents were alone in front of difficulties related to raising a disabled child. Sometimes, they preferred to keep secret the deficiency of the child (or even the child) because of threat of institutionalization or of community stigma.

According to the conclusions of interviews carried out before 1989 with 20 parents whose children were born with psychomotor deficiencies or who got them until the age of 2:

- ◆ The medical doctor communicated the news related to deficiency of the child to the parents.
- ◆ The medical doctors have confirmed from the very beginning that the deficiency is irrecoverable, the children would never be "normal" and therefore the best decision would be to place them in hospital homes.

Parents however took fully the responsibility of raising and educating their children, some of them even managing to learn the children to walk and talk, results which were considered impossible by the medical doctors. When children reached the school age, parents tried to get access to special schools for their children, but they were refused for different reasons.

Parents, who represent the single available support for children, are especially concerned of future.

The recoverable children with medium sensorial or motor deficiencies attended the primary and lower secondary schools or were institutionalized in hospital homes until the graduation of compulsory education (art.7, paragraph 1). Children in special schools were learning following adapted curricula and with the support of qualified staff.

According to paragraph 4 of the same article, the irrecoverable minor remained in the home for deficient children until the age of 18.

Conclusions:

- During period 1945-1989, disabled children were not a category of concern for the socialist state. The birth of a disabled child in a family was considered a negative event the family being encouraged to take benefit of care institutions. Such decision was strengthened by Law 3/1970, which foresaw the institutional measure in case of children with deficiencies not able to be looked after in the family.
- The family was not supported from a material point of view. Similarly, there were no services provided to the family in line with its needs or child needs.
- The deficient child was first of all considered as being deficient and only afterwards child as such.
- The medicalization of addressing the needs of these children has led to the induction of severe handicaps in case of a very large number of children, who would have been otherwise able to become autonomous through the provision of adequate stimulation and care.
- The medical and educational needs were improperly met while the affective ones were almost ignored. In the special case of disabled children, the lack of attention concerning affective needs has led to retard in the psychosomatic development and functional retard caused by deficiency.
- The situation has worsened after the elimination of professions such as that of social worker, psychologist and sociologist.

The result:

Disabled children were socially invisible, the public opinion being shocked after 1990 when informed about the big number of institutionalized children living in promiscuous conditions. The 1990 situation was characterized by the following data:

- ◆ 3,354 children in hospital homes for minors (at present, 3,965 children with severe deficiencies living in 26 hospital homes) – source: State Secretariat for the Handicapped.
- ◆ 594 children in occupational homes.
- ◆ 2,971 children in school-homes.

According to data mentioned above, the highest proportion of children in residential care is held by those in hospital homes, meaning the children considered as being irrecoverable.

- ◆ A mentality has developed according to which these children cannot be useful, are not able to acquire skills and knowledge so as to enjoy the attention of society. They are considered to be just sick children, the medical needs having priority compared to educational and affective ones.
- ◆ Romania has therefore infringed upon the right of disabled children to life, development, family, education and a decent standard of living.

14.3. The situation of disabled children after 1989

14.3.1. General framework

During the last seven years after the revolution, the number of disabled children has not been modified too much. At present, most of residential and semi-residential institutions for disabled children are fully occupied. The number of institutionalized children has not decreased. There are however notable progresses in the activity of special and mainstream education units.

Most of disabled children have to overcome all types of handicaps because of the barriers raised by their living environment.

While the number of disabled children has not modified, their quality of life registered some improvements. The state made efforts to improve the living conditions of residential institutions by allocating funds for repair and hygiene and increasing the budgets for foodstuffs, individual equipment, transport for institutionalized children (Decree Law 138/1990). The number of personnel was increased. These efforts were however not accompanied by the improvement of attitude concerning the needs of these children for affection, stimulation and preparation for an independent life.

Children in families have benefited of the provisions of a protection law, but especially of the activity performed by some non-governmental organizations set up by parents.

Disabled children have still needs that have not been met. Meeting these needs should not exclude parents. Disabled children need first of all to be treated as any other children. They need complete medical, but also educational and social services. None of these needs enjoys more importance in comparison with the others, the child being a complex individual rather than a list of diagnosis, deficiencies and lack of capacities.

14.3.2. The legislative framework

The public attitudinal changes concerning the problems of disabled people were followed and supported by legislative amendments that provided substance and structure to the effort of changing something in the life of these people.

The acknowledgement of the existence of disabled people and of their needs as well as the state responsibility for their welfare was done with the adoption of Constitution in 1992:

The handicapped people enjoy special protection. The state ensures the implementation of a national policy of prevention, treatment, re-adaptation, education, training and social integration of the handicapped by observing the rights and duties of parents and legal guardians.

Art.46, Constitution of Romania

This article acknowledges officially that parents and family are the most adequate living environment for the handicapped, the need for a coherent and targeted policy aimed to improve the quality of life of these individuals.

The most significant legislative change was the adoption in 1992 of Law 53 concerning the special protection of the handicapped. This law represents only a starting point. **It provides too little opportunities for the opening and awareness of environment as regards the needs of people with disabilities.** The law is missing the notions able to enhance the independence degree of the handicapped and to provide adequate opportunities for a dignified life.

The analysis of Law 53/1992 and recommendations for amendment

This analysis is focused on the needs and interests of disabled children (living both in their families and in institutions) and their coverage by the law.

The law is a direct reflection of the political and economic situation of the country in 1992. The intention was to provide the rehabilitation to an extremely disadvantaged category, but the attitude on handicapped person before 1989 has influenced the whole legislative text.

The most controversial article of the law⁴ is exactly **article 1, paragraph 1.**

According to the law, the handicapped people mean those individuals with sensorial, physical or mental deficiencies who cannot integrate themselves (fully or partially, temporarily or permanently) into the social and professional life, thus being in need of special protection.

⁴ See "Evaluare asupra aplicării Legii 53/1992 privind protecția specială a persoanelor handicapate", edited by the Association for the support of physically handicapped children – Romania, page 4.

This definition:

- Is part of those definitions of the handicap that **focus on the inability of the person to adapt to the environment and less on the environment which produces the handicap through its lack of adaptation to the needs of disabled people**, as suggested by the WHO definition of the handicap in 1982.
- **Preserves the negative connotations** of the concept of handicapped person and puts a stigma on these people.
- Suggests that **the responsibility of compensating the handicap relies fully with the individual**. "The welfare provided by the integration in social and professional life is the result of personal efforts of adaptation to the demand and supply of environment". This kind of approach does not serve the interest of the target group and should be, therefore, modified, according to WHO and UN documents, but especially according to the need of disabled people to be perceived as active entities, able to decide and live an independent life given that social environment effort completes the individual one.

We suggest the following definition: *«People with handicap are the children or adults who, because of some sensorial, physical or mental deficiencies and/or some physical, moral, social, economic, technological barriers, are not able to participate temporarily,*

partially or permanently in the social and professional life, thus being in need of specific support measures.»

The handicap is not an attribute of a person, but of his relation with the environment. This matter should be clarified.

Paragraph 2 of the same article regulates the classification of handicapped people in categories, this being is required for the establishment of eligibility for getting different forms of support according to the law. The classification of children is done by the same CDT for children aged 0-14 and by the Commissions of Expertise of Working Ability for children aged 14-18, **preserving in this way the medical approach of the problems confronting the disabled children.**

Handicap and disability are not diseases, but rather possible consequences of some diseases. Therefore, the medical doctors staffing the commission of diagnosis and triage should not establish the degree of the handicap. As mentioned earlier, **the exclusive or predominant medical approach is not in the interest of the child and it is not fully meeting his/her needs.**

The law **preserves the triage of children** who are classified into: **handicapped degree I** – corresponding to severe handicap, **handicapped degree II** – corresponding to moderate handicap and **handicapped degree III** – corresponding to slight handicap from a physical, mental, audio and visual point of view (table 14.1).

Table 14.1

The distribution of disabled children on degrees and types of handicap

Type of handicap	Total	Handicap degree I	Handicap degree II	Handicap degree III
Full	43,476	18,124	14,733	10,619
Physic	18,441	7,648	6,848	3,945
Mental	20,922	9,658	6,544	4,720
Audio	2,178	283	681	1,214
Visual	1,935	535	660	740

Source: State Secretariat for the Handicapped, 1996.

As one could notice from table 14.1, most of children with certificate of handicapped have mental deficiencies. It would therefore be logical to provide to them support services in line with their needs such as day centers, rehabilitation programs, temporary specialized care outside the family (respite care). The problem is that these services are provided sporadically and following some subjective criteria (for instance, the need to be member of the non-governmental organization which is delivering this type of services).

The certificate of handicapped, issued after triage ensures the eligibility of the child to one of the social protection measures. The certificate has normally a validity of one year and should be prolonged after this period.

Parents do not have access to the procedures leading the classification or to information related to the diseases

and deficiencies that include the child into a certain degree of handicap. Many times, they are not satisfied with the decisions taken, but they do not dispute them.

The following questions are raised by this certificate:

- ◆ Which needs of the child are covered by this certificate, how is the certificate reducing the handicap given the fact that it comprise a diagnosis and possibly the IQ rather than an evaluation of needs and possibilities of meeting them?
- ◆ What information can the certificate deliver concerning the potential of growth and development of the child?
- ◆ What details are provided by the certificate concerning the needs of the family raising the child and which influence his development?

For future, we suggest the following as concerns the establishment of disabled children's eligibility to different support provisions:

The certificate should be replaced by **an assessment form and/or declaration of needs**, as **formal acknowledgement** of complex needs of a disabled child, but also as **contractual document of state commitment to contribute, according to the law and the available resources, to the meeting of these needs (which should also include the family needs, family-child unity being indissoluble).**

The assessment of complex (not necessarily special) needs should be done within a deadline of one month since the request (taking into account the necessary time for observing the child in his family and school environment, for collecting information from parents and specialists involved in his caring). *The assessment* should be done by a **multidisciplinary team**, coordinated by a social worker and composed of medical doctors (of the child, as a preference), psychologist, psycho-pedagogue, occupational therapist, educator, teacher, other professors (as required). *The assessment* should be done in partnership with parents, taking into account the multitude of information that could be provided by them.

The social worker should co-ordinate the assessment, as he is the professional who has an integral and integrated perspective upon the child, his superior interest, full complex of needs. The social worker ensures the guarantee that the assessment is done in the

interest of the child development and growth, so that none of his needs would be approached from a predominant medical perspective. The medical diagnosis and the intelligence coefficient are relevant only if they highlight some specific needs.

The assessment form should identify the capacities of the child and contain a realistic image on the child, insist on needs and hurdles raised by environment which lower the possibilities of coping with the respective needs.

The assessment should be followed by **the elaboration of an individualized care planning and recommendations** including: timing for its implementation, responsibilities (of parents and specialists), **dates and forms of re-evaluation so as to ensure a permanent updating of the plan to the dynamics of needs.**

The plan should comprise a strategy for the limitation of disability effects upon the biological capacity of growing and development of the child. This could be done through the elimination of family, educational, social and material barriers.

The plan should consider all needs, from the basic needs of self-service to affection needs, contacts with peers. This assessment service is an example of social service designed exclusively to achieve the equalization of chances of people with disabilities.

The quantification of needs could be done in a differentiated way by using a system of points allocated to each need. In this way, the universal legal provisions would be individualized.

For instance, the transportation needs differ from one case to another. There are children with severe handicap who cannot benefit of free public transportation, but of taxi transportation. A predefined number of points assigned to transportation needs would facilitate the access to weekly or bimonthly use of taxi by the child and his companion.

The degree of handicap should acknowledge and reflect the living conditions, housing adaptation to needs, geographical and social isolation, access to different services.

Each difficulty confronting the child should be quantified in a number of points. Funds could be allocated according to the points for covering the needs.

Degrees of handicap: there should be more than 3, although it would be desirable their replacement with

other forms of reflecting needs for a better individualization of support measures; they should correspond to certain financial resources allocated according to these needs.

The multidisciplinary teams of assessment should **go and see the child in his living environment, observe him directly, communicate with the child, irrespective of the severity of disability, taking into the account the fact that each gesture speaks about**

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him and about his needs. This team should treat the disabled child, first and foremost as a **CHILD**. The team should take into account that, irrespective of the severity of learning difficulties, the child can learn.

The final objective of the individualized care plan, of measures and recommendations, should be the preparation for an independent adulthood.

Children should be evaluated as early as possible, once deficiencies manifest themselves and irrespective of age. At present, the CDT classifies children aged 0-14,

while the Commissions of Expertise of Working Ability classify children aged 14-18 according to the degree of handicap. The latter function within the territorial polyclinics according to the same legislative stipulations (art.1, paragraph 2). Usually, these commissions identify the activities that can be performed by the young person, but are not concerned of supporting him to prepare for adulthood. The disabled teenager could also benefit of a plan of needs assessment and their coverage that might reduce his own and his parents' fear in front of the future.

The discussions with parents having disabled children made obvious their fear as concerns the future and a question that should not be rhetorical:

"What will happen with my child after my death, who will look after him and who will love him?"

As noted above, the CDTs are in charge of establishing the type and degree of handicap, but also the type of care.

As concerns this article, we suggest that institutionalization should represent a last resort, only after all other support methods were exhausted. Additionally, it should be accompanied by an individual plan of meeting the needs of the child in institution, including the contact with the biological family or the placement into another family, recommendations for an independent future of the child. Institutionalization should last as short as possible and should be made in the following cases: a) when the severity of deficiency requires specific medical care which cannot be provided at home; b) when the life, welfare and development of the child are at risk in the family (the family is not able to look after the child, the child is/might be abused).

The multidisciplinary teams of assessment could function within the territorial inspectorates for the handicapped or, in the future, within the departments of social services.

Article 2 of the law provides clarifications concerning the objectives of the legislative text and the modalities of reaching them:

The social protection measures foreseen in the law aim to prevent, ameliorate, eliminate the professional, economic and social consequences of the handicap and to equalize chances through:

- a) Active and early identification of the handicapped;
- b) Medical assistance and normal or special education of the handicapped;
- c) School and professional orientation, qualification, support for getting a job and for the social integration of the handicapped.

The generous objective of the law is not fully served by the enforcement modalities mentioned above. *There are no details concerning both **the needs assessment** of the handicapped and the provision of **support social services** able to assist them in their integration.*

We suggest:

- a) Active and early identification of the handicapped, of the causes of handicap and of **the specific needs** of these people;
- b) Elaboration of a **plan of support measures** including **medical and rehabilitation services, educational services** in line with the needs and possibilities of individuals (mainstream or special education), **vocational training services, specific social services** of needs **assessment, information, advocacy, facilitation of access to environment** for the handicapped in order to allow their integration and participation with full rights into the social life.

The social services are considered to be unaffordable for our country at present. However, their efficiency on short and long-term can motivate the expenditures. Sometimes, simple services like facilitation of access to information may lead to remarkable improvements in

the quality of life of disabled children. **The social integration is not possible without social services.**

Article 3 is controversial because of its ambiguity. It stipulates that "social protection for the handicapped is provided through institutionalized means, ensuring the

material rights as required by law, and by specific non-institutionalized means." **The problem is that the law does not specify neither the institutionalized nor the**

non-institutionalized means and not even the authority that is responsible in providing social protection.

We suggest that it should be appropriate to clarify the details regarding the institutions for handicapped children and/or adults, as well as the services provided outside these institutions and the factors that are responsible for providing these services.

Article 4 approaches problems related to accessibility, due to the handicap created by architectonic barriers. According to this article, buildings and public places will be provided appropriately. The law does not specify the authorities that are responsible for these provisions or the sanctions given for lack of

accessibility. Disabled children are, probably, the most affected by these architectonic barriers. The costs involved in adapting the buildings for more accessibility would be worthy compared to the advantages provided in this way.

American Disability Act comes with some clarifications on this issue. The experts calculated the costs of a building that would be accessible to disabled people represent 1% of the total building expenditures. Also, A.D.A. includes the sanctions for people/organizations that are not in favor to make buildings and public transportation accessible to disabled people.

We suggest that this article should require the local authorities to:

- ♦ Make a list and issue an order regarding the public buildings that should be made accessible to people in wheel chairs, people with visual or hearing impairment, in 6 months since the time the order was issued;
- ♦ Establish the authorities in charge with adapting the environment;
- ♦ Give priority to schools, rehabilitation centers, speech therapy centers, theaters, railway stations, metro stations;
- ♦ Set an objective regarding more accessibility to underground trains, trains and any other means of public transportation.

Article 5, provides for gratuities (drugs, medical treatment and in spa treatment, prosthesis, orthopedic apparatus, walking devices, helping apparatus and materials) in case of those with an average monthly wage per person in care less than the gross minimum and indexed wage per economy.

From an economic point of view, we should not limit the already limited chance of these children by imposing constraints in the access of goods and services that could enhance their independence level. **If the state allocates funds for the functional rehabilitation of these children at early ages, it would not need to spend high amounts to assist dependent adults.**

The treatment in spa is not accessible to a big number of eligible children because their parents who should accompany them cannot afford the housing and meals costs established through governmental decision. Letter (f) of the same article refers to gratuities for urban, interurban, maritime and fluvial transportation for those with handicap degree I and their companion and gratuity of urban transportation for those with handicap degree II. However, the handicapped children, degree I and II, cannot enjoy these facilities because of (1) the difficulties of reaching the transport means and 2) heavy access into the transport means.

The Romanian public transport means, railways and bus stations are not accessible to children with medium and severe physical disabilities, to wheel chairs, etc.

We suggest the introduction of a number of free taxi travels per month for the child and his companion. The cost could be covered by sponsorship contracts concluded between the territorial inspectorates for the handicapped and the taxi companies as in numerous European countries or in Cluj-Napoca. The access of the child to a wider range of services would be therefore enhanced through increased mobility and independence.

Article 6 comprises provisions **only for the benefit of the handicapped cared in non-institutionalized forms.** This is an unjustified limitation given the "equalization of chances" supposed to be promoted by this law. Specifically, we took into consideration

letter (a) that provides for free and equal access in any ordinary educational institution with day, evening and extramural classes according to functional retard and recovering potential.

We suggest the following wording:

The handicapped enjoy free and equal access to any normal education institution according to the learning potential and individual needs.

Article 7, paragraph 1 contains a series of provisions according to which the parents (mother or father) with disabled children have the possibility of looking after

them until the age of 3 through paid leaves. Paid medical leaves are provided in case of rehabilitative treatment of the child until the age of 18.

The person who looks after, supervises and provides permanent support to the handicapped minor or adult is the beneficiary of:

- a) A wage at the level of the monthly gross minimum wage of a social worker with medium education⁵ (that does not exist yet in the educational structure in Romania) – *débutante* for the whole duration of the handicap;
- b) Registration of the respective period in the work book as length of service considered for retirement; the registration is performed by the territorial inspectorates for the handicapped which conclude labor contracts with these people according to the law⁶ and which carry out periodic social inquiries.

Art.7, paragraph 2, letter ab.

Article 7, paragraph 2 creates the legal framework for the employment of the mother, father, grandparents or other people in order to look after the disabled child in

a permanent manner. Although more than 20,000 children benefit of this provisions (1 January 1997), it has **negative consequences**:

- ◆ The person employed should renounce to work and to a higher salary. The salary for care delivered at domicile was 140,000 ROL on 1 January 1997 and its payment can be delayed for 3-4 months.
- ◆ After employment, the family has lower incomes that could lead to pauperization.
- ◆ The care person has more difficult working conditions, being forced to work all 24 hours, stay permanently at home and not having the right to holiday.
- ◆ The care person is isolating himself and has therefore no social contacts.
- ◆ If the child is attending the program of a day center, the right to home care according to this article is discontinued, although the attendance of the center is in the interest of the child.
- ◆ The social inquiry carried out at domicile has a perverted scope: that of checking if the person employed is meeting his responsibilities rather than the assessment of children and family needs according to the points mentioned previously.

However, the potential of the article could be enhanced since it could offer **the legal framework for buying out home services** (the so-called **brokerage** available in countries with tradition in social work).

Through brokerage, the social worker buys services on behalf of the family and ensures their quality:

rehabilitative medical assistance, speech therapy and psychotherapy programs, play therapy, daily care and supervision when parents are employed, housekeeping, occupational therapy, etc.

We suggest the unconditioned provision of the amount equal to the gross minimum wage of a social worker – *débutante* (although the name of it should be revised, for instance home care allowance) to families who are looking after disabled children – first degree handicap.

⁵ At present, there are no social workers with secondary education, but only graduates of post-secondary and higher education. This matter leads to confusions concerning the statute of social the social worker.

⁶ The labor contract envisage the employment for 8 hours per day and 5 days per week. The care individual should stay permanently at the domicile of the child.

This amount of money should be spent by the family **buying** services of child home care, medical services, social services able to prepare the child for a more independent living.

The advantages of such stipulation would be the following:

- ◆ The mother and the father would keep their work place and corresponding wage that are taxed. The tax per income can equal 140,000 ROL.
- ◆ The pauperization and social isolation of the family are avoided.
- ◆ Mothers have time to look after the rest of family as well.
- ◆ The disabled child would have the possibility of ore social contacts.
- ◆ The child would benefit of more rehabilitation and skills development programs, enhancing his degree of independence.
- ◆ Unemployed people could be hired part-time.
- ◆ Institutionalization of children would be prevented.

Studies carried out in 1994⁷ in Great Britain demonstrated that the direct payment of some amounts to parents with disabled children for purchasing of services required by their real needs is more efficient than the provision of block services in institutions.

Following the enforcement of this article, **20,000 children remained under the care of parents or grandparents, but the number of institutionalized children has not decreased.** An unconditional provision of the above-mentioned amount of money could prevent child abandonment and initiate the process of de-institutionalizing the disabled children.

Conclusion: the whole Law 53/1992 contributes very little to the improvement of welfare of disabled children from institutions and considers the school and professional integration as social integration.

We suggest that the law should include provisions related to:

- ◆ Child support aiming to full integration into social life and preparation for independent adulthood.
- ◆ Systematic information of parents concerning the legislative provisions, rehabilitation methods, special education institutions, spa for treatment, network of services provided by non-governmental organizations.
- ◆ Organization of theoretical and practical training of people employed at home for looking after disabled children.
- ◆ Access of children to socialization services, day centers, family centers which could be periodically attended together with the parents.
- ◆ Transportation in line with their needs.
- ◆ Individual services of speech therapy and psychotherapy.
- ◆ Services of temporary and specialized respite care⁸
- ◆ Setting up of personal support services at home, coordinated by social workers.

The law should also contain mechanisms of periodic evaluation of the efficiency of its implementation.

In order to increase the funds allocated for disabled children, there could be issued stamps especially for letters which are going to be sent abroad or collected some taxes for disabled children within the costs of big publications.

Law on education 84/1995

Until 1995, the situation of disabled children was characterized by big difficulties. Children with severe disabilities were not able to benefit of home education, while those from special schools were isolated from community. The learning potential of the child was

measured by intelligence tests and the curricula were rigid and insensitive to children's needs. **The child was "theorized", the aim being the adaptation of the child to educational programs instead of adaptation of curricula to the developmental needs and capacities of the child.**

⁷ Findings: Social Policy Research, November 1994, Direct payments for personal assistance.

⁸ Respite care means the placement of children with disabilities for few hours or some days in another family or institution, during which the parents can rest, can perform other household responsibilities for other members of the family, etc.

Similarly, there is still limited access of children with medium and sever disabilities to special schools for many reasons:

- ◆ Difficulties of transportation, the number of special schools being low and located in big cities.
- ◆ Lack of care and educational staff for children with problems linked to loss of consciousness, whooping cough or epilepsy.
- ◆ Lack of available places, most of them being occupied by children whose learning capacity is affected only by poverty and whose parents request the provision of the handicapped certificate on the basis of which the access to a special school, housing, food, clothing and school supplies are provided for free.
- ◆ The conviction of educational staff that special education means only the acquisition of some theoretical knowledge, ignoring the development of self-service, relational, socialization, manipulation of money, independent life skills.

Until the adoption of the above-mentioned law, disabled children were enrolled in mainstream education only with the condition that their intelligence was not affected.

Many blind, amblyopic or deaf disabled children attended the normal schools and followed their studies in universities. Children with learning difficulties had limited access to mainstream education given the lack of psycho-educational training of the teaching staff or the reticence of teachers who were considering that a handicapped child would slow the learning rhythm of the whole class. In fact the access of children with disabilities to mainstream education was dependent on the goodwill of the teaching staff.

The law comprises measures for the reform of special education and ensures the access of children with disabilities to mainstream education.

The functioning of special education is coordinated by the General Directorate for Pre-University Education on the basis of Regulations enforced in 1996⁹.

According to **article 7** of Regulations, the special education uses the UN, UNESCO and UNICEF terminology that reduces the stigma on disabled

children since is less medical and not based on categories, the accent being put on the predominant social assessment of the "handicap".

Article 13 mentions the fact that special education is carried out through special schools, special psycho-educational assistance and support structures/services provided to certain pupils enrolled in ordinary education.

Special education should be adapted to children's needs expressed by their special educational requirements. **The Regulations aim to approach the child globally and in an individualized manner through the identification, valorization and stimulation of his capacities. However, the global needs of a child are not limited to educational ones and could not be therefore met only by educational services.** Although the Regulations foresee the social work too (art.14, 20), **the intervention modalities are not specified.** Balance should be preserved between the medical, educational and social support of the child. Such balance may be ensured by the social worker who should be charged of coordinating all services provided to the child according to the dynamics of needs (table 14.2).

Table 14.2

Comparison among medical, educational and social approaches of the needs of disabled children

MEDICAL SERVICES	EDUCATIONAL SERVICES	SOCIAL SERVICES
Focus on: <ul style="list-style-type: none"> ◆ Diagnosis ◆ Incapacity ◆ Treatment ◆ Rehabilitation 	Focus on: <ul style="list-style-type: none"> ◆ Intelligence coefficient ◆ Learning difficulties ◆ Education ◆ School curricula ◆ School integration ◆ Special education requirements 	Focus on: <ul style="list-style-type: none"> ◆ Needs of the child ◆ Capacities ◆ Home aid ◆ Accessibility of services ◆ Social relations ◆ Life experience ◆ Integration in social life ◆ Preparation for independent life

As opposed to Law 53/1992, the regulations referred above stipulate in article 21 the principle of co-

operation and partnership with relevant authorities and parents.

⁹ See: Regulations concerning the organization and functioning of special education, Ministry of Education, 1995.

The Commissions of Complex Expertise (CCE)

„The evaluation, expertise, school and professional orientation and reorientation of children with special educational requirements, **the assessment of the type and degree of handicap** are done by the inter-school, county or inter-county Commissions of Complex Expertise (CCE) subordinated to school inspectorates“

Art.27, Rules for the functioning of special education

The Commission of Complex Expertise adds to the Commissions for Minors' Care and Commissions of Diagnosis and Triage that take decisions concerning disabled children.

Until 1995, the school and professional education was done by the CMC while the CDT established the type

and degree of handicap. CCE¹⁰ started to function sporadically, having the same tasks as those stipulated by the following articles of the two laws adopted previously: art.5, paragraph 1, art.12, chapter II of Law 3/1970 and art.1, paragraphs 2,3,4 of Law 53/1992.

These articles have not been abrogated.

Decisions as concerns the disabled child

Ministry of Labor and Social Protection	Territorial Inspectorate for the Handicapped and Ministry of Health	Ministry of Education
Decisions related to care measures	Decisions related to the type and degree of handicap and the type of care institution	Decisions related to the type and degree of handicap from a psycho-pedagogic point of view – school orientation and reorientation
According to Law 3/1970 through CMC	According to Law 53/1992 through CDT	According to Law 84/1995 through CCE
organized by councils of counties and of sectors of Bucharest	organized by territorial sanitary Inspectorates	organized by the territorial school Inspectorates
<ul style="list-style-type: none"> * Placement of minor in a care institution * Nurseries, children homes * Kindergartens, general schools, high schools * Vocational schools, special high schools * School homes, workshop homes * Hospital homes 	The child benefits of the provisions of the law, concerning different types of gratuities (drugs, medical assistance, prosthesis, transport, etc.) and the right to have a companion.	Schooling and educational measures, enrolment in special or normal schools.

The target group of these commissions is represented by children with mental, psychical, motor, sensorial,

speech, social-affective, behavioral, autism deficiencies that lead to learning difficulties.

According to article 30, **the degrees of deficiency/handicap are slight, moderate, severe, and profound.** However, according to WHO and UN documents, **deficiency (organic and/or functional limitation of the body of the child to adapt to the requirements of physical and/or social environment) is not similar to handicap (caused by social, economic, physic, behavioral barriers and blocking the disabled child to develop to his entire potential).** We therefore consider that the CCE can establish the type of educational needs (special requirements like differentiated and individualized way of satisfying these requirements) and possibly the type of educational handicap. **We insist on the idea that the classification of children in a category or other is justified only for the establishment of state support.**

Children should be individually evaluated. The classification should be avoided as they are not diagnoses and the intelligence coefficient expressed in figures provides too little details concerning the personality and potential of the child. They should be also evaluated within **their living environment, but none of the commissions in charge of taking decisions concerning the type and degree of handicap – CDT and CCE do not pay visits to the domicile of (transportable or non-transportable) children.**

¹⁰ CCE do not yet function in all counties of the country and in Bucharest.

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Article 33 suggests that the activity of the CCE is **independent** of that performed by the CDT and CMC. At the same time, it is mentioned that the decisions

concerning the type and degree of handicap are independent of the activity of CDT and CMC.

The following **problems** show up in this context: **1.** Information collected by the CMC provides details on the situation and needs of child and family only in case of institutionalization needs, adoptions or foster care/trusteeship. The needs for care, socialization, home aid are not assessed by the CMC. **2.** By the creation of a supplementary commissions which establishes **another degree of handicap**, the route of child throughout the bureaucratic system is complicated.

The child should be evaluated by CDT in order to get the rights and services provided by Law 53/1992 and by CCE for enrolling into the special education system according to Law 84/1995¹¹.

Let's take the example of a disabled child who was abandoned by parents and who should be entrusted to grandparents. The child is 7, has a deficiency at the left foot and a slight mental deficiency. The child is living in a mountain village 70 km away of the county capital. Let's follow the route of this child throughout the system.

The grandparents should address themselves to the **Tutulary Authority** functioning in the commune that includes their village. The Tutulary Authority drafts a note and a file with the results of the social inquiry and sends them to the county **Commission for Minors' Protection**. The Commission solves the case in a deadline of 30 days. **1)** *The grandparents* will go to the county capital to get the entrustment decision. The CMC can request the Tutulary Authority a more detailed inquiry which should include data related to the material status of the grandparents, housing conditions, their attitude towards the child. In the most fortunate case, the CMC takes the entrustment decision according to Law 3/1970. **2)** *In order to get the rights according to Law 53/1992*, the child should be presented to the **Commission of Diagnosis and Triage** situated in the county capital for the assessment of the degree of handicap. After 3 trips to county capital, the child gets the certificate of handicapped degree III and can benefit of the gratuities provided by the law. **3)** *In order to go to school*, according to Law 87/1992, the child should go to the county capital and to present himself the CCE which will establish the *type and degree of handicap* from a psycho-pedagogic perspective, different of that established by the CDT, and will establish the school to be attended by the child.

Who is taking decisions concerning the child? The specialist of the CMC *who know the child* as a file, the specialists of the CDT who know the child *as a list of diagnoses*, the specialists of the CCE who know the child as a list of deficiencies. None of these commissions evaluate the child with his entire complex of needs and adaptation programs: the need to maintain the contact with parents; the need to grow and develop together with parents/grandparents; the need for leisure, contact with children of similar age; the need for rehabilitation, self-service, game therapy, music, etc.; home aid provided to grandparents; transportation needs.

30 professionals evaluate the child but his welfare is not improving. In fact, this is a fortunate case when grandparents were persevering, but many parents renounce halfway this route which requires at least 5 travels to the county capital and which costs a lot as reported to available time and money. (Many times, it is necessary to stay overnight in the county capital and few parents can afford a hotel room).

This case illustrates the problems raised by the present system of protection of handicapped/deficient minors.

The setting up of **social services** in towns and communes would be very efficient on short and long-term.

We suggest that: the decisions concerning children can be taken by a "**Personal Commission**" including people **who know directly the child** (pediatrician, educator/teacher), chaired by an authority from mayoralty office or by the director of social services. **The court could take the decisions concerning the modification of the legal status of the child** but the interests of the child should be represented by a social worker. Following the assessment of the needs of the child through direct observation, the social worker requests and should request the assessment of other specialists (psychologists, psycho-pedagogues, physical/occupational therapist) able to evaluate the child needs and the ways of their coping. The result would be **a support plan adapted the needs of the child**. The social worker would establish the **degree** of the handicap, **evaluating**, following the points system, **the environmental barriers that block the child development**. The team of **psycho-pedagogues** would evaluate the modalities of overcoming the educational barriers, while the team of **medical doctors, physical therapists and speech therapists** would assess the ways of overcoming the barriers produced by the deficiencies. Coordination of data collection for drafting the Personal Plan as well as coordination of the team would be the responsibility of the social worker that should have a global image of the child. The social worker will supervise the observance of the decisions, taken in the interest of the child and the parents' wishes, provided that they do not contravene it.

¹¹ CCE does not evaluate the child in his living environment for a longer period. Instead, it uses psychometric tests applied in artificial environment. The packages of standard tests can hardly reflect the exact image of the intellectual capacities of a child and his development possibilities. Some learning difficulties are caused by the non-stimulating and insensitive climate within family and institutions. The adequate stimulation cannot be assessed by the QI without the direct observation of living environment (see: *The Psychological Assessment of Mental and Physical Handicap*, Edited by Peter Chittler, Tavestock Publications, 1978). Psychometric tests are the starting point of the evaluation, but are not sufficient.

According to **article 38**, the CCE issues the recommendation of school orientation of children with special educational needs and ensures the periodical re-evaluation of educational situation (two times per year in case of children aged 4-8 and yearly for children aged 8-12).

At the same time, the CCE recommends the individual plan of study for home schooling of a child with deficiencies who cannot be transported. However, the special education should not be limited to theoretical

curricula, but also to the acquiring of ordinary skills.

Children can be sent to the CCE by the CDT and CMC, families, schools, professors, speech therapists and other specialists who know the life and environment of the child, according to article 45. The effective decisions concerning the form of education are taken by the school inspectorate responsible of special education on the basis of the recommendation of school orientation and according to available places in special units.

Forms of school integration of children with special educational needs

- ◆ Special education should have different forms: day classes, evening classes, and extramural classes, through correspondence, at distance or at home.
- ◆ Special gymnasium, evening, extramural education for children with deficiencies who exceeded with 2 years the age corresponding to the class.
- ◆ Special classes: day and evening classes for children with deficiencies who did not graduate the first 4 classes until the age of 14.
- ◆ Special vocational or apprentice schools for young people with deficiencies who did not graduate the compulsory education until the age of 17.
- ◆ Special kindergartens with weekly or half-residential programs.
- ◆ Groups integrated (with or without support services) into normal kindergartens.
- ◆ Special schools (primary schools), hospital homes (primary and lower secondary education), special classes around normal schools or integration programs (with support teaching staff), groups or classes in sanitary units for children with chronic diseases.
- ◆ Special vocational or apprentice schools and high schools.
- ◆ Post-secondary schools and classes, individual integration.

Problems raised by the Education Law:

- The Law is not applicable to children in hospital homes.
- It does not provide explicitly the support services and the responsibilities for their provision.
- CCE complicates the bureaucratic route of the child in getting his rights.
- Being located in county capitals, the CCEs are accessed with difficulty by those who do not live there.
- It does not ensure the contact with parents for children enrolled in schools located in other localities than the place of residence.
- School integration is not equivalent with social integration.
- It does not provide for incentives for teaching staff involved in the integration of disabled children in mainstream education.

The Law on Education serves the envisaged objectives. As a result of its implementation, many disabled children are integrated in the school. Children with

multiple disabilities can benefit for the first time of home education. The law promotes also the multidisciplinary assessment teams and social work teams, stimulating the collaboration between different Inspectorates and local Authorities. Parents are generally pleased of its stipulations, thus demonstrating the fact that they were consulted during the process of its elaboration.

14.3.3. The disabled child from his birth to 3 years old

Most of the deficiencies that may determine the subsequent occurrence of a disability or handicap are evident at birth or until the age of 3. The deficiency is identified at this age and interventions aimed to limit its effects (should) start. The chance of the child to live as independent adult is conditioned by early identification of deficiency, adequate stimulation and rehabilitation. During this period, most of abandonment, neglect, institutionalization of disabled children takes place. Therefore the family should be properly supported.

0-1 year old. The deficiencies at this age can occur: prenatal, intra-natal or postnatal. The deficiencies with prenatal determination are caused by viral and

microbial infections, mechanical accidents, and consumption of drugs and alcohol, exposure to radioactive radiation of the mother (during the first quarter of pregnancy). The age of mother may also cause congenital malformations and genetic diseases.

The deficiencies with intranatal determination are caused by accidents during birth: position of fetus, umbilical cord around the neck, manipulation of forceps, prematurity, low birth weight. Usually, the intranatal accidents have neuro-motor consequences: epilepsy, paraplegia, language disturbances, learning difficulties, and incontinence because of insufficient oxygenation of brain.

The child with deficiencies in maternity. Despite the fact that the deficiencies are evident at birth, there could be deliberate delays¹² in the legal registration of the child, the parents could sometimes not see the child or the mother could be encouraged by the medical staff to go home in case of some malformations of the child. If

the medical doctors consider that the institutionalization is necessary for the child who seems to lack any chances of recovery, he advises the parents to do that.

The child with deficiencies could be in such a way deprived of his rights guaranteed by the UN Convention: the right to identity, the right to have parents, the right of not being separated of his parents against their will.

The risk of institutionalization is considerable given the lack of affection between mother and child in this early stage. The mother could easily give up the child.

Another possibility of deficiency is the premature birth or low weight at birth. In this case the child is supervised in incubator until reaching 2,500 gr. During this time, mothers have little direct contact with the child because of threat of infections. The affection bond mother-child may be affected in all respects.

At present, there are services for prevention of abandonment through different means. For instance, at the initiative of UNICEF, conditions were created for the mother to stay with the child immediately after birth (rooming-in in baby friendly hospitals). The implementation of this method encounters difficulties in our country. The child is entrusted to the full care of the mother without any support from the medical staff.

Similarly, the centers of family support and child care set up around 10 county councils or the similar services provided by non-governmental organizations like Holt International, World Vision, prevent the abandonment through discussions with social worker and with future mothers at risk of abandoning the child. He/she will talk to mothers from maternity hospitals, who do not tell their identity, are under 16, have other institutionalized children. The services aim to prevent abandonment

through counseling and material and financial support for family. In case abandonment is immanent, mothers are encouraged to declare the identity of the child (thus preventing the abandonment without papers) and to maintain the contact with him after institutionalization. Unfortunately, this type of services does not contain also a prevention component of abandonment of children born with deficiencies.

Such service should be ensured by a qualified social worker employed by the maternity (or, in case of necessity, one social worker working in two maternity hospitals). The social worker would have to register the child and his parents and supervise the observance of his rights through:

- ◆ Encouraging and maintaining the positive contact mother-child, irrespective of the gravity of deficiency.
- ◆ Counseling the parents in order to help them overcome the difficult moment of discovering that their child has deficiencies.
- ◆ Supplying a wide range of information in collaboration with the medical staff concerning the deficiency, the specific needs of the child and the modalities to cope with them.
- ◆ Providing optimum conditions of living at the domicile of the child in conformity with special needs.
- ◆ Networking parents with children having similar deficiencies.
- ◆ Encouraging the mother to pay daily or at least weekly visits to the child in case of longer hospitalization. However, hospitalization should be reduced through the provision of ambulatory medical care. During these visits, mother should be encouraged to participate in the moments of shaping the fondness mother-child: waking up, feeding, bathing, sleep.

At the moment of leaving the hospital, parents should have a package of information (in an accessible language) established by the social worker in collaboration with the medical staff including:

- ◆ The diagnosis, each feature of the deficiency having to be "translated" in terms of needs.

¹² This practice inherited from the communist regime diminished artificially the infant mortality rate declared officially.

„The child was born with Down syndrome, you have to know that his skin will need special care, he needs clean linen, the skin should be kept clean and you should avoid its drying by applying unguents [...]“.

„The child will have whooping cough. You are advised to supervise him all the time and to arrange the bed in such a manner so as to avoid contact with any metal elements or sharp edges by covering them with textiles, thus preventing the hurting of the child during crises“.

- ♦ The identification of needs of rehabilitation through early gymnastics and stimulation.
- ♦ Awareness raising concerning the available legislation on the matter.
- ♦ A list of useful addresses and telephone numbers of: medical doctor, emergency service, pediatric hospital, non-governmental organizations providing support to disabled children, territorial state inspectorate for the handicapped.
- ♦ The name and telephone number of some families with older children having similar disabilities for consultation.

The social worker from the maternity should monitor the evolution of the child until 3 months old, monitor the way in which his needs are met and evaluate with parents the types of necessary support services. It would be recommended the registration of the family in the books of other local social services after the child is more than 3 months, which would be able to monitor his evolution and provide support services to family in order to prevent institutionalization.

In case the child with deficiencies is abandoned in maternity or when his health status does not allow his return to family (premature birth, low weight at birth, severe deficiencies) he would be transferred either to a nursery home or to a clinic.

14.3.4. The child of 3-18 years old

The hospital homes, subordinated to the State Secretary for the Handicapped, are child-care institutions for children with severe and/or multiple disabilities. Children are staying permanently in these institutions. **Parental contact is very rare, almost 30% of the children being actually abandoned.** Some of the children are involved in special education programs, according to the Education Law, still not being prepared for an independent adult living, as seen as irrecoverable.

It should be necessary the establishment, in the case of each child, of his potential of learning self-service and relational skills and of educational modalities through the stronger involvement of physiotherapists, occupational therapists, speech therapists and social workers. The rhythm of life in these hospital homes should attempt to become similar to that of children living in family. Children should maintain the links with family and community. Unfortunately, hospital homes are situated in small, relatively isolated localities.

After 1989, living conditions from hospital homes have been improved considerably through the state efforts and especially of foreign non-governmental organizations.

Such institutions should provide not only permanent residential care but also temporary one as an alternative to family care (respite care in Anglo-Saxon literature).

Such type of service is designed to provide the family with a disabled children a day, a weekend or maximum a month of rest.

At the same time, the children from hospital home should be the beneficiaries of specialized foster care in families experienced in looking after children with disabilities.

The contact of children with their parents should be maintained through direct visits (or even visits of children paid to their parents) or in an indirect way (phone, letters, pictures). The contact with parents is very important for the development of the child and for ensuring an identity and the feeling of affiliation to a family.

In the future, the hospital homes should provide residential care only for very short periods of time and only to the children who cannot be effectively cared in the family.

The disabled child in the family

Once leaving the maternity, the family of disabled child starts a very difficult period from an emotional-affective, relational and material point of view. **At present, there are no support social services for this type of family except nurses who pay periodic visits to the family.** There is no system of making the family aware of the deficiencies of the child, existing rehabilitation services, protection legislation, day centers, etc. The parents are therefore trying to get information themselves. Parents do not get affective support to surpass the difficult period of adaptation to the deficiency of the child. Many times, fathers are leaving the family because they cannot manage the situation. Parents isolate of each other, of extended family and of friends. They create a wall around the

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child, trying to keep their problems within the family and to avoid marginalization and stigmatization of the child. Parents start to seek themselves specialists and methods of treatment and rehabilitation for their child. The following support systems could be currently used by parents: extended family, especially grandparents; professionals. Among professionals we mention

physiotherapists, speech therapists, occupational therapists; day centers (set up by non-governmental organizations or around polyclinics¹³; special kindergartens or other forms of special education according to law 84/1995; gratuities for goods and services, according to law 53/1992.

The parents interviewed for the benefit of this report have mentioned the following **difficulties** which are confronting them: lack of legislative information, rehabilitation, treatment; reduced physical access to services; financial burden related to high costs of caring; the complex bureaucratic system of registration and support of disabled children (see CMC, CDT, CCE); isolation from families and community; lack of home aid services (housekeeping, supervision of the child, rehabilitation and speech therapy); lack of contact with parents confronted by similar difficulties; lack of forms of care support during their work program (day centers).

All parents agreed and supported the setting up of social services specialized in supporting the family with disabled children. The disabled children living in family may be integrated in the family life or isolated. The isolated children may be abused physically, psychically, sexually or may be neglected. Because of family isolation and lack of legal modalities of intervention, abuses cannot be identified and eliminated, thus affecting the development of the child.

A social work service might ensure better quality of parental care provided to the child through periodic visits.

The causes of abuse of disabled children in families could be: weak affective link between mother and child, lack of skills for child care, severe disabilities,

big number of children, tensioned relations between husband and wife, lack of living means, lack of support services.

The needs of disabled children in family are complex, but they are firstly **needs similar to those of all children**. The meeting of these complex needs facilitates optimal conditions for child development.

Besides **the basic needs** (feeding, housing, rest, medical care), the child **needs to express himself** and to be seriously considered. Expression is not necessarily a verbal one. Children express their needs as from their birth, but the environment (parents and specialists) should be sufficiently sensitive and receptive.

The meeting of **the stimulation need** influences also the child development. Parents should be encouraged to talk with the child as early as possible, to play irrespective of the severity of handicap and child capacity to react immediately to stimulus.

The psychosocial needs of disabled children are often ignored (either in the family or in institutions). These are the following:

- The need for love, affection and a stable living environment
- The need for new life experiences and contact with children of same age
- The need to be praised, approved, encouraged for the progress made
- The need of discipline for the development of an adequate moral behavior (without appealing to abusive punishments)
- The need to take responsibilities and decisions concerning his own life

The main concern of parents with disabled children (medium or severe disabilities) is related to the future of these children, most of them being dependent on parents. Therefore, **we have to add to the list of needs that of acquiring skills necessary for living an independent adult life and of having access to personal support services.**

Children with mental health difficulties

There are no specific legislative stipulations to protect or support the children with mental health difficulties, they being included in the category of handicapped children. The mental health deficiencies may be complemented by neuro-motor ones in case of some children.

However, these children need a distinct approach given the particularities of disability form. Children are identified by parents or specialists and are institutionalized in clinics of infantile neuropsychiatry for the assessment of diagnosis. They can stay there for one month. The treatment of such disorders is predominantly medical and has immediate or long-term secondary consequences that are often not communicated to parents. Therefore, they can forbid the treatment¹⁴. In case of teenagers, electrical power shocks are used with or without anesthesia. WHO has forbid such procedure applied without anesthesia in 1987, but it is still used in Romania especially because of lack of anesthetics or availability of anesthetists.

¹³ There is a day center for children with mental deficiencies (including autism) around the University Polyclinic Titan.

¹⁴ According to actual legislation in Hungary, Sweden, Netherlands, England, USA, etc. parents can refuse the psychiatric treatment and should be informed concerning the secondary effects of the treatment.

Children with mental health difficulties are hospitalized on long term and are sometimes transferred to hospital homes for the rest of their life.

Instead of a predominant institutionalized medical treatment, preference should be given to group and individual psychotherapy, attendance of day centers and integration in the school and social life through support services.

Families should be supported through counseling and information concerning their legal rights.

In 1990, the pilot project Helios has been initiated in Craiova by the local State Inspectorate for the Handicapped, Directorate of Labor and Danish organization Red Barnet. It aimed to close down the section of infantile neuropsychiatry located within the Hospital Poiana Mare. Children aged above 15 have been placed in smaller, family-type institutions (houses of good neighborhood) and vocationally trained in sheltered workshops.

14.3.5. The contribution of non-governmental organizations to the welfare of the disabled child

We can say that without the contribution of non-governmental organizations after 1989, the situation of children with disabilities would not have improved very much. The initiation of this process started with the convoys of humanitarian aid for **children institutions**. It has been followed by the development of coherent programs designed to improve the life of children in institutions, starting with the rehabilitation and endowment of institutions and finishing with the direct work with children of volunteers with experience in the field. These actions have changed the life of children

from institutions and the mentalities of their staff. **The staff in institutions has been offered the model of taking care of children from the perspective of their needs rather than of their survival.**

A special category of non-governmental organizations is represented by **the associations of parents with children suffering of different types of deficiencies**. They followed an international model too, but they were set up as a result of parents' solidarity and will to get out of the apathy imposed by the attitude of the communist regime on disabled children and to promote the rights of children and services able to cover their needs:

In other European countries, the parents' associations have a big influence upon the social policies for disabled children. The first law concerning these children was adopted in 1957 in Sweden as a result of pressure of FUB parents' organization. This organization is currently represented in the parliament.

These organizations have some common features:

- Are initiated and led by parents of children with deficiencies.
- Are based on parental experience as concerns the formulation of objectives and modalities of action¹⁵.
- Promote new services.
- Are addressed to children living in the family.

Such organizations may be met in the whole country:

- ◆ Foundation "Casa Speranței" (House of Hope) from Iasi set up day centers for children with severe neuro-psycho-motor handicap and supports their social integration.
- ◆ Romanian Society "Speranta" (Hope) from Timisoara provides rehabilitation centers, services for children with autism, services for temporary replacement of family, home aid services, debate and information groups for patients.
- ◆ Organization "Trebuie" (Must) from Bucharest with branches in many counties provides day centers for children with mental handicap, schools for parents, educational and leisure programs, material support for families.
- ◆ Association for the support of children with neuro-motor handicap from Bacau provides material support, schools for parents by the means of rehabilitation center "Daniel".
- ◆ Association for the support of children with physical handicap from Romania organizes information and cultural activities, contests, support and integration services.
- ◆ Association "Sfanta Maria" (Saint Mary) from Cluj Napoca – day centers, sheltered workplaces.
- ◆ Center for the Rehabilitation of Children with Neuro-Motor and Associated Deficiencies from Tecuci, set up by the organization "Save the Children", provides treatment through rehabilitating medical gymnastics.

¹⁵ Many organizations provide support to families in order to make them keep the child in the family. The leading principle is that "nobody knows better the needs of the child than the mother or father".

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The parents' organizations have not limited their activity to the provision of services and information to parents. They have become partners in debates with local and national authorities and have participated in the elaboration of relevant legislation and in the evaluation of its enforcement (ASCHFR, evaluation of law 53/1992).

Although basing their activity only on the experience of initiating parents, many organizations enjoy a professional way of functioning (developed with the

support of foreign specialists). The provision of services is based on the assessment of children's and family needs, feasibility studies, cost/benefit analyses. They provide a model to the governmental sector whose supply of social services for disabled children is quite reduced. They provide also a model of co-operation between the governmental and non-governmental sector. Such an example is the national level action REN-INCO: the national network of information and co-operation for the promotion of integration into community of children with special needs.

CONTRIBUTION OF INTERNATIONAL ORGANIZATIONS TO THE WELFARE OF DISABLED CHILDREN

After 1989 and after the political opening towards Western countries, Romania benefited of many social programs designed to enhance the welfare of children, to develop a civil society able to observe their fundamental needs.

The UNICEF Representative Office in Romania has many programs for the direct or indirect benefit of disabled children, programs for preventing the occurrence of disabilities, programs carried out in maternity hospitals based on the "rooming-in" method and which promote the breast-feeding.

At the same time, disabled children under 7 years old can get the chance of a harmonious development by the means of the program for early education on areas of stimulation.

As concerns the topics under study, it is worth mentioning the projects for the reintegration of disabled children in Cluj and Timisoara, supported by UNICEF and the Ministry of Education. The project is part of the National Program for the Promotion of school and social integration of children with special educational needs, launched in 1992 with the support of UNESCO and UNICEF. It has two objectives: 1) *at local level* – promotion of school and social integration of children and young people with special educational needs; 2) *at national level* – demonstration of an efficient strategy of community integration with a view to generalize it subsequently.

In Timisoara, there are 281 beneficiary pupils and parents who are assisted by itinerant educational staff. The project involves 4 normal schools, 3 special schools, center Hope and School Group of Light Industry, School Inspectorate, West University, Center of Psycho-pedagogical Assistance, non-governmental organizations.

In Cluj Napoca, 244 children of pre-school and school age are integrated into normal kindergartens, special kindergartens, special classes, support groups or vocational schools. The project included also the schooling of some children with severe mental deficiencies from the hospital home and 19 street children with limited intellect¹⁶.

The UNICEF Representative Office has a significant contribution to the improvement of situation of disadvantaged children, by initiating programs that bring in Romania modern conceptions and support methods. The foreign specialists involved by UNICEF in the design of concrete projects are permanently concerned of creating a specific Romanian model of tackling the children's problems.

With the support of UNICEF, there were published papers which modify the attitudinal landscape as concerns disabled children. For instance, the UNICEF resource package comprising:

„special requirements in the class“, „Declaration of Salamanca“, „Standard Rules concerning the equalization of chances for the handicapped“, „Integration into community of children with special educational needs“.

UNICEF organizes meetings between the non-governmental organizations and responsible ministries in order to support the involvement of non-governmental sector in the child policy.

By the means of summer courses organized in collaboration with East England University – Norwich, Great Britain, UNICEF contributes to the training of social workers specialized in dealing directly with the child and family in general.

PHARE

The European Parliament has initiated in 1993 a project for the protection of children in Romania. It is a technical assistance program designed to support the Romanian Government, respectively the National Committee for Child Protection to design a new child protection policy.

PHARE Component 3 proposes new types of social services, more adequate for the needs of families with disabled children, designed to prevent institutionalization and to stimulate de-institutionalization:

- ◆ Centers for parents' education and family counseling.
- ◆ Home aid medical-social-educational services for children with handicap (50 beneficiary children living in sector 3 of Bucharest).

¹⁶ See "Integrarea în comunitate a copiilor cu cerințe speciale", Traian Vărășmaș, Patrick Daunt, Ionel Merșu, 1996.

PHARE Component 4 aims to redefine the mandate of institutions so as to make them adequate for the needs of children. It makes proposals concerning the restructuring of institutions and commissions responsible for the route of children through institutions.

It has four projects:

- ◆ Redefinition of missions and reorganization of CDT and CMC.
- ◆ Restructuring of typologies and accreditation criteria of institutions.
- ◆ Adaptation of residential institutions to the needs of children.
- ◆ Development of caring action of children in relation to the existing socialization environments.

Conclusion:

Irrespective of their living location, disabled children should adapt to an environment that raises numerous barriers in front of them. Legislative, procedural, administrative, behavioral and economic hurdles limit their access to community life.

Children with disabilities should be considered as children with all their capacities and needs. Therefore, comprehensive services should be set up able to ensure them good living and development conditions.

Chap. 15 Juvenile Delinquency

The juvenile delinquency is rising at international level, leading to the aggravation of social danger and increased violence. Both Western and Central and Eastern European countries in particular are confronted during the last years by a constant increase in the number of crimes committed by minors in parallel with a decrease of the respect and confidence in social control institutions.

Juvenile delinquency is not a new phenomenon. Instead, it has the specific features of contemporary period and contains the particularities of different cultural models and of economic, political and social environment. The societies confronted by significant social changes, crises or transition are especially affected by a certain amplification of juvenile delinquency as a result of the increase in social deviant behavior.

In Romania, the juvenile delinquency has scored intensification considered often as being "explosive"

after the Revolution of December 1989. The transition period meant a decrease in the social solidarity, community control and role of socialization institutions, increase of poverty, increase in the gap between individual desires and opportunities, and bigger number of disadvantaged families and children. All these created a favorable environment for the development of a delinquent behavior, as a conjugated result of individual / family motivations and social factors.

15.1. Characteristics of the juvenile delinquency in Romania

The analysis of data of the last years indicates the constant tendency of increase in the proportion of minors' crimes as compared with adults (table 15.1).

Table 15.1

People condemned definitively by the court, out of which adults and minors, 1989-1996

	1989	1990	1991	1992	1993	1994	1995	1996
Total condemned people, out of which:	59,075 (100.0%)	37,112 (62.8%)	60,883 (103.1%)	69,143 (117.0%)	83,247 (140.9%)	95,795 (162.2%)	101,705 (172.2%)	104,029 (176.5%)
Adults	56,286 (100.0%)	35,129 (62.4%)	57,099 (101.4%)	64,553 (114.7%)	76,307 (135.6%)	86,674 (153.9%)	91,922 (163.3%)	93,652 (166.4%)
Minors	2,789 (100.0%)	1,983 (71.1%)	3,784 (135.7%)	4,590 (164.6%)	6,940 (148.8%)	9,121 (327.0%)	9,783 (350.8%)	10,377 (372.1%)

Source: Ministry of Justice

The increase in number of delinquent minors is accompanied also by some negative tendencies: the lowering of the age of the delinquent, the increase in the degree of social danger, the higher aggressiveness and the association in groups to do penal activities. In 1995, the number of minors under 14 participating in criminal

activities has increased with 138% comparing with 1993. The increase reached only 120.7% in case of minors over 14 considering the same similar reference period (table 15.2).

Table 15.2

Minors participating in infractions, on age groups, 1993-1995

Age group	1993	1994	1995
Total minors	16,560 100.0%	18,612 112.4%	20,401 123.2%
Minors under 14	2,281 100.0%	2,381 104.4%	3,167 138.8%
Minors aged 14-18	14,279 100.0%	16,231 113.7%	17,234 120.7%

Source: Ministry of Interior

As concerns the type of offence, the number of minors aged 14-18 involved in criminal acts is also increasing (table 15.3):

Table 15.3

The number of minors condemned definitively on categories of infractions, 1989-1996

	1989	1990	1991	1992	1993	1994	1995	1996
Total condemned minors, out of which:	2,789 100.0%	1,983 71.0%	3,784 100.0%	4,590 100.0%	6,940 100.0%	9,121 100.0%	9,783 100.0%	10,377 100.0%
Condemned for violent crimes	231 100%	193 83.5%	330 142.8%	324 140.3%	246 106.5%	231 100.0%	254 110.0%	257 111.3%
Condemned for crimes against public and private property	2,235 100%	1,699 728.0%	3,329 148.9%	4,099 183.4%	6,248 279.6%	7,203 322.3%	8,538 382.0%	9,011 403.2%
Condemned for other criminal acts*	323 100.0%	91 28.2%	125 38.7%	167 51.7%	446 138.1%	1,687 522.3%	991 306.8%	1,109 343.3%

* Most crimes included in this category refer to: crimes against the security of public roads, crimes as concerns social living, crimes as concerns environment

Source: Ministry of Justice

Most of criminal offenses committed by minors are included in the category of thefts from private and public fortune. However, during the last period, the typology of crimes was diversified.

The organization in teams of minors as a form of action for committing criminal acts and the attraction of minors in actions organized by adults have been intensified, the participation of minors under 14 scoring a rising tendency. We are referring to situations when the child itself is a victim of adults' abuse and which should not be considered as complicity to crime.

Other facts signaled refer to: actions under the influence of alcohol, diversification of action modalities, increase in the number of minors with criminal antecedents, involvement of minors in crimes with drugs and prostitution, increase of school abandonment linked to delinquent behavior, very big number of delinquent gypsy minors.

15.2. The system of educational measures and punishments

According to the Romanian Criminal Code, the minors with penal responsibility (14-18 years old) may be the subjects of educational measures and punishments. These sanctions are established mainly by the court according to age and gravity of the act, but also to a series of factors like: the degree of social danger of the act, the physical status and intellectual development of minors in case of antecedents, moral status, family

situation and other data related to the minor and possibilities of mending his ways.

The institutions with responsibilities in the field of juvenile delinquency are: Police, Prosecutor's Office, Court, General Directorate of Penitentiaries within the Ministry of Justice, Ministry of Education, Ministry of Labor and Social Protection, Ministry of Youth and Sports, Commissions for Minors' Care, Local Public Administrations (through Tutelary Authority Service).

The main legislation concerning juvenile delinquency consists of Family Code, Law 3/70 concerning certain minors and Penal Code.

During 1977-1991, the delinquent minors were the subjects of Decree 218/1977. This decree cancelled the stipulations of the Penal Code concerning minors by replacing them with educational measures of penal nature such as: re-education at work place and enrolment in a Special School of Labor and Re-education. These schools hosting delinquent minors of all categories for 2-5 years were considered as being real "nursery of delinquents". Therefore, the schools did not allow the broader use of educational measures and the application of the punishment according to the gravity of acts. The stipulations of the Penal Code related to minors re-entered into force in 1992 in order to allow the normal differentiation and diversification of the decision. They required correct assessment of guiltiness and correct application of educational measures or punishments, according to the nature of each case, correlated with other relevant criteria for taking the most appropriate decision.

Age of criminal responsibility

Minors above 16 years old have criminal responsibility. However, in case crime was done with discernment, the penal responsibility applies also to minors aged 14-16.

It could be stated that, **as concerns age, our legislation is in line with modern conception** related to the discernment of the delinquent minor. The countries where the age of penal responsibility is less than 16 years old (Sweden – 15, Scotland – 8, England – 10), intend to increase it considerably.

The minors under 16, "who committed criminal acts, but who do not have criminal responsibility or who were obliged to commit such acts or whose behavior contributes to the spread of vices or immoral habits among other minors" (Law 3/1970 concerning some categories of minors), could be specially supervised in the family or admitted in special schools belonging to the Ministry of Education.

Educational measures:

- Reprimand, meaning the rebuke of minor, the signaling of the social risk of the act and the provision of recommendations for behavioral correction, the warning that the punishment will be hardened in case of repetition of delinquent behavior.
- Supervised freedom, when the minors is left free and entrusted to the family for one year, under the special supervision of parents, guardians, adoptive parents or institution. The court establishes the obligations and restrictions for the minor and for the people charged of his supervision. In parallel, the school or the employer is made aware so as to ensure the necessary collaboration for the improvement of minor's behavior.
- Institutionalization into a re-education center for minors, in case of very dangerous acts and structured delinquent behavior, commitment of criminal acts in organized teams or in case the application of other educational measures was not efficient. The re-education centers provide school education and vocational training to the respective minors. This measure is valid for an undetermined period of time, but only until the age of 18. Similarly, in case of an adequate behavior, the minor can be released after one year of institutionalization. However, in case the minor has an inadequate behavior, his release can be revoked. The 4 re-education centers for minors have been set up in 1992 after the cancellation of Decree 218/1977, meaning after the dismantling of former special

schools for labor and re-education. Despite the fact that present centers provide better living conditions and training curricula, the level of education and the training of minors for life following the leaving of the center are still not adequate.

- Admission into a medical-educational institute is an educational measure foreseen by the Criminal Code in case of delinquent minors with physical, psychic, sensorial needs. This measure is taken very rarely because the lack of such specialized institutes. However, when taken, the minors are sent to the re-education centers where they are under a special regime of education and training.

Punishments:

The application of a punitive decision is mainly justified by the need to punish the individuals who committed serious criminal acts on one side and to defend the society in front of dangerous behaviors on the other side. Punishment is a modality of isolating dangerous individuals and of compensating the victim. It has a demonstrative nature for the discouragement of potential delinquents.

The punishment is often preceded by preventive detention. **The preventive detention**, as applied nowadays in case of minors, has a series of deficiencies: it can last considerably until the clarification of the case and the exhaustion of all attack ways, the conditions of detention are too severe and the presumption of innocence is either neglected or hardly accepted. The warrants for detention issued by the Prosecutor's Office are prolonged by judges for too long. Afterwards, the tergiversation in the court may unduly prolong the period of detention.

The punishments applied to delinquent minors are **fine** or **imprisonment**.

The duration of imprisonment of minors, as punitive measure, is reduced to half in comparison with that applied to adults who committed the same offence. The minimum duration cannot however exceed 5 years, while in case of life detention, the minor can be imprisoned for 5-20 years. According to the law, the punitive measures may be established by the court only for well-justified reasons and only in case the educational measures are not sufficient for the re-education of the minor.

From this point of view, a worrying tendency is being registered: while the international criminal policy for minors tends to reduce the liberty depriving measures, in Romania the tendency is vice-versa: imprisonment, as punitive measure, is being hardened in terms of number and duration. As a result, imprisonment has been applied to 45.7% of minors who were definitively

condemned in 1994 and to 49% in 1995, while for the adults the proportion has not exceeded 35% during the same reference period.

However, these figures do not mean the fact that minors were committing more serious criminal acts than the adults. The most frequent type of infraction committed by minors is theft from private and public property (87.3% and 86.8% in 1995 and respectively in 1996). In fact, this is a perverse effect of mechanisms of law enforcement rather than of application of punishments according to the gravity of infractions.

Imprisonment is applied without previous attempt of exhausting other possibilities or without **well-justified reasons** as requested by law. The present re-education centers are considered "prisons for minors" as there were the former special schools dismantled after the abrogation of the above-mentioned decree. The judges do not sufficiently know the advantages of the educational programs and vocational training performed by the present re-education centers.

There are other arguments favoring the detention: the possibility of getting shorter periods of detention, of institutionalization near the domicile of the minor's family and of paying visits to them in a much easier way. Therefore, the lawyers are usually asking the judges to imprison the minors instead of applying institutionalized educational measures. Indeed, there are 33 prisons across the country and only 4 re-education centers with big hosting capacity (almost 500 places). Therefore, while the minors' sections from prisons are overcrowded and provide inadequate living conditions and training programs, the re-education centers that are obviously better prepared to cope with minors' needs are only 50% occupied.

On the other side, the minors are judged in courts for adults and the judges nominated to judge the criminal acts of the minors do not have sufficient data related to their family, schooling and social situation. Therefore, they are not able to clarify the circumstances, factors and reasons that led to the crime. The single evaluations carried out are social inquiries performed by representatives of Tutelary Authority. These social inquiries are formal and of weak professional quality. They do not tackle all elements necessary for a correct

evaluation of the case in terms of psychic and physical status, intellectual and moral development and living conditions of the minor. Other necessary elements required for featuring the minor are also missing, thus rendering difficult an individualized and correct decision as requested by the law. We noted in the so-called "social inquiries" carried out by the Tutelary Authority statements like "well-organized family, parents in divorce". In other cases, the Services of Tutelary Authority elaborated forms for the registration of the family situation of minors as if the specific features of each situation might be reflected by preconceived questionnaires.

The conditional suspension of detention is a modality of individualizing the penalty applied to delinquent minors and it is not part of the punishments; the trial deadline includes the duration of imprisonment plus a period of 6 months-2 years as decided by court. In case of conditional suspension, the court may decide the measure of supervised freedom until 18 years old. As in the case of special supervision, the family, legal guardians and other people responsible for the minor under conditional suspension are not supported by specialized social services in charge of correcting behavioral disturbances.

Although more severe, the Criminal Code, as modified and completed by Law 140/1996, includes among the measures concerning the delinquent minor that of providing benevolent community works (within the measure of supervised freedom) for a certain number of hours. This is a first step towards the assurance of legal basis for more appropriate treatment of minors whose personality is under development and who should not be therefore treated like adults in miniature. According to the new stipulations of the Criminal Code (introduced by Law 140/1996), the court may decide supervised freedom or conditioned suspension of detention, but imposing the minor the fulfillment of one or more of the following obligations: a) They are not allowed to frequent certain places; b) they are not allowed to have contacts with certain individuals; c) they have to perform a non-paid activity in a public institution (unit) for 50-200 hours and of minimum 3 hours per day.

The Ministry of Justice, the UNICEF Representative Office in Romania with the methodological support of International Association of Magistrates for Minors and Family and specialized member organizations of the Federation of Mandated Teams for Open Environment from Belgium have initiated a research and action program. The program has been implemented by **TRASR (Team for Research - Action - Social Rehabilitation)**, a multidisciplinary team of specialists. The program aimed to adapt in Romania an alternative to detention, as punitive measure, following a Belgian model. This model would promote the performance by the delinquent minor of a benevolent activity for the public benefit in a public social or cultural institution (school, canteen, hospital, kindergarten, library, etc.) during free time, in weekends or in holidays. The team of specialists (social worker, psychologist, jurists, and sociologists) has dealt with the minor and his family and has involved the people from institution, schooling community and neighborhood. The specific means of education aimed to make the minor aware of his past actions and correct his behavior. The activity was based on several principles like confidentiality, avoidance of stigma, development of personality.

Toward a Child-Centred Society

A first step towards introducing a legal alternative to freedom deprivation was done through the modification and completion of the Criminal Code concerning the possibility of performing a benevolent activity for public benefit. Once introduced as legal possibility, such alternative will not score the foreseen results in case a network of social services designed to deal with the special needs of these children will not be set up. The network should comprise social workers, psychologists, jurists, and other specialists in the child-related issues.

Such network should base its activities on other types of social services with general or specific character, like social work services with complex, community vocation and specialized services for stretched territorial areas. Such approach would ensure a prophylactic, complex and concerted action, focused on the various needs of the child: school education, professional training, health, material situation, housing, inter and extra-family relations, leisure.

As from 1990, some legislative measures were taken and some actions were carried out in order to improve the living conditions, to ensure a more human treatment of delinquents within certain institutions (centers for the reception of minors, re-education centers, minors' sections in prisons) and to reduce the high rate of juvenile delinquency.

The Government Decision concerning the National Plan of Action in favor of the child, adopted in

December 1995, outlined the main stakes of legal protection and prevention of juvenile delinquency according to modern principles, priorities and international recommendations. The responsibilities and the means for setting up the necessary infrastructure were however not detailed. Therefore, the application of the plan is under risk of being considerably delayed.

The Ministry of Labor and Social Protection, the Ministry of Interior and the Local Public Administration have taken some measures concerning the "street children". Social workers were employed by some penitentiaries to deal with delinquent minors. Some studies and researches for knowing the relatively new phenomena (consumption of drugs by teenagers, especially by students of high schools, setting up of groups with antisocial behavior like satanic groups) concerning juvenile delinquency were carried out.

However, there is no coherent governmental strategy to address in an articulate way the issue of delinquency. The initiatives performed so far and the knowledge acquired by different departments have a sector-based, limited character. Therefore, the different actions implemented so far have not scored the envisaged results. A special attention should be paid to different activities performed by non-governmental organizations individually or in partnership with other non-governmental organizations and public institutions.

„Europa pentru Europa“ (Europe for Europe) and „Grupul Roman pentru Europa“ (Romanian Group for Europe) – GRADO are only two non-governmental associations which were involved in the field of juvenile delinquency and which registered good results.

The Association "Europa pentru Europa" has worked in collaboration with the General Directorate of Penitentiaries in Arad Penitentiary during 1994-1996. The project comprised rehabilitation works, constructions, endowment, and educational programs in children homes, schools and minors' section of the penitentiary. The intention is to set up in the near future a higher education institution for the training of specialists who are supposed to work with the delinquents in the penitentiary, but also outside it.

The Association GRADO has provided assistance for the reintegration of women released from penitentiaries. The activity was carried out during September 1995-August 1996 in Targusor Penitentiary and supported the women in the penitentiary and their children. Educational activities (drama therapy) in penitentiaries and re-education centers were carried out in collaboration with UNITER and the General Directorate of Penitentiaries („Robinson and his guests" play). We mention also the translation and publication of the first manual of penitentiary practice called **"Making the rules functioning"** within a program initiated by Dutch Helsinki Committee for the teaching of penitentiary practice. The scope was the introduction in Romania of international criteria and standards and a particular model of enforcing them.

15.3. The reform directed towards keeping under control the juvenile delinquency phenomenon

The promotion of reform is absolutely necessary in this field. Having in view the dimensions, complexity and seriousness of the phenomenon as well as its negative

impact on young generation, a concerted intervention of all involved institutions is required in terms of:

- Re-evaluating the legislative and social protection system, revising of the organization and functioning of these institutions, setting up of new services, institutions and operative structures based on

modern principles and norms, in line with the orientations of international criminal policy and the present needs of the Romanian society.

The measures of social and criminal policy should be focused on the minor and should be firstly concentrated on the prevention of delinquency and its repetition.

Some general principles should be considered:

- **Juvenile criminality is a concern of the whole society** and a field of juridical, pedagogical, medical and social protection preoccupation. At the same time, it requires the existence of an open, friendly and adequate environment based on prevention, assistance, support, education and supervision of delinquent minor in all moments: immediately after the commitment of criminal acts, during trial and process of decision-taking, and afterwards. The co-ordination of the activity performed by different involved authorities is of maximum urgency.
- The reform should be based on a **solid knowledge of the phenomenon** in order to ensure a correct approach of issues. The decision-taking moment should be preceded by the analysis of evolution, incidence, nature and real causes of juvenile delinquency on the basis of official data available at the level of all involved institutions. Knowing in time the dimensions of some relatively new phenomena, like drug consumption and the development of groups with deviant behavior would prevent their propagation.
- **The prevention of delinquency and its repetition** should be the focus of the control policy of juvenile delinquency. It could be mainly accomplished through educational activities at all levels (family, school, institutions, social environment) and in all stages (before commitment, during the application of punitive measure and afterwards).
- Active intervention upon **the causes of phenomenon** through: the settlement of some family problems (family protection, financial support, juridical support, counseling), the provision of better schooling (better educational programs, better schools in areas with problems), the organization of attractive and accessible leisure activities in the school or in the living headquarters.
- **The strengthening of legislative framework**, the inclusion of a broader range of alternative punishments in the Criminal Code, the clear and concrete establishment of modalities of enforcement and of responsibilities. Identification and adaptation to the Romanian penal system of educational and corrective modalities, already present in the legislation of other countries.
- **The revision of the role of Tutelary Authority Service** as concerns delinquent minors.
- **Re-establishment of the system according to which the minor is accompanied in the court**, at his request, by the social worker working in the community social service or in a specialized service, who knows better the situation of the minor and is able to provide the court the necessary information for taking an individualized decision, when required.
- The setting up of **preventive detention in special, adequate conditions** only in well-justified cases and for short periods of time.
- **The restructuring and demilitarization of the present model of institutionalization** in the sense of making it more friendly and of improving the educational programs.
- The elaboration of **special programs for the professional training/development of personnel** involved in the settlement of minors' cases, the increase of exigencies as concerns the professional skills of individuals involved in the trial, supervision, education, rehabilitation and reintegration of the minor.
- **The involvement of local authorities** in order to make available alternatives to custody possibilities. The application of some educational measures in the community would, on one hand, reduce substantially the public expenditures (through the decrease of those imprisoned in favor of maintaining them in the family) and, on the other hand, reduce the overcrowding of prisons (an acute problem confronting the penitentiaries in Romania). In parallel, it would provide the framework for changing the attitudes and mentalities in the relations between the victim and aggressor in a double way.
- **Avoidance of suing the minor**, as preventive-educational measure through the setting up a system of specialized services with broader legal decisional powers. An example would be the mediation with the victim and payment of a compensation to quash the social conflict.
- **The delinquent minors should be considered as a human entity as such** and should benefit of an adequate treatment. Although at present, the delinquent minor benefits of specially appointed judges, special system of educational and punitive measures and special conditions for their enforcement, the Criminal Code and the modalities of carrying out the different measures do not sufficiently reflect the changes intervened in

international penal policies concerning the observance of children's rights. These would consist in action taken in the interest of the child, individualized approach, avoidance of stigma, measures of "removing lock-ups", reduction of the system of constraints in favor of developing educational measures and friendly approaches.

- **The minors originated from delinquent environments** are in need of special attention; measures are necessary to be taken in favor of children whose parents are in detention and in order to prevent the acquiring of some attitudes developed in the family.
- The updating of legislative measures concerning the adults who are instigating the children to commit or to participate in criminal acts through **the hardening of punishments**.
- **The setting up of some special bodies** in charge of monitoring the minor during conditioned freedom and the way in which s/he fulfils the obligations imposed by the court. They would also be charged of social reinsertion of minors released from re-education centers. These bodies, staffed by social workers, sociologists, psychologists, pedagogues, could function in the form of auxiliary departments of penitentiaries, courts, re-education centers, but also outside them in the form of support and guiding services for minor and family.
- **The appointment of permanent panels of judges or the setting up of sections specialized in judging minors** within the present or future courts; possibly,

the setting up of separate specialized courts for minors for civil and criminal acts or only for the latter. The judges staffing these panels, sections or separate courts would require juridical training, but, equally important, training in family psychology and sociology, in psychology of ages (adolescence) and in family social work.

- **New principles in addressing the victim (especially as concerns the feeling of fear that leads to hostility) and the relationships with the aggressor:** material compensation and moral rehabilitation (apologies, confession of guiltiness by the aggressor).
- **Intervention for raising public awareness and responsibility at the level of Romanian society** in general and institutions specialized in social control in particular for the correct perception of the efficiency of educational measures and the extension of punishments without deprivation of freedom. Such intervention is especially required given the intolerant, hostile behavior of public opinion. The press, which is rather interested in the sensational character of delinquency, could enhance the fear and hostility of population. The correct functioning of civil society can be achieved provided that there is an adequate reaction of other authority factors of the Romanian society.
- In the communities at risk, measures **to reduce the favorable conditions for delinquency** should be taken, like: installation of security systems in houses and institutions, better lighting in public areas and parking, preventive street patrol.