



NATIONAL
AUTHORITY FOR
CHILD
PROTECTION
AND
ADOPTION



CHILD CARE SYSTEM REFORM IN ROMANIA

2004



This study was compiled at the request of the National Authority for Child Protection and Adoption in Romania (ANPCA), with technical and financial assistance from UNICEF Romania and performed by the Institute for Marketing and Polls (IMAS).

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TABLE OF CONTENTS

FOREWORD	5
INTRODUCTION	7
Objective	7
Research Methodology	8
CHAPTER 1: CONTEXT	11
1.1 Overall Picture of Romania before 1989	11
1.2 Child Abandonment and Social Economic Context	12
1.3 Social Policies to Support Families in Need	16
1.4 Child Protection System in the Transition Years	20
1.4.1 The Period Before 1989	22
1.4.2 The Period of Quick-Fix Solutions 1990-1991	23
1.4.3 The Period of Contradictory, Unfocused Reform Measures (1992-1996)	23
1.4.4 The Period of Real Reforms, starting in 1997	25
CHAPTER 2: CHILD PROTECTION REFORM – REFORMING INSTITUTIONS	28
2.1 Administrative Decentralization and Setup of New Institutions	29
2.1.1 Challenges of the Administrative Reforms: The Infrastructure	30
2.1.2 Challenges of the Administrative Reforms: Funding in the Child Protection System	31
2.2 Players and Relationships Involved in Delivering Child Care Services – Overall Picture	35
2.3 Players Promoting the Child Protection Reforms – Relationships at Central and Local Levels	36
2.3.1 National Authority for Child Protection and Adoption	36
2.3.2 Child Protection Departments or Specialized Public Child Care Services	37
2.3.3 Non-governmental Organizations	37
2.3.4 International Institutions	38
2.3.5 Relation among Players	39
2.4 Other Players Involved in Child Protection – Relationships at Local Level	41
2.4.1 County Council	41
2.4.2 Child Protection Commission	42
2.4.3 Local Council	42
2.4.4 Mayor	43
2.4.5 Guardianship Authority	43
2.4.6 Social Assistance Service	43
2.4.7 Relations between Actors	44

CHAPTER 3: CHILD PROTECTION REFORM – REORIENTATION OF CHILD PROTECTION POLICIES	46
3.1 De-institutionalization – Decrease the Number of Children in Residential Institutions, Restructure the Residential System	47
3.2 Alternative Services to Institutionalization	51
3.3 Dynamics of the System (Inflow/Outflow from the System)	52
3.3.1 Reintegration into the Natural Family	54
3.3.2 Children Dropping Out of the System between the Ages of 18-26	57
CHAPTER 4: CURRENT STATUS OF CHILD PROTECTION SERVICES	60
4.1 Prevention	60
4.1.1 Prevention of Difficult Situation – Overall Picture	60
4.1.2 Prevention of Institutionalization	61
4.2 Protection Services	63
4.2.1 Placement Services	63
4.2.2 Alternative Services to Institutionalization	69
CHAPTER 5: SUMMARY AND CONCLUSIONS	77
CHAPTER 6: RECOMMENDATIONS	83
APPENDICES	87
BIBLIOGRAPHY	93

ACRONYMS

ANPCA	NATIONAL AGENCY FOR CHILD PROTECTION AND ADOPTION
CEB	COUNCIL OF EUROPE DEVELOPMENT BANK
CRC	CONVENTION ON THE RIGHT OF THE CHILD
DFID	DEPARTMENT FOR INTERNATIONAL DEVELOPMENT (UK)
DPC	DEPARTMENT FOR CHILD PROTECTION
EO	EMERGENCY ORDINANCE
EU	EUROPEAN UNION
FICF	INTERNATIONAL FOUNDATION FOR CHILD AND FAMILY
GDP	GROSS DOMESTIC PRODUCT
GO	GOVERNMENT ORDINANCE
IBRD	INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT
IMAS	INSTITUTE OF MARKETING AND POLLS
NGO	NON-GOVERNMENTAL ORGANIZATION
NIP	NATIONAL INTEREST PROGRAM
SPS	SERVICES PROVIDED BY THE STATE
USAID	UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
WB	WORLD BANK

FOREWORD

This study was compiled at the request of the National Authority for Child Protection and Adoption in Romania (ANPCA), with technical and financial assistance from UNICEF Romania and performed by the Institute for Marketing and Polls (IMAS). Initially it is intended to be used as an immediate working tool: the outlining of several future lines of action, which take all identified problems into consideration. The evaluation of the reform of the child protection system has thus shed light on these problems and areas which still require intervention and dedicated policies by the government. If matters still requiring responses were treated in greater detail and more insistently throughout the study, this does not mean that there has not been remarkable progress made in the area of child protection in Romania. The present study, is, in itself, proof of this.

This research would not have been possible without the friendly assistance of all individuals devoted to their profession who were contacted for valuable input for the study.

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Pierre Poupard
Representative

UNICEF Romania



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Secretary of State

National Authority for
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INTRODUCTION

Objective

This research is an attempt to evaluate the reforms in the child care system in Romania. Its key goal has been to obtain information that would describe and explain the processes that have taken place in this area in recent years, and the current state of the system and services provided. Special attention has been accorded to areas in which national-level policies are still necessary.

Research was conducted in four broad areas:

- Approaches to the reforms: the focus was on changes in the legal framework which regulates the child care system, proposed action strategies, and policies promoted within the system.
- Players involved in the process were analyzed in terms of the administrative level at which they operate (central, county, and local), the part they play in the system, and the relationships between them.
- Services provided were investigated in relation to their capacity to respond to the needs of the beneficiaries.
- Progress and gaps in the system.

Attention was also accorded to:

- the role of non-governmental organizations (NGO) to contribute to the reform process as service providers, policy development players, and pressure groups, creating demand for change, and
- the role of international donors to contribute to the reform as players in policy development and providers of technical and financial assistance.

All of these viewed in a general perspective indicates that the state is a provider of some services, namely:

- to support parents and families in crisis to provide for the survival and development of their children
- to substitute biological family (when stipulated by law and decided by the competent authority) through family-based care arrangements, such as guardianship, foster care, trusteeship, domestic adoption
- to provide supplementary community-based services for the child and the primary caregiver (whether biological or substitute)
- to ensure that placement in residential care or international adoption are considered only as measures of last resort

Due to the extent of this research not all areas have been accorded equal coverage, and some have been entirely overlooked. This is the case with national and international adoptions, which deserve their own study. We also dealt very little with the subject of children with special needs, which would have required much greater investigative effort than we were able to afford. This is also an area which requires many more dedicated policies than have thus far been promoted by the State. No less important is the problem of children living or working on the street, or that of juvenile delinquents, both issues relating to neglect or abuse, which have also not been dealt with in this study. Nor have we covered the new legislation aimed at the child protection system that was issued while this study was being compiled.

This study has one flaw, namely the fact that it was not carried out from a comparative perspective (coordinates of the child protection system and reforms of the Romanian system compared to the situation in other states), due to the need to cover many subjects in a territory that has often been poorly covered.

What we did attempt to do is to identify several reference points by which the process over the past few years in this country has become more visible. As is the case with any such attempt, the explanation may sometimes make a much more complex reality seem simple. We were mostly preoccupied with the idea of identifying the problems, even if we were not always able to provide responses or details thereof. It will be up to future studies to detail, confirm or invalidate the problems that we have raised here.

Research Methodology

The study focused on four major areas.

1. Approach of child protection reform system in Romania

This goal was conceived in terms of the presumed purpose: to ensure the welfare of children.

The methods used to meet this goal involved:

- **Public policy analysis** – analysis of legislation in this area and of official documents, such as the ANPCA national strategy, the strategies of the Child Protection Departments (DPC) since 2000, of several system input and output indicators, and of the ways in which the system is financed;
- **Empirical research – perceptions and opinions of the major players involved in reform** – we used both quantitative methods: 40 questionnaires for the Presidents of Child Protection Commissions and 47 questionnaires for the Directors of the Child Protection Departments, and qualitative methods: 4 in-depth interviews with ANPCA Directors, 3 in-depth interviews with representatives of various international donors involved in reform (USAID, UNICEF and the European Commission Delegation), 1 in-depth interview with an NGO Manager during the pilot stage of the research, 2 focus group sessions with the Managers and Coordinators of NGO programs in Cluj and Bucharest, and 1 focus group session with DPC Directors during the pilot stage of the research;
- **Statistical analysis of the indicators and budgets** – here we used data provided by ANPCA on the number of those entering and leaving the system, on movements within the system from one form of protection to another, etc.; we also used data furnished by the Ministry of Finance on amounts allocated by the State Budget, respectively the budgets of the County Councils for child protection, as well as information concerning DPC budgets from the questionnaires filled out by the Directors of these institutions);
- **Analysis of other studies in this area** (UNICEF 2001, UNDP 2002, Greenwell 2001, etc. see also the bibliography).

2. Players involved in the reform process and in providing child protection services

The primary method used to meet this research goal was an **analysis of the legislation** which describes the institutional attributes for each player in part. Wherever possible, we also used empirically gathered information from the field.

3. Services offered by the system

This subject was primarily covered through **empirical research**:

- **Quantitative research**: the questionnaires provided to the Presidents of Child Protection Commissions and the Directors of the Departments for Child Protection also contained questions about services;
- **Qualitative research**: 24 sociological investigations were carried out in institutions offering various types of services in several localities; 6 of these investigations took place in old-style placement centers or in modular placement centers in Târgoviște, Cluj, Gherla, Iași, and Budai; a further 6 investigations were carried out in family-style placement centers in Bacău, Hârja, Sighet, Vișeu de Sus, Roșiorii de Vede and Alexandria; the remaining investigations took place in institutions offering services to prevent institutionalizations: 6 day care centers in Viperești, Buzău, Baia Mare, Băița, Panciu, and Focșani and 6 maternal centers in Bucharest, Alexandria, Iași, Baia Mare, and Buzău.
Each of these investigations involved the visiting and close observation of the respective institution, an in-depth interview with the Manager of the institution, and another with an employee whose work involves direct contact with the beneficiaries, children or mothers.

4. Identification of the needs of the beneficiaries

Empirical research methods were used to for research this area:

- **Quantitative research**: 201 chestionnaires filled out by maternal assistants, 141 questionnaires filled out by parents who had their children returned to them after a brief period outside the family, 147 chestionnaires with relatives who are presently caring for children; it should be mentioned that the results here are not nationally representative, but were extremely useful in identifying problems which are faced by the three above-mentioned categories;
- **Qualitative research**: involved 19 case studies, 4 of which involved families whose children are in placement centers or are subject to alternative services to institutionalization (Iași, Bucharest, Cluj), 5 case studies carried out with families of maternal assistants (Iași, Bucharest, Cluj), 3 case studies with families at risk (Bucharest), 5 case studies with families that have had their children reintegrated (Bucharest and Brașov) and 2 case studies with relatives presently caring for children (Brașov).

Each case study involved an in-depth interview with one of the family members visited, observation in the home, an interview with a social worker monitoring the case, and where necessary, an interview with another party involved in the case (in case studies with families of maternal assistants, for example, the third interview was carried out with one of the children's biological parents).

There were a further 5 focus group sessions with children aged 10-17: 2 sessions with children in old-style or modular placement centers (Cluj and Bucharest), 2 sessions with children in family-style placement centers (Bacău and Roșiorii de Vede) and one control group with children in ordinary families in Bucharest; 2 pair interviews were carried with young people who grew up in placement centers and have now come of age (Bucharest and Cluj), and another focus group session was organized with maternal assistants.

Note: All focus group sessions took place with 7-9 participants. The term pair interview involved a discussion with two participants.

The field work configuration is outlined below:

Target groups		Instruments
Institutions which provide services (placement centers, day care centers, maternal centers)	<ul style="list-style-type: none"> - old-style centers - family-type centers - modular centers 	<ul style="list-style-type: none"> - <i>semi-structured observations</i> - <i>interviews with managers and staff</i>
Families	<ul style="list-style-type: none"> - families of children who have been reintegrated - relatives who have taken in the children - foster parents 	<ul style="list-style-type: none"> - <i>observation</i> - <i>case studies with the families</i> - <i>interviews with the social workers who monitor the families</i> - <i>focus groups</i> - <i>questionnaires</i>
Children	<ul style="list-style-type: none"> - children from placement centers - young people who have left the placement centers - children who have been reintegrated into their natural family - children from normal families (control group) 	<ul style="list-style-type: none"> - <i>interviews</i> - <i>pair interviews</i> - <i>focus groups</i>
Main players	<ul style="list-style-type: none"> - NAPCA Directors - international donors - NGO Program Managers 	<ul style="list-style-type: none"> - <i>interviews</i> - <i>focus groups</i>
Local-level players	<ul style="list-style-type: none"> - DPC Directors - General Secretary of the County Councils 	<ul style="list-style-type: none"> - <i>expert focus groups</i> - <i>questionnaires</i>

(See Appendix 1)

At the conclusion of this field work we attempted to intersect the four major areas of focus of this research and made every effort to understand whether and why the system reform produced changes to cover the meet the needs of the beneficiaries.

It is important to mention that another difficulty of this study, and of the child protection system itself, is the fact that there are extremely tight connections between this system and other institutionally organized social sectors, such as education, health, social security, local public administration systems, etc. It was often difficult to identify which problems are strictly linked to the child protection system, which of these are generated by other sectors, or occur because of the weak connection with other sectors.

The difficulty for the system is that each of these areas was reformed to varying degrees without the benefit of general, coherent and consistent social development policies. The level of development of each of these areas in part affects the capacity for development of the others to such an extent that the policies relating to one may become inefficient if they are not coupled with converging policies in the other areas.

CHAPTER 1

CONTEXT

- 1.1 Overall Picture of Romania prior to 1989**
- 1.2 Child Abandonment and Socioeconomic Context**
- 1.3 Social Policies to Support Families in Need**
- 1.4 Child Protection System in the Transition Years**
 - 1.4.1 The Period Before 1989**
 - 1.4.2 The Period of Quick-Fix Solutions 1990-1991**
 - 1.4.3 The Period of Contradictory, Unfocused Reform Measures (1992-1996)**
 - 1.4.4 The Period of Real Reforms, as of 1997**

1.1 Overall Picture of Romania prior to 1989

In order to understand why child care system reforms were necessary we must first examine the situation of children in Romania prior to the reform. Some of the causes that led to this situation have their roots in the pre-1989 period.

The Romanian State prohibited abortion in 1966, as a result of a significant drop in the recorded fertility rates (from 89.9% in 1956 to 55.7% in 1966). An immediate effect of this measure was the deterioration of mother and infant health as a result of various attempts to terminate unwanted pregnancies, an increase in maternal and child death rates and in the number of children with congenital malformations.

Fertility rates doubled in the subsequent years for lack of contraceptive measures. The demographic explosion in the 1967-68 period was associated with a continuous deterioration in living standards.

A simultaneous and unexpected rise in the number of abandoned children made necessary the adoption in 1970 of Law 3/1970 for the protection of minors. Instead of preventing child abandonment and encouraging parents to assume responsibility for their children, this law promoted institutionalization as a solution for these children. As such, the State took over the responsibility for raising these abandoned children, and a popular saying at the time claimed: "The State wanted children, let the State look after them."

Another gap in the system at that time was protection for disabled children. There were no chances for integration in the mainstream educational system to provide education for disabled children. Instead, there were special boarding schools, often at some distance from the family home of the children. These institutions provided neither conditions nor specialized staff needed to offer disabled children adequate care and education.

The following are consequences of pre-1989 social policies in connection with child care:

- high rate of child abandonment
- many large institutions with improper living conditions
- a child protection system inappropriate for child development
- no experience in delivering services other than institutionalization
- lack of specialized staff

The above-mentioned situation has had a long-term effect on the child protection system. The changes in the Romanian socio-economic environment since 1989 has overlapped with the current situation.

1.2 Child Abandonment and Socioeconomic Context

Question: What circumstances are driving children and families in distress? What factors/causes generate such circumstances?

Comment: Poverty might be the foundation, but is not necessarily the direct cause leading to the institutionalization of children; the most important factors are those affecting the unity or stability of the family, including the quality and size of the home, social stress, divorce, separation, step siblings, fathers refusing to accept their children, parents in prison, alcoholism, domestic violence, health problems of the child, etc.

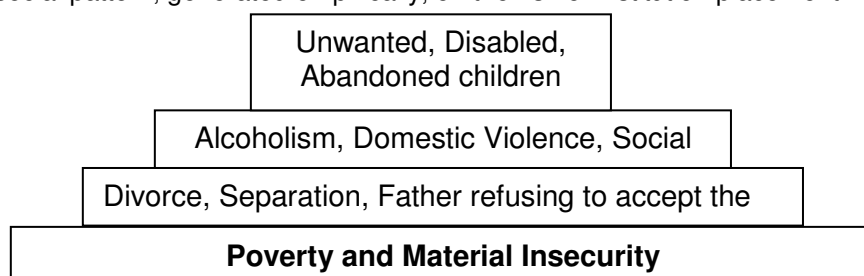
Some factors affecting family harmony were severely aggravated in Romania in the 1990s.

In order to get an idea of the effects that transition has had on families and children in need, it is necessary to identify the circumstances by which families and children came to be in distress, on the one hand, and to study the evolution of certain factors that have lead to such circumstances.

Few studies exist describing in detail the reasons why children or families with children become needy, but information from two different sources appear to reach the same conclusion.

A study published with UNICEF support (Stephenson P., Anghelescu C., 1997, p.27) shows that there are a number of factors contributing to varying degrees to the placement of a child in a residential institution:

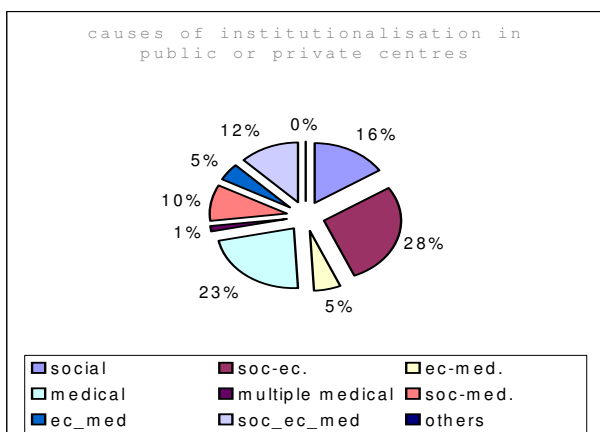
A social pattern, generated empirically, on the risk of institution placement



Source: *Causes of Institutionalization of Children in Romania, FICF, UNICEF, 1997*

The authors of this research concluded that: poverty is neither necessary nor sufficient to lead to institutionalization. Nevertheless, poverty does set the stage for conditions by which other elements, especially those relating to family dissolution, can lead to institutionalization.

A similar result can be found in data contained in the 2002 census on children in institutions.



Only 5% of children in placement centers in 2001 were there for strictly economic reasons.

Half of the children (50.7%) also had a health problem., with 23% of these institutionalized strictly because of a medical condition.

16% of residents were there for social reasons.

At that time most of the children ended up in placement centers for a combination of reasons.

Source: *Census on children in institutions – 2002*

This data does not directly address our question, as it refers only to children in protection institutions, and not to all children in placement or at risk. Moreover, reforms in the 1997-2001 period produced significant changes in the structure of institutionalized children.

However, an overall conclusion (validated also by the qualitative research of this project) can be drawn here, namely that the key factors leading children into difficult situations occur against a general background of poverty, in situations when dramatic events affect the balance and unity of the family.

In the case of children with special needs, the lack of specialized services in close proximity to the family home may lead to the child being put in a placement center.

A study about parents with children in placement centers in Timiș County (Alexiu T., 2001, pp.131-139) reveals a further two important factors, that may be significant to institutionalization: ethnic factor (children of Roma people are at greater risk of being institutionalized than children of other ethnic groups), and the institutionalization antecedents in the family. Even though we cannot extrapolate these results at the national level they could be considered as possible tracks for the future researches.

Below are some national indicators that might be useful for forming an idea about the dynamics and complexity of exposure of families and children in Romania to different forms of risk, between 1990 and 1999:

		1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Indicators of the family and child situation	Fertility rate ^a			48.7	46.6	44.3	43.3	41.1	39.9	40.6	40.6	40.2
	Share of non-marital births (% of total live births) ^b	-	-	-	-	17.0	18.3	19.7	20.7	22.2	23.0	24.1
	Marriage rate (per 1,000 inhabitants) ^b			7.9	7.7	7.1	6.8	6.8	6.7	6.5	6.5	6.2
	Share of births to mothers under age 20 (% of total live births) ^b	15.1	15.2	16.9	17.4	18.4	17.9	17.3	16.5	16	15	14.4
	Share of non-marital births to mothers under age 20 (% of live births to mothers under age 20) ^b	-	-	-	-	39.0	41.1	44.4	47.5	50.9	53.1	55.9
	Divorce rate (per 1,000 inhabitants) ^b	1,6	1,4	1,6	1,3	1,4	1,7	1,5	1,6	1,5	1,8	1,5
	Children involved in divorce (per thousand 0-17 population) ^a	4.6	4.2	4.7	3.7	3.5	5.5	4.7	4.7	4.9	5.7	4.7
	Registered juvenile crime rate (juvenile crimes per hundred thousand 14-17 population) ^b	-	604	1.10	934	1.40	1.55	1.73	1.95	2.36	3.28	-
	Adult crime rate (per hundred thousand population) ^b			263	303	366	421	448	460	496	472	390
	Rate of children in residential care (per hundred thousand 0-17 population) ^b	-	1,084	1,09	1,07	1,14	1,34	1,34	1,43	1,47	-	-
		.9	5.4	1.2	7.6	3.0	7.2	5.2	2.1			
		1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Indicators for the poverty dimension	Real wages (index, base year = 100) ^b	100	105.2	88.9	77.3	64.4	64.6	72.7	79.8	62.3	61.1	62.3
	Real GDP growth (index, 1989 = 100) ^b	100	94.4	82.2	75	76.1	79.1	84.7	88	82.6	78.2	75.7
	Distribution of earnings: Gini coefficient ^b	0.15	-	0.20	-	0.22	0.27	0.28	0.30	0.35	0.35	0.37
		5		4		6	7	7	5	2	8	2

Sources: a. Statistical Yearbook 2002, b. Monne Report: A decade of Transition, 2000, c. UNDP Report, 2002¹

The first 10 rows in this table show indicators that describe potential factors responsible for perturbing family life and child development, while the last three rows show the dynamic of the macroeconomic indicators.

The following observations can be made:

The social and macroeconomic context of the first decade of transition has worsened. Gross domestic product (GDP) has never reached pre-revolution levels, and the average salary dropped to three-quarters of that in 1989. Such changes occur against a background of deepening social polarization. Moreover, the table below shows that families with many children are those most affected:

Groups affected by poverty	1995	1998	2001
	% of each category		
Total poor population	25.27	33.82	29.6
Families with 2 children	30.12	43.64	31.5
Families with 3 children	52.78	64.58	58.4
Families with 4 or more children	71.05	83.63	68.3

Source: CASPIS and NSI, 2002, UNDP, 2001, after "Social Protection of the Child" Analysis and Debates Group

The divorce rate and the rate of children involved in divorce cases has remained relatively constant throughout these years, proving that a vast number of families have managed to stay together through a context of material difficulties.

¹ Data for 2000-2003 period was not available on a comparable base. Other sources have different methodologies to calculate these indicators.

Marriage rates, however, have dropped significantly from 1991-1999, which may indicate a greater occurrence of single-parent families.

In fact, there is an upward trend in the number of children born out of wedlock in this period, within a general context of decreasing fertility rates. Similarly, the number of single mothers under the age of 20 is increasing.

Crime rates, especially those among juveniles, have also risen in this same period.

The last three indicators observed seem to indicate, indirectly, increased deviance in behavior within families, and a greater number of cases in which the family's stability and capacity to raise children is strongly affected (crime and juvenile crime rates).

Although we are unable to draw up a time-series dynamics of this indicator, a recent study (National Research on Domestic and Work-Related Violence – CPE, 2003) shows that physical violence in Romanian families is quite a serious problem. This phenomenon is associated with other factors that threaten family stability (alcoholism, poverty, overcrowding in the homes). The incidence of physical violence is greater in families with children (age 0-14) than in families without children. In 2003, more than 9% of children in Romania had witnessed scenes of physical violence among their parents. This behaviour is nationally sustained by a somewhat tolerant attitude to such deviance. This data shows that there is a need to extend national policies to neglected or abused categories of children.

According to the available data, the total number of children in residential placement has been experiencing an upward trend since 1992. As mentioned before, this may be the result of an accentuation of factors that may destabilize the family, on one hand, and a lack policies related to prevention of abandonment and institutionalization, on the other hand (see also Greenwell, K.F 2000, p. 5).

Concerns

- In such circumstances, measures that might be efficient in terms of preventing the child from being separated from his/her family should be based on the idea of assisting the family and child with a wide range of services. For instance, such assistance might entail identifying and activating a support network (at the family and community levels) for families at risk, in areas such as job counselling or assistance in finding housing, family planning, parental counselling, etc. Adequate delivery of some types of services (day care centers, mother and baby centers) may, in turn, constitute a key prevention factor. Such measures might sometimes be coupled with some form of material support. Social policies prior to and since 1989 were financial in nature, and only since 1997-98 has the State begun developing prevention services, although their coverage and efficiency are still very moderate.
- What is important to bear in mind, is that as long as child abandonment is not generated by strictly economic causes, strictly material prevention measures can not be fully efficient. A wide range of social assistance services should be provided to children at risk, to respond to the need for family strengthening.
- In the context of the increased intensity of factors affecting the harmony of family life it is impossible to consider prevention of child abandonment separately from that of child abuse or neglect. Such issues must be dealt with as they are generally part of the same range of issues relating to the observance of

children's rights and harmonious development. The State has been unable to provide efficient services for these children until now.

1.3 Social Policies to Support Families in Need

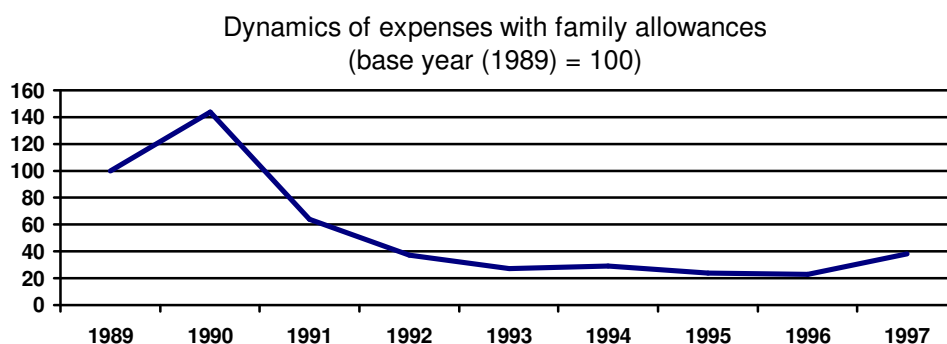
Question: What were the traditional support policies? What has changed in the recent past?

Comment: Financial support; lately, more diverse financial support, but professional intervention is still missing.

Prior to 1989, the support policy for families in difficult situations was not based on granting assistance services, but on financial support to certain categories (children, mothers with many children). This kind of support was meant to encourage natality, but could not prevent entry of children into state care. The standard solution for families with difficulties raising their children or who chose to abandon their children was institutionalization.

This policy has undergone some slow change since 1989, but the focus continues to be on financial support rather than on services that could help families overcome the difficult situation they are experiencing.

Social support for families and children dropped significantly during the transition period, more than in other transition countries (Zamfir, 1998). As such poverty has affected mostly families with children.



Source: Zamfir, 1998

In the past few years, the social protection system has begun directing financial assistance to the most vulnerable categories, requiring the checking of financial resources of applicants. Some legislative vagueness led to a very bureaucratic process, which sometimes prevented those in need from gaining access to such assistance.

Another important change in the system occurred in 1998, when the responsibility for financing some social services was transferred from the central government to the local authorities. Some poorer localities were unable to provide such assistance, sometimes because of a lack of financial involvement on the part of county authorities, who in fact have the financial capacity to grant such aid.

There has been no coherent social policy for families in difficult situations at the central level. Instead, various services are provided by several public institutions

(Ministry of Labor and Social Solidarity, Ministry of Health, Ministry of Education, National Child Rights Protection Agency, State Agency for Disabled Persons). Some institutions involved in social protection activities were placed under the auspices of the Ministry of Labor, Social Solidarity and Family in 2003. However, the administrative capacity of this institution to manage such a vast and difficult task is controversial.

Meanwhile, the active support measures for families in difficult situations (counselling, support for improving skills or finding work, support in crisis situations, etc.) have developed very little. Some of these services were developed by ANPCA and will be analyzed in the following chapters.

The following are current social benefits/services available to families:

Social aid ensuring the minimum guaranteed income is granted following upon verification of income and household endowment. The amount of such aid is calculated based on the difference between a threshold set by the Government and the family's net monthly income. In order to discourage idleness, such aid is conditional upon the recipient offering some community service.

Home heating aid – low-income families are allocated money in winter, and such assistance was offered to some 756,000 households in 2002.

Single-parent family allowance is granted according to the same terms and conditions as the complementary family allowance below, except that the amount of the allowance is different: ROL 450,000 for families with one child, ROL 525,000 for families with 2 children; ROL 600,000 for families with 3 children; ROL 675,000 for families with 4 or more children.

Complementary family allowance is an additional allowance granted to families with two or more children as of 1997 to January 1, 2004. The amount of this allowance was calculated based on the number of children: ROL 40,000 for families with 2 children, ROL 80,000 for families with 3 children and ROL 100,000 for families with 4 or more children.

Meals at social canteens – this service is available to a variety of categories of people. One of the general requirements is that the monthly net average income per person falls below the net monthly income for single persons, based on which social aid is calculated. Such social canteens are financed from local budgets.

Concerns:

- The poverty evaluation report claims that: “the minimum guaranteed income is best suited in terms of targeting, but the degree of coverage and its adequacy are low.” According to this same source, the program only covers some 30% of the population suffering from severe poverty, mainly because financial arrangements are inadequate (unclear distribution of tasks among central and local administrations, unpredictability of funds for such aid, resources from the state budget are not allocated with a specific destination) as is the manner for applying for such assistance (the law is unclear about eligibility, leaving criteria at the discretion of the local administration).
- In the case of the complementary family allowance the “Romania Poverty Evaluation” report shows that “the marginal rate of aid was lower for families with

4 children. As such the program did not manage to cover the marginal income difference of families at highest risk of poverty.” The additional allowance was replaced by the complementary family allowance as of January 1st, 2004. Now aid is granted by verifying income (available only if the income per family member does not exceed the threshold set by law), families with one child may receive such aid, and the amount of the allowance is 25% higher if the family receives social aid. These changes were developed to better direct such aid to poor families, and allowances amount to ROL 300,000 for families with 1 child, ROL 350,000 for families with 2 children, ROL 400,000 for families with 3 children and ROL 450,000 for families with 4 or more children.

- Some people may not be benefitting from such aid/services for the following reasons: bureaucracy, unclear methodologies, lack of local-level financial resources, etc.
- Other categories of people (the homeless, people without identity papers, poor people working on the black market, etc.) do not benefit either from such financial aid or other social protection measures, such as social insurance, health insurance, etc.
- These concerns show that there are some socially excluded categories of people. Furthermore, the number of children in need (living in very poor conditions, without proper health assistance, etc) is higher than can be estimated from official data. We were unable to estimate how large this segment of the population is, and such categories of people certainly require dedicated and realistic policies.

The following are social benefits available for children:

State allowance for children – general aid is granted to all children between the ages of 0-16, or up to age 18, provided they attend some type of legal education, or suffer from some form of disability. The monthly allowance is ROL 210,000.

School supplies are available to students enrolled in the full-time state education system, primary and high school, whose families have an average net monthly income per family member each year in June not exceeding 50% of the basic minimum gross wage in Romania (as of 2001). These conditions have been interpreted in several ways. “Conditions to benefit from this program have varied from one place (city) to another, depending on how the legal provisions were interpreted. For instance, a simple statement by the applicant to the effect that his/her income does not exceed the set threshold was sufficient in some schools, while in other institutions a declaration certified by a Notary Public was required. In the latter case, the fee for the Notary Public was equal to almost half of the aid the applicant received if the application was approved.” (D. Arpinte, S. Preda, 2002).

Milk and baked goods – such products have been distributed free of charge since 2002 to children attending state schools from Kindergarten to grade 4.

Scholarships (grants) for students – there are two kinds of scholarships, study and performance (based on merit) and social aid scholarships (based on need, granted to children who suffer from various diseases, whose families had an average monthly net income per family member over the past 12 months not exceeding 50% of the minimum net salary in Romania).

Tuition grants – are offered to students whose families have 2 or more children, are entitled to the minimum guaranteed income, and are registered in the compulsory education system.

Formula – has been distributed free of charge since 2001 to children aged 0-12 months who are not breast-fed.

Concerns

- Compared to social support for families, the social policy for children is oriented more to universal measures (allowances, milk and baked products, formula for infants).
- As such the amounts spent on universal policies greatly exceed those allocated for the specific policies.
- In the case of both family and child support policies, the greatest effort of the state is orientated to financial support measures.

Main social assistance aids in year 2002

	Number of beneficiaries	Percent of GDP
	<i>(average no./month)</i>	
State allowances for children	4,826,620	0.61
	<i>(average no./month)</i>	
Additional allocations for families with children	1,003,400	0.05
	<i>(average no./month)</i>	
Allowance for newborn babies	149,201	0.01
	<i>(total no./year)</i>	
Social aid	3,223,096	0.21
	<i>(total no./year)</i>	
Financial aid	2,259	0.00
	<i>(no. of families/year)</i>	
Emergency aid paid from the state budget	468	0.00
	<i>(no. of families/year)</i>	
Emergency aid paid from local budgets	12,712	0.00
	<i>(average no./day)</i>	
Canteens financed from local budgets	25,401	0.06

Source: Ministry of Labor, Social Solidarity and Family, 2003

Children with disabilities receive a state allowance that is twice as high as that for children with no disabilities. In certain circumstances, children with severe disabilities may benefit from a personal assistant employed by the local public administration authorities. The child’s parents or legal guardian may choose between receiving compensation equal to the net salary of a beginner state unit social worker or a personal assistant. Furthermore, any person supporting, supervising, or raising a disabled child may benefit from sick-leave to look after the child.

Concerns

The number and level of sophistication of services provided for children with special needs are entirely unsatisfactory.

- There are no special schools for certain types of disabilities, except in a few of the larger cities, requiring a separation of the child from his/her family while studying.

- Children with slight disabilities presently attend special schools, although they could be integrated into the regular school system.
- There are no services adapted by age or type of disability;
- There are no services available to teenagers, adolescents or adults with special needs to help them prepare for life in the community or help the community assimilate them.

As the system for services for people with special needs has been operational for several decades, resistance to change is very high.

And finally, among the various interconnected sectors, such as health, education, social services, and child protection, the dynamics of reform has varied greatly from one sector to another. Lack of change in one sector can hinder the “evolution” the other(s). There is a need for real partnerships and cooperation between the various institutions, especially at the local level, closest to the beneficiaries.

1.4 Child Protection System in the Transition Years

Question: What was the inherited situation like? What has changed since 1990?

Comment: This was very bad. Until 1997 actions were hesitant and sometimes contradictory, with somewhat more coherence and clarity since then, but there is still room for improvement.

According to some authors (Greenwell, K. Fern 2000, Filipescu, I. 1998, Roth, M. 1999) there are some stages of protection reforms in the transition period:

The period prior to 1989 - a period in which child protection was widely promoting residential institutions - Law 3/1970.

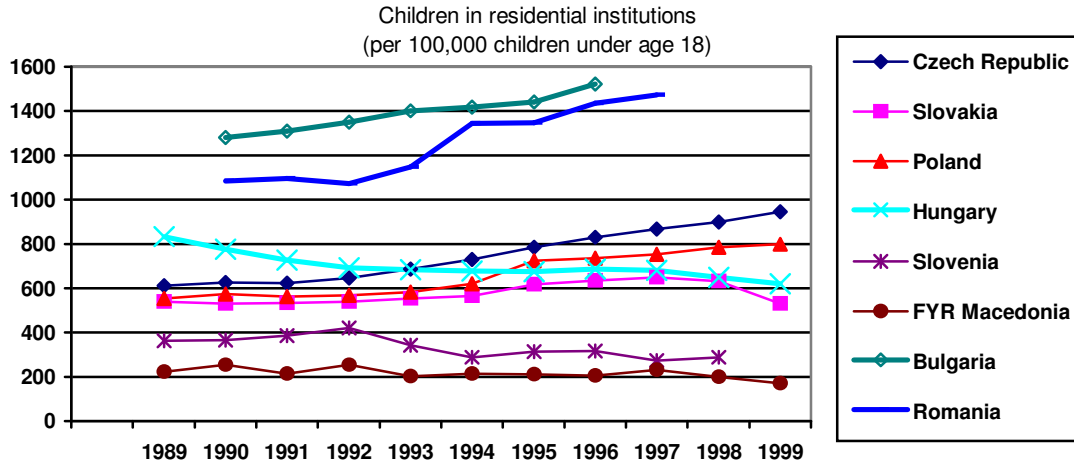
A period of quick-fix solutions from 1990-1991, also characterized by an exaggerated increase in the number of international adoptions – Law 11/1990.

A period of contradictory, unfocused reform measures (1992-1996), in which international adoptions were limited – Law 48/1991, while mechanisms to promote such adoptions were put in place – Laws 47/1993 and 84/1994.

The period of real reforms, as of 1997, in which alternatives to institutionalization were promoted (Government Ordinance 26/1997, Law 108/1998), adoption procedures were regulated (Government Ordinance 25/1997, Law 87/1998), and child protection institutions were decentralized.

The charts below show the situation of the protected child in a regional perspective during the transition period:

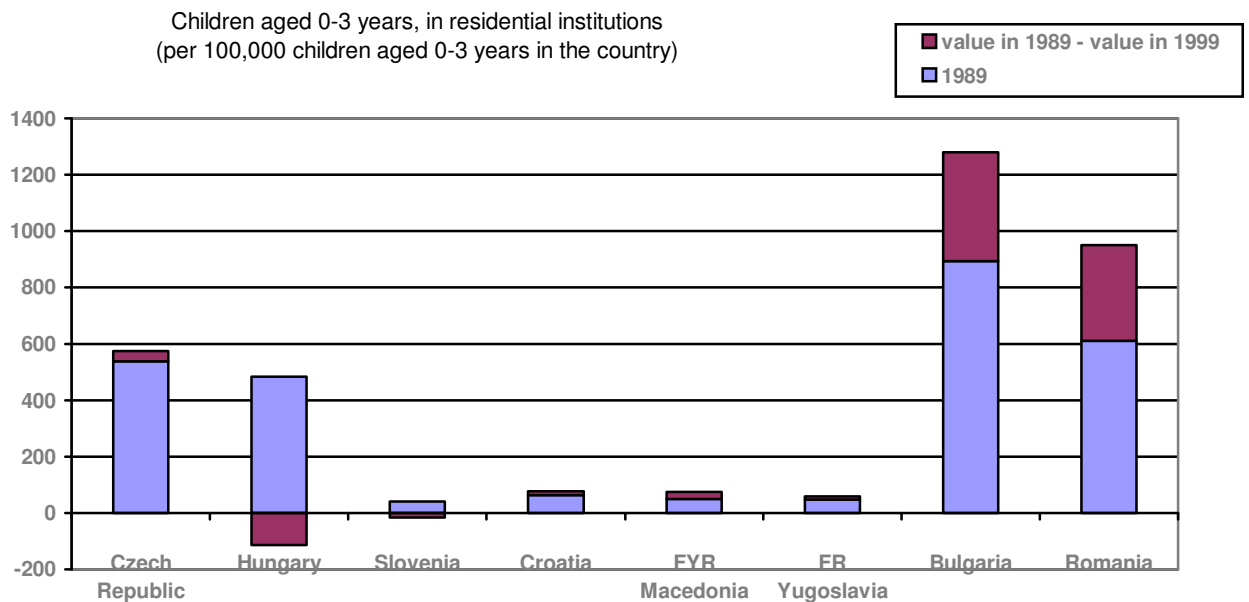
- Romania had one of the highest rates of institutionalized children in Eastern Europe



Source: Monne Report: A decade of Transition, 2001

- The rate of abandonment of young children (ages 0-3) was one of the highest and this trend has been increased since 1989

Source: Monne Report: A decade of Transition, 2001



1.4.1. The pre-1989 period

By 1989 the most common protection measures were institutionalization, and the situation of residential institutions was as follows:

- Most institutions sheltered very large numbers of children (400-500).
- Staff was insufficient (one educator for every 20-40 or even 50 children) and under-trained (the education system provided had not been providing training for social workers, psychologists or psycho-educators since 1978).
- The structure of protection institutions was based on age (nurseries for children aged 0-3, pre-school homes for children aged 3-6, and homes for school-aged children), or on gender (girls and boys homes), without any consideration being accorded to the children in terms of their needs for stability or kinship.
- Institutions were generally 'closed', meaning that tuition was offered in these same institutions.
- The living conditions in many of these institutions was appalling, with basic needs, including food and hygiene, not being met.

Planning and implementation for the operation of child protection institutions prior to 1989 severely impacted on the children, and on the system in general. Services were homogenized and depersonalized, families and local communities were deprived of any responsibility, children were severed from their biological families, their individual personal environment was restricted in these institutions, and their development needs were ignored.

At the beginning of the 1990s, the entire protection system for children in need was subject to **Law 3/1970**, legislation relating to the protection of certain categories of minors. While **Law 3/1970** included provisions for family placement as a measure, it was in fact promoting institutionalization as the key measure for protecting children in difficulty. Children would be moved from one type of institution to another, depending on their age and situation – nurseries (ages 0-3), children's homes (by age and gender), hospital homes (for children with special needs), and re-education centers (for juvenile offenders), all of which were under the jurisdiction of various ministries (Ministries of Health, Justice, and Education).

According to **Article 20** of **Law 3/1970**, child protection activities were coordinated by the Central Commission for the Protection of Minors at the Ministry of Labor, which had the following attributions:

- to guide and coordinate child protection activities;
- to approve the establishment of Child Protection Commissions at the municipal level and in Bucharest levels, and at the town and commune levels;
- to issue guidelines for Child Protection Commissions.

Law 3/1970 was in effect for the child protection system until 1997, when it was abrogated by Emergency Ordinance 26/1997!

1.4.2. The Period of Quick-Fix Solutions 1990-1991

The legal framework in the field changed after 1990, with the passing of number of internal laws and the implementation of several international documents. Key changes in domestic legislation in the field between 1990-1997 envisaged mostly adoption and promoted attempts for the setting up of a number of central-level committees, in charge of the child protection institutions. These legal measures were intended to improve the conditions in which children in the system were being cared for and educated, rather than to change the protection system itself.

As concerns adoptions, the legal requirements for the approval of adoption changed drastically in 1990. Even though the legal framework included provisions stipulating preference of domestic over international adoption, and punishment by imprisonment for mediators and facilitators who made money facilitating such adoptions, **Law 11/1990** in fact liberalized the international adoption regime in Romania, compared to the previous period when such outside adoptions were rare. This Law was in fact responsible for an explosion of international adoptions at the beginning of the 1990s (see also Greenwell K.F 2000, pp.13-14), and measures were adopted in 1991, in the form of **Law 48/1991**, to regulate the activity and stem the flow .

On 26 September 1990, the Central Commission for the Protection of Minors was replaced by the Committee for the Support of Child Protection Institutions, according to **Decision 1032**. The new central-level Committee was a government structure meant to contribute to the evaluation and coordination of programs to improve conditions for care and education of children in the system, and to extend collaboration with bodies and foundations created in this field in Romania and abroad.

That same year, Romania ratified the UN Convention on the Rights of the Child by **Law 18/1990**.

1.4.3. The Period of Contradictory, Unfocused Reform Measures (1992-1996)

Law 47/1993 was passed to complement adoption legislation. This Law stipulated that a child protected in a public social or medical institution or in a private institution will be declared as abandoned by court decision if parents demonstrate no interest in the child for a period exceeding six months. By “no interest” was meant a lack of evidence that the parents visited the child within that period, and once declared abandoned, the child could be put up for adoption.

This led to a new flood of international adoptions, becoming so critical by 2000, that the Romanian authorities were pressured by international organizations to apply a moratorium in 2001 to put a stop to this phenomenon.

Romania adhered to the following international documents in the first part of the 1990s:

Law 100/1992 on the Hague Convention regarding civil aspects of international child abduction;

Law 15/1993 on the European Convention on child adoption (Strasbourg);

Law 84/1994 to ratify the Convention on child protection and cooperation in matters of international adoption (Hague)

In 1993, Romania submitted to the UN CRC Committee in Geneva the initial report on the implementation of the Convention in Romania. In 1994, the Geneva Committee for the Rights of the Child presented to Romania its conclusions and recommendations on the state of compliance with the rights of the child in this part of the world. The report was rather critical and warned the authorities about the lack of coordination between various institutions and policies in the area of child protection.

The report revealed the following issues:

- Legal setbacks in relation to the rights of the child and observance of the best interests of the child;
- The need to assist families with family planning and the assuming of parental responsibility for the raising and development of the child;
- The need for policies relating to the issue of child abuse or neglect in the family;
- The need to create a structure of professional staff in child protection institutions and in the area of social assistance, etc.

The response to this report and to international pressure was a National Action Plan in favor of the child developed in 1995, and adopted by **Government Ordinance 972/1995**. While this Plan expressly stipulated that institutionalization should be a measure of last resort, and that it was in the child's best interest to have a family, it suffered from a lack of an accurate evaluation of:

- the situation at the time the plan was developed;
- the causes that led to the existing situation;
- the specific objectives;
- the lines of action to move from the existing situation in the child protection system to the objectives imposed;
- the way in which the required resources would be collected (cf. GIASAI 2001).

The situation of children in child protection institutions, virtually unchanged in the early years of the transition, often proved to be quite dramatic. The public presentation of some of these dramatic situations since the early 1990s, especially in the western media, led to the mobilization of significant efforts to allocate resources in this field, especially through a number of international organizations. Until the 1997-98, such efforts were mostly in the form of humanitarian aid or timely interventions in specific situations. The most significant achievement of those years, due to the commitment of international organizations, was the creation of several non-governmental organizations capable of developing and implementing good quality services in the field of child protection. Strong foundations, such as World Vision, Holt, and Bethany, began bringing their experience and expertise to Romania at that time.

A very serious issue relating to children in difficulty also has its roots in this same period, and has developed significantly over the years: street children. The

response of the authorities to this issue has been slow and measures taken in this respect remain insufficient.

1.4.4. The Period of Real Reforms, starting in 1997

Initial significant restructuring changes began in 1997. At that time, the **National Committee for Child Protection**, including the representatives of various ministries, was replaced in January by the **Child Protection Department**, within the government's executive structures. In 2000, this Department was turned into the **National Agency for Child Protection** (by Government Ordinance 96/2000), and the **National Authority for Child Protection and Adoption (ANPCA)** in 2001. At the time of its restructuring in 2001, the ANPCA took over the Romanian Committee for Adoption, now included in its structure.

The Romanian Government opened the way for decentralizing state child protection services through **Emergency Government Ordinance 26/1997**. County and Bucharest Sector Councils took over some of the child protection institutions, and territorial-level structures were set up. At that time alternatives to institutionalization were strongly promoted.

Child protection institutions were transferred to the local level, making possible the modernization of the system. A central-level institution was created, the existing ANPCA, whose mandate was to formulate and implement the national child protection strategy, and formulate, coordinate and monitor the implementation of standards and methodologies in the field. Another innovation involved the establishment of county-level institutions, known as Child Protection Departments (DPC), directly subordinated to the county councils. These county-level institutions have been entrusted with the delivery of child protection services, but will also play a key part in evaluating and authorizing services delivered by other organizations.

These new institutions have developed and implemented key restructuring measures, although this was done in a rather complicated manner. The administrative process itself has been quite slow, without adequate resources and funding being allocated at the national level.

For example, the methodological norms establishing the share of local community funding for child protection activities were published as late as June 2000, although the institutions had been transferred to the local level two years earlier. As a result, local administrations did not allocate sufficient funds to the Child Protection Departments and an unprecedented financial crisis occurred in 1998.

The restructuring of the child protection system was accompanied by the process of administrative decentralization, through implementation of the **Law on Local Public Administration 24/1996** and the **Law on Local Public Finance 189/1998**.

Two types of issues have arisen to affect the child protection system, as a result of the administrative decentralization that took place in this period:

1. The process of local (county and local-level) authorities taking on the responsibility of their new attributes and obligations was, and continues to be slow; the delegation of responsibilities for central and local funding often lacks

transparency; while some services are decentralized, others are not, and this can lead to a poor connection between linked sectors (education, health, social services, child protection).

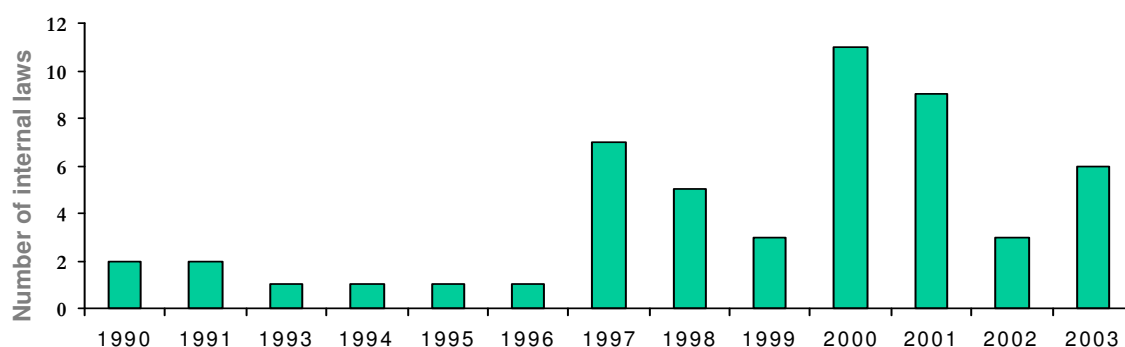
2. One of the known negative effects of decentralization is the difference in development between several more prosperous regions and very poor areas. These differences were poorly addressed administratively in the years following fiscal decentralization (1998).

Other issues affecting the child protection system involve a lack of continuity or delay in the legal framework, which characterizes the entire Romanian executive system.

Although Emergency Government Ordinance 26/1997 was published in the official gazette, *Monitorul Oficial*, on 12 June 1997, the Law approving, amending and complementing this legal document was not published until 2 June 1998, as Law 108/1999. Similarly, the implementation methodology for this law was only published on 12 March 1999, with the Methodology for coordinating activities for the protection and promotion of national-level child rights.

Furthermore, the differing stands on child protection issues of the various administrations resulted in a lack of continuity in the pace of reforms.

Evolution of the legal framework in the transition years



One can observe that there was greater interest in the problem of children in difficulty in the years 1997, 2000 and 2001, associated with the change of the political administration that took place in these years and pressures brought to bear by international organizations.

As of 1998, several external donors initiated programs aimed at establishing alternatives to institutionalization: USAID and the World Bank, in a project co-financed through the Council of Europe Development Bank. A significant funding component was expected in 1999 through the European Commission's PHARE Program. As a result of financial blockage affecting the new decentralized institutions at that time, the funds initially intended for the service development programs were used to keep the system in place. PHARE funding programs were postponed until 2000.

Other relevant programs were developed during this time with organizations such as UNICEF, the Embassies of Canada and the Netherlands, the Department for International Development (DFID), the French Ministry of Exterior, etc.

ANPCA could launch its own national-level development policies through the Programs of National Interest, which include the promotion of *protection for children in need within a family environment, protection of children with disabilities or HIV/AIDS within families or professional maternal assistants, etc (see pp. 24-25).*

Since Romania embarked on the road to EU accession, child protection reform has become a political criterion for such accession. The Copenhagen Agreement (1993) stipulates that: “membership requires that the candidate country has achieved stability of institutions guaranteeing democracy, rule of law, human rights and respect for the protection of minorities.” The European Commission has stressed that the care of children is a matter of human rights, and it will not initiate negotiations until this issue is dealt with.

The European Commission, international organizations and occasionally mass media have become pressure groups for change in the child protection system.

CHAPTER 2

Child Protection Reform – Reforming Institutions

- 2.1 Administrative Decentralization and Setup of New Institutions**
 - 2.1.1 Challenges of the Administrative Reforms: The Infrastructure
 - 2.1.2 Challenges of the Administrative Reforms: Funding in the Child Protection System
- 2.2 Players and Relationships involved in Child Care Service Delivery – Overall Picture**
- 2.3 Players Promoting Child Protection Reforms – Central and Local-Level Relationships**
 - 2.3.1 National Authority for Child Protection and Adoption
 - 2.3.2 Child Protection Departments or Specialized Public Child Care Services (DPCs)
 - 2.3.3 Non-governmental organizations
 - 2.3.4 International Institutions
 - 2.3.5 Relations Between Players
- 2.4 Other Players Involved in Child Protection – Local Level Relationships at**
 - 2.4.1 County Council
 - 2.4.2 Child Protection Commission
 - 2.4.3 Local Council
 - 2.4.4 Mayor
 - 2.4.5 Guardianship Authority
 - 2.4.6 Social Assistance Service
 - 2.4.7 Relations between Players

Question: What are the most important administrative reform accomplishments and gaps?

Comment: Progress: the new central and county-level institutions with responsibilities in child care have been established and are operational.

- Gaps : Lack of local-level infrastructure;
 - Lack of clarity in designating some responsibilities;
 - Delays in activating institutional responsibilities;
 - Weak local collaboration with other institutions;
 - Lack of transparency and predictability in funding the system;
 - Funding of reforms has come almost entirely from international donors.

The key measures for reforming the system have focussed on two wide areas:

1. Institutional and administrative reforms focussing on:
 - decentralization (a process that covers Romania's entire public administration)
 - establishing new child protection institutions

2. Refocussing child protection policies aimed at:
 - de-institutionalizing children in the system
 - creating alternatives to institutionalization

2.1 Administrative Decentralization and Setup of New Institutions

As shown earlier, the process of administrative decentralization and the setting up of new institutions involved two different lines of action, both of which have been quite difficult:

1. the building of new central and county-level institutions to take over the full task of protecting children in difficulty;
2. the connecting of such institutions to the new local administrative schemes.

The central-level coordinating institution (ANPCA) was established in 1997, along an arduous route that required almost yearly structural, name and subordination scheme changes.

The institution started out under the Ministry of Labor, was moved to the jurisdiction of the Government's Secretariat of State, where it assumed a number of legal forms, and ended up back with the Ministry of Labor, Solidarity and Family in June 2003. In the end, however, it managed to implement a national reform strategy and launch its own policies in the field (de-institutionalization and creation of alternative services) through the Programs of National Interest and partnerships with international donors.

One of the main problems that occurred at the level of ANPCA was the delay in developing quality standards for newly-created services. The case studies conducted show that in some situations the services were created without clearly defined purposes and results. The monitoring of such services has also been hindered.

The most significant problem faced by the National Agency for Child Protection and Adoption is the fact that the issue of meeting the rights of the child in the old-style institutions and the creation of new services were assigned a lower priority. The setting of quality standards for these newly-created services was delayed, and there was no specialized child rights department to initiate its own detailed investigation of a complaint by a child, etc. Most child rights violation cases are assigned by ANPCA to the same agency that is responsible for the provision of the respective service, namely the Department for Child Protection. ANPCA investigations are limited to legal document control.

Child Protection Departments or county-level structures responsible for child protection have also encountered difficulties. While for these institutions the long and difficult gradual takeover of the services that were the responsibility of the various ministries, there was a call on them to develop and deliver new services, for which they often had neither the expertise nor the resources. Although occasional material resources are found, the issue of national-level methodological expertise and staff qualification is still a great concern.

The child protection institutions had to collaborate with and involve the de-concentrated departments of some central institutions (in education, health, public order, etc.) to address timely issues. This has been and continues to be quite a difficult process, so long as the pace of reforms in other areas is inconsistent, and the responsibilities of the individual institutions are not always clearly defined.

The difficulties in terms of increased responsibility of local authorities in the process of taking over their new attributions, as well as the challenges faced by poor localities made the situation even more difficult (see, for example, problems regarding the equalization of local budgets, Ionita 2003).

Two key issues still challenging the Departments of Child Protection are:

1. the infrastructure on which the services are developed
2. the way in which the systems are funded

2.1.1 Challenges of the Administrative Reforms: The Infrastructure

To manage and coordinate all the responsibilities assigned to them, DPCs require an infrastructure that professionally covers all the localities in the county. As this has not been possible so far, the DPCs have resorted to the social assistance services within City Hall.

Rural areas or small urban localities present the greatest challenge, as these have no specialized staff to carry out the social work. In fact, protection services are concentrated in large urban areas, while small localities throughout the county are still uncovered.

As child protection services diversified, so too appeared the need for professional, refined, specialized assistance in these services, leaving the Departments for Child Protection totally out of their league. In many field situations, the services delivered by the DPCs are not oriented to the goal for which they were initially intended.

Case monitoring, assistance and closing procedures are poor and often conducted by people with too little training. Moreover, protection measures may sometimes be applied following a single visit by a social worker, concluded with the 7-minute presentation of a summary report before a Commission that has listened to some 100 or more cases that same day. Furthermore, there is no continuity in the monitoring of cases, but rather by type of institution. A case is not monitored by a single case manager or institution, but by a string of social workers from different institutions, according to whose competence the case moves at different stages.

Data gathering and reporting are not accurate enough. No viable indicators are developed and used in monitoring the system and the quality of services.

2.1.2 Challenges of the Administrative Reforms: Funding in the Child Protection System

Funding the existing system

As of 1996, County Councils were assigned the responsibility of maintaining the buildings in which institutionalized children were housed. In 1998, following the transfer of some of the child protection institutions, County Councils also had to assume responsibility for funding the child protection system.

The Child Protection Department budgets are approved by County Councils based on their strategies. Funding for these budgets comes from a variety of sources, such as the County Council, the state budget, local councils, authorization fees, and program funding. The amounts from the state budget and the shares of the local authorities are set based on 'annual per capita support costs'. This allocation formula has a series of weaknesses:

- The amount of funding at the three administrative levels is not clearly regulated; in practice, these Departments are sometimes largely dependent on the state budget.
- Local community shares are either not paid at all or to a very small extent, meaning that County Councils are required to make greater efforts in terms of funding.
- The estimated cost of services per child varies greatly from one county to another, or from one quarter to another, which is a clear indication that an optimal solution in this matter (in terms of both efficiency and predictability) has still not been identified.
- There are great discrepancies between counties with respect to child welfare. The poorest counties are usually those that are faced with the most complex issues affecting children. There is no formula allowing the balancing of DPC budgets based on such criteria.
- The County Council is obliged to allocate only a share of the per capita support amounts; it happens that not all the money is allocated, and in such circumstances the state is sometimes required to co-fund large portions of these costs.
- There is no transparent system in place to monitor income and expenditure budgets of the DPCs.

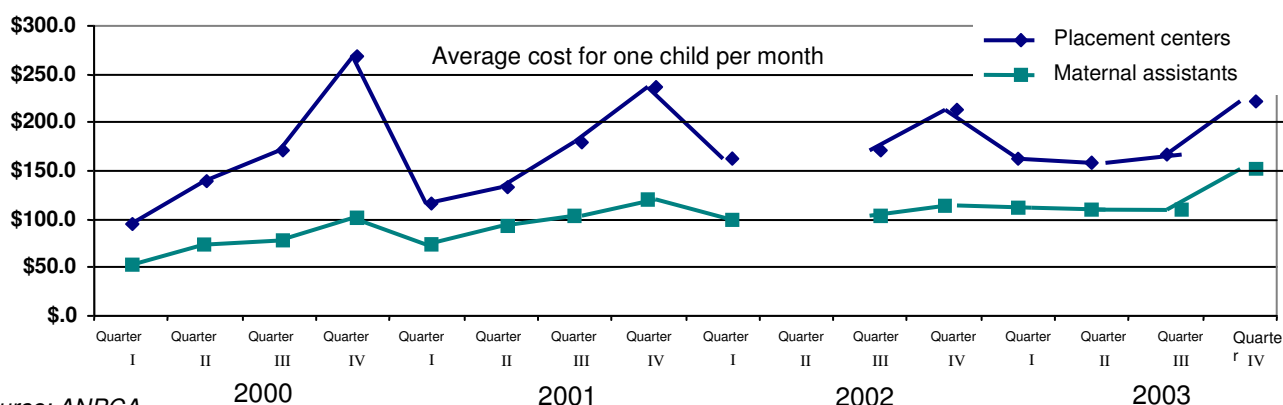
There are some discrepancies in reports to the Ministry of Finance on budget executions in the field of child protection. For instance, Braşov reported its 2001 budget at ROL 20 billion, while the state allocated ROL 38.5 billion. When IMAS conducted the interview with the DPC Manager, he reported the 2001 budget as being ROL 91 billion.

- The County Council is the main credit recipient for DPC budgets; in practice, there is dysfunction in the way the Departments for Child Protection access this money; the sources/durations/amounts transferred to their account is not transparent, even for the DPC itself. Departments do not dispose of cash, and make payments based only on an invoice, considerably limiting their purchasing choice. In some cases running expenses are applied for and negotiated with the County Council on a weekly basis.

- There is no share set for prevention activities or development of alternative services; at the present time such activities are financed only through programs developed by the government and international donors.
- The structure of expenditure chapters funded in the system is rigid and opaque, as it includes three accounts by which all institutions have all their expenses (material, staff and capital) covered.

One indicator watched closely by ANPCA is the average monthly per capita cost. As can be seen in the chart below, this indicator has varied greatly among placement centers nationally, especially in 2000 and 2001. The differences between figures in different counties are even greater. One explanation for such variations could be that investment expenses are sometimes included in these costs; another cause might be the way in which money is allocated, in installments.

Expenses per child in maternal placement increased slightly, but constantly in this period



Source: ANPCA

DPC budgets increased by 27% in 2001 (following the transfer of certain institutions), but remained at the same level in 2002.

	2000	2001	2002
DPC budget ¹ (thousands \$)	83,532	106,144	105,043
DPC budget ² (% of GDP)	0.23%	0.26%	0.23%
Amounts allocated by the state for child care system (% of GDP)	NA	0.14%	0.11%
Amounts allocated through Programs of National Interest from the state budget (% of GDP)	0.06%	0.13%	0.01%

Note: calculated based on data from the Ministry of Finance

¹ not including amounts allocated through National Interest Programs (NIPs) or programs of external donors

² not including amounts allocated through National Interest Programs or programs of external donors

Funding the Reforms

National Interest Programs (amounts in \$ ³)	2000	2001	2002	2003	Total	
Support for the functioning of specialized public services	16,507,669	45,492,315			61,999,984	70%
Promoting family environment as protection of children in need	3,650,049	8,161,008			11,811,057	13%
Restructuring residential institutions	2,402,285	1,921,156	3,455,447	2,513,647	10,292,535	12%
Promoting protection of disabled or HIV/AIDS children in need within families or with professional maternal assistants		2,312,764			2,312,764	3%
Training of human resources in the child care system		426,036	163,174		589,209	1%
Social integration of street children		576,347	230,363	189,056	995,766	1%
Social-professional integration of children/adolescents who were in child care institutions and have turned 18			294,353	426,042	720,395	1%
Total	22,560,003	58,889,626	4,143,337	3,128,745	88,721,710	100%

Note: calculated based on data from Government Ordinance (GO) 260/2000, GO 552/2001, GO 347/2002, ANPCA 2003

National Interest Program (NIP) allocations in 2000–2001 were accorded to County Councils based on projects submitted.

Initially, NIPs directed their funding to newly-transferred institutions and to developing the network of professional maternal assistants. The criterion taken into account when money was allocated for institutions was the number of institutionalized children.

The state's allocation was larger in 2001, when it deployed 5 National Interest Programs. The largest amount of funding went to the program entitled "Continuation of reforms in the system of services and institutions for child care and protection, and the promotion of the rights of the children." Although the program's intention was to reform the system, the funds were actually being allocated to support the reform (funds could only be used for the rights of a social nature, staff expenses, food, materials, etc.)⁴. Following the 1999 financial crisis in the system, the state allocated, funding in 2000 and 2001 for placement centers taken over by the system in 2000.

One third of the amount allocated in 2001 for the "Promotion of protection of needy children within a family environment" was intended to prevent abandonment and reintegrate children with their natural families. These families received a fixed amount of money for four months, and while it is difficult to estimate the efficiency of such a program from the available statistical data, it is clear that without counselling such financial support is inefficient.

Although the budgets for restructuring residential institutions were smaller, this program did enjoy constant support from the State over the four years.

³ budgets were transformed into USD accordingly to that year's average exchange rate

⁴ HG 552/2001

Donor	Goals	Period ¹	Amount (in millions)
Phare	creation of alternative services	1999-2003	EUR 26.5
	closing down institutions		
	technical assistance	1999-2003	EUR 1.8
	awareness campaign	1999-2003	EUR 3.6
	Strengthening and diversification of child protection activities	2003-2006	EUR 17.3
WB IBRD CEB Romanian Government	development of alternative community services infrastructure	1998-2003	USD 27
Government of the United Kingdom	technical assistance	2002	GBP 3
UNICEF	technical assistance, training	1999-2004	USD 3.5
USAID	creation of alternative services	1998-2000	USD 9
	closing down institutions		
	technical assistance, training	2001-2005	USD 15

In 2002 NIPs began focussing on non-governmental organizations, as the target groups in NGO programs are much more precise (street children and adolescents dropping out of the residential system at age 18). Although the change in the allocation system and the targeting of these categories of children was welcome, a fair amount of the money allocated to these programs remained unspent. As such, in October 2002, following the budget rectification, the amount initially planned at the beginning of the year was reduced. A mere 60% of the planned amount at the beginning of the year was allocated at this time. The street children reintegration program was one for which the least was paid of the initially planned amount (14%) According to Romanian Government's reports entitled *Current Stage of the Child Protection Reform and Evolution of Child Care Sector Reforms*, the budget was reduced as a result of "some delays arising at the contracting stage".

Concerns:

- A large part of NIP budgets were dedicated to the operation of existing specialized public services (placement centers).
- In time, ANPCA's programs have been orientated more towards specific categories of children (street children, HIV/AIDS children in need, and adolescents dropping out of the residential system at age 18).

International donor programs

Institutions have been closed down and alternative services developed with funds mainly generated through international donor programs.

The common goal of international donor programs was to set up alternative services. Projects of Phare, USAID, the World Bank, the International Bank for Reconstruction and Development (IBRD), Council of Europe Development Bank (CEB) have all had some components dealing with closing down residential institutions and programs focussing on developing alternative community services.

A portion of these programs was contracted in 1998-1999, but most were put in place as of 2001. This accounts for the sizeable change in the 2001-2003 service structure. As we will see in the following chapters, despite technical assistance and training, local authorities were sometimes unprepared for so much change.

Source: www.copii.ro

¹ The period refers to the intervals between the contract signing and the end of the project

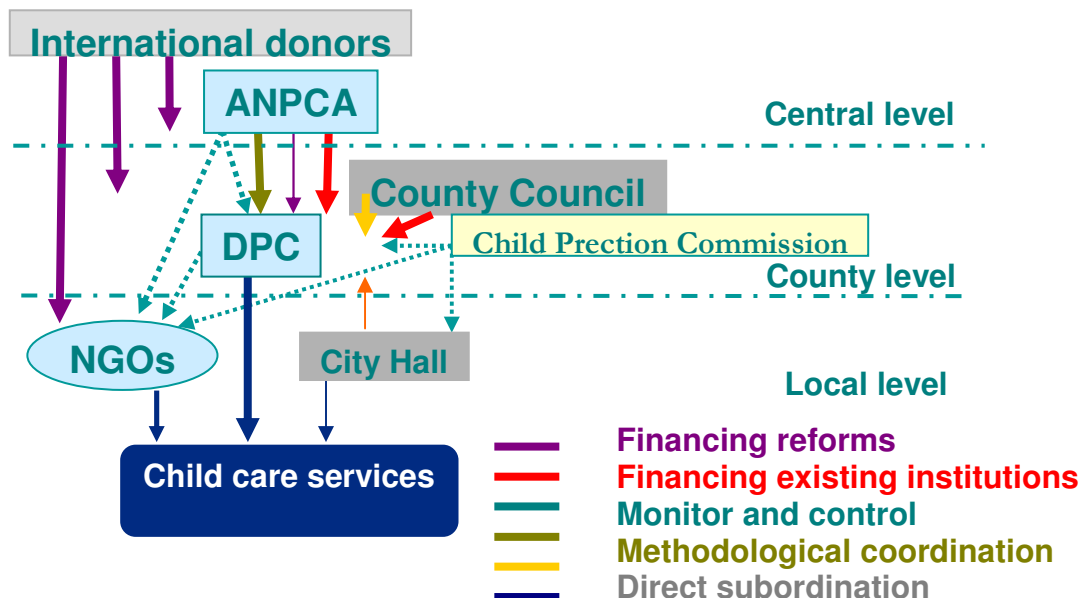
Concerns:

- International funding came in a coordinated manner.
- International donors offered considerable funding for reforms, while the Romanian authorities often supported the costs of existing or newly-created services. This situation raises questions about the sustainability of these reforms.

2.2 Players and Relationships Involved in Delivering Child Care Services – Overall Picture

The key players involved in decision-making and provision of child protection services may be described by type of organization as follows: state authorities – at the central, county and local levels; international donors, and non-government organizations.

The chart below shows who these players are and current key links between them:



By a functional criterion, these institutions may be described as:

- Service providers – DPCs, social assistance service (county and local levels), authorized NGOs, and guardianship authority (see also the chart on page 28).
- Coordination, accreditation, monitoring and control institutions - ANPCA, County Council, Child Protection Commission, DPCs, local authorities (local council, mayor), and international institutions (within the programs they fund).

The first observation to be made on this chart is that DPCs have a twofold function, with responsibilities in terms of both service delivery and monitoring and control processes. This may generate conflicts of interests between competing types of organizations (state and NGOs respectively).

The second general concern is that there are way too many types of institutions with responsibilities to coordinate and monitor the services delivered, generating overlapping of various structures, and may result in lower institutional efficiency.

2.3 Players Promoting the Child Protection Reforms – Relationships at Central and Local Levels

Question: What are the most important players involved in child care system reform, and what are their main responsibilities?

Comment: The National Authority for Child Protection and Adoption and international donors at the central level, DPCs and NGOs at the local level. There are no subordination relationships among these institutions. International donors implement their own programs in cooperation with Romanian authorities. The ANPCA implements national strategies and policies, and controls and monitors task with the DPCs. DPCs and NGOs are service providers.

For all institutions analyzed below the prerogatives are described in accordance with the law.³

2.3.1 National Authority for Child Protection and Adoption (ANPCA)

The ANPCA is a central government structure, currently subordinate to the Ministry of Labor. Its main responsibilities are as follows:

- to develop the national strategy in the field of child protection;
- to implement national policies in the field (to date this was done through Programs of National Interest);
- to develop legislation, framework regulations, methodological norms, etc. in the field of child protection; to issue normative documents of compulsory nature (Order of the Secretary of State);
- to manage funds allocated through Programs of National Interest or through other programs co-funded by it; to substantiate and co-fund services delivered by the DPCs with funding from the state budget;
- to represent the state in its domestic and external contractual relations, and in its relations with the courts;
- to implement the regulations of the UN Convention on the Rights of the Child; to develop quality standards for services delivered through the system, best practice models, etc;
- to notify the institutions in charge in case of non-compliance with established standards and norms, and recommend measures for commitment of disciplinary, material, civil or criminal liability in such cases;
- to monitor the quality of services in the system.

³ The laws regulating the attributes of the main players are:

- Commission for Child Protection – Methodology for the operation of the Child Protection Commission, 27 November 2001, Emergency Ordinance (EO) 123/2001 concerning the reorganization of the Commission for Child Protection, Government Ordinance 1205/2001, Law 71/2002 to approve EO 123/2001.
- Specialized Public Service for Child Protection – Emergency Ordinance 26/1997 concerning the protection of children in difficulty; Law 108/1998 to approve methodological regulations and measures to apply the provisions of EO 26/1997
- ANPCA – Emergency Ordinance 12/2001 concerning the establishment of the National Child Protection Authority, Ordinance 70/2003 concerning the organization and operation of the National Child Protection and Adoption Authority.

2.3.2 Child Protection Departments or Specialized Public Child Care Services (DPCs)

These institutions are directly subordinate to the County Councils with the following responsibilities:

- identify the needs and propose strategies to be applied in the field;
- establish the individual protection plan for each child in the system.

Concerns

In practice the following responsibilities are not being carried out at this time

- deliver child care services:
 - social assistance, prevention, placement, assistance during changes of child protection measures applied, counselling for parents or children, etc.;
 - through the Complex Evaluation Service, DPCs identify, guide, make recommendations and report on the status of children with special needs in the system or families
- ensure that rights of the child are met;
- monitor the quality of services in the system;
- cover the secretarial work of the Child Protection Commission (see also the chart on page 32)

The Department for Child Protection should contribute to adjusting strategies or decisions to the actual reality based on input from the beneficiaries. For instance, DPCs manage the initial estimates of average per capita costs based on services delivered. They also influence national strategies through formulation and implementation of their own strategies.

Concerns

- The responsibilities of the ANPCA and DPC overlap in the area of carrying out quality control on child protection services and ensuring that the rights of the child are met. These prerogatives are defined similarly yet vaguely for both institutions, and might lead to the dissolution of the function, and less efficient control as one institution assumes that control is the responsibility of the other.
- The analysis of county strategies revealed two key weaknesses at the level of DPC action plans: in many cases, the needs assessment and goal descriptions are not accurate; furthermore resources based on which objectives are to be followed up on are missing. These two issues are probably generated to a great extent by the existing funding scheme throughout the system, and by a lack of capabilities to manage institutions in terms of needs, costs and benefits.

2.3.3 Non-Governmental Organizations

As per Emergency Government Ordinance 26/1996, authorized private bodies are private non-profit bodies set up in keeping with the law. For a private organization to operate in the field of child protection, it must be both an NGO and authorized to work in this field. At the present time, the Child Protection Commission authorizes non-government organizations in the field of child protection based on a report of the Department for Child Protection. Authorization is issued for a one-year period.

Non-governmental organizations provide some one third of services in child protection (either in partnership with DPCs or independently). Their commitment is also noticeable in child/parent counselling and assistance services – areas in which DPC has little experience.

The number of children in NGO placement centers from 2000-2003 increased from 4,500 to 5,700, while the total number of children in placement centers actually decreased.

NGOs were very active until 2000, in developing the network of maternal assistants (in 2000, one-fifth of the maternal assistants were working for NGOs). Now that State is involved in this area, the number of maternal assistants has tripled in three years. NGOs have withdrawn from this activity and are focussing on other types services (*see appendix 2*).

Concerns:

- There is a need to create a funding ‘market’ in the context of a very limited number of large donors. It is not large communities that feed the development of civil society, but rather international or government donors (in this case the ANPCA).
- The monopolizing of some of the existing funds by large, powerful NGOs operating in the field for a longer time may endanger the organic development of the non-governmental sector by blocking access for ‘newcomers’.
- A fluctuation of services provided by this sector depends on funding programs rather than on local needs.

2.3.4 International Institutions

There are two types of international organizations active in the reforms of the child protection system:

1. Strategic donors: European Commission, World Bank, USAID, UNICEF, DFID, offices of diplomatic missions in Romania (Canada, France, the Netherlands, etc.). The goal of all these organizations is to fund development programs in various parts of the world;
2. Small donors

Three types of interventions of international institutions exist in this field:

1. Following the policies in reforming the child protection system through their funding programs.
2. Building partnerships with the Romanian authorities with a view to addressing a number of issues or implementing joint projects.
3. Lobbying or political pressure on Romanian authorities to sustain the reforms (especially from the European Commission, as the child protection reforms are a criterion for Romania’s accession to the EU).

The programs of these international institutions have actually funded the reforms in the system, with the Programs of National Interest.

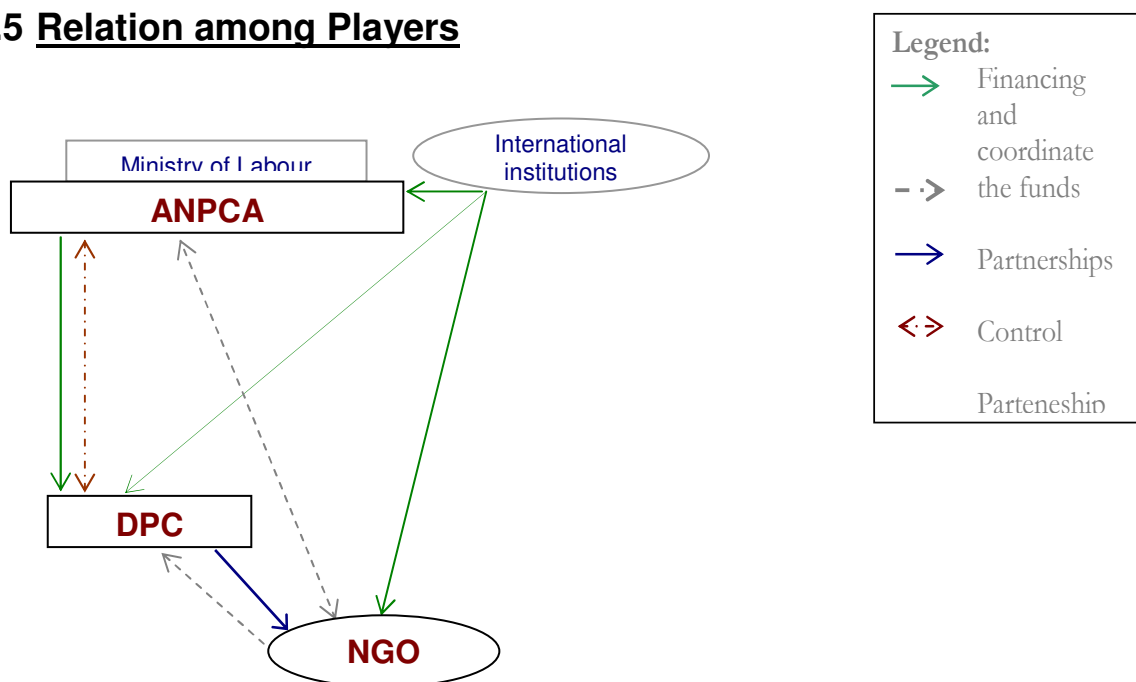
The qualitative research conducted (which covered only some of these organizations: the EC Delegation, World Bank, USAID and UNICEF) revealed three major approaches in the funding policies:

1. Implementation of programs through the Romanian authorities – Government, ANPCA (EC Delegation, World Bank); this approach includes funding of NGO projects, but key decision lines focussed on supporting Romanian authorities in the implementation of the reforms.
2. Implementation of programs through the Government and NGOs (UNICEF).
3. Implementation of programs through NGOs (USAID).

It is worth noting that international donors introduced the novel idea of monitoring program implementation – an idea that did not exist before and which may generate quality and development of the services.

The international institutions were also the first supporters of the private initiative in the field of child protection.

2.3.5 Relation among Players



ANPCA - DPCs links

There are no strict relations of subordination between the Departments for Child Protection and the National Agency for Child Protection and Adoption. However, by virtue of its ability to issue orders, the ANPCA imposes framework regulations, methodologies, quality standards etc. on DPCs and Child Protection Commissions.

Through the Programs of National Interest, it implements its own national-level policies. Both DPCs and NGOs may apply for funds within these programs.

Co-funding of services delivered by DPCs through amounts deducted from income tax may be a way of influencing DPC policy (see also the observations on funding throughout the system, pp. 22 - 26).

ANPCA also has a mandate to control the quality of services delivered by DPCs.

ANPCA – NGOs links

Non-governmental organizations were the first bodies to deliver alternative child protection services in Romania, most often with foreign funding and expertise; in many cases they were able to adapt significant models to the Romanian reality, which places them in a position of useful partners in developing legislative projects and establishing the national strategy or the quality standards promoted by ANPCA. They are also in a position to provide ANPCA with real, impartial feedback from the field.

Through Government Emergency Ordinance 26/2000 the ANPCA recommends that NGOs be granted the status of public utility, which could ensure future preferential access to some government funds or facilities. In practice, however, the process of granting such status is often greatly delayed (no NGO has yet been granted such status at the recommendation of the ANPCA).

DPC-NGO links

The link between NGOs and DPCs at this moment is rather asymmetrical, considering that both types of institutions have responsibilities to deliver services, but DPCs have an additional function to control, monitor and substantiate authorization of such services. In practice, this may result in conflicts of interests and rather tense institutional relationships.

Working with foreign expertise and having a more flexible and efficient staff structure, some NGOs manage to deliver services that are of better quality than services delivered by DPCs. The major issue at this time is sustainability, as the responsibility for funding such services is transferred from international institutions to Romanian local communities. One attempt to address this issue was to link funding to the obligation of concluding partnerships between authorities and civil society in delivering services. Another, somewhat tougher approach was to grant funding only if a contract is signed, through which DPCs commit themselves to take over the respective service after the conclusion of the funding period.

Concerns

In practice, the state has proven itself a poor service provider, and there is a great risk that upon taking over the responsibility, poorer quality service will be offered. Moreover, with alternative services still in their initial stage, the demand for services is much greater than the supply – both in terms of number and diversification. As such, there will be pressure to cover any type of situation with an existing service at the DPC level, leading to a drop in the quality of service, and possibly even deviation from the initial route of the respective service (see also chapter IV).

2.4 Other players Involved in Child Protection – Relationships at Local Level

Question: Who are the other important players involved in local-level child protection, and what are their main responsibilities? What are the main issues regarding the relationships among players?

Comment: The County Council – it appoints the DPC Director, approves DPC budgets; the Child Protection Commission – is the key decision-maker in the area of protection measures applied to a child, authorizes, monitors and controls the services; local authorities as guardianship authority, and social services providers.

– Overlapping of tasks and sometimes of the roles of institutions; weaknesses in the area of monitoring and controlling; inappropriate responsibilities and institutional design for the Commission.

2.4.1 County Council

This is the elected county-level authority (level between central and local) whose responsibilities are as follows:

- Designing county-level development strategies
- Approving county budgets; balance locality budgets
- Making normative decisions (issuing Decisions)
- Setting up, delivering, and transferring public services of county relevance (appoint/release Directors of institutions supply services; appoint the DPC Director)
- Setting up commercial companies; decisions related to restructuring or privatizing county autonomous administration companies [*regii autonome*]; build partnerships with NGOs or international organizations
- Establishing county-level fees and taxes

With the implementation of fiscal decentralization measures (1998-99), County Councils have begun functioning as real local-level governments. They have their own sources of revenue (10% of the income tax to fund county programs; 15% of the income tax to balance local budgets; own taxes and fees, etc.); they deliver services at the level of the administrative units in which they operate, and answer to the local electorate.

As was the case in other areas, the decentralization process was imposed and managed by decision of political leaders (see Manor J., 1999). This produced some negative effects related strictly to the temporary interests of politicians, including: attracting local power players into the ruling party; creating local oligarchies; deficient allocation of funds to the destinations originally intended, etc., all of which were combined with a slow, inefficient administrative structure. In many cases, these local governments actually created as many problems as they managed to solve.

One of the greatest challenges for county-level administration is to take ownership of the new responsibilities at the level of their political leadership, especially since the stake of this administrative level is less visible to the local electorate.

2.4.2 Child Protection Commission

The Child Protection Commission is a structure of the County Council, specializing in child protection. The President of the Commission is also Secretary of the County Council, while one of its Vice Presidents is the head of the DPC. This structure is in position to make decisions on measures of protection and the promotion of the rights of the child.

At the present time the Commission is a key body for the entire county and local level protection system, because of the fact that it has an extremely large number of responsibilities, falling into four broad categories:

1. Decision-making (in periodic meetings) on:
 - Protection measures applied to individual children;
 - Periodic reevaluation of such measures;
 - May request the mayors to take certain measures in the field of guardianship authorities and of protection of the rights of the child;
 - Submit cases to court (adoption; declining of parental rights; dissolution of NGOs engaging in illicit activities or proving to be poor practice, etc.);
 - Assigning children with special needs to specific categories of disability;
 - Approving the county child protection strategy;
 - Authorizing private providers of child protection services
2. Monitoring of services delivered by the system (by evaluating the activity reports of service providers)
3. Reporting on the activity in the field (implementation of strategy, identification of future measures, etc.)
4. Control
 - coordination of all institutions involved in child protection;
 - notifying mayors to adopt some measures in the field of guardianship authority and protection of the rights of the child;
 - managing the belongings of the child in difficulty.

2.4.3 Local Council

The Local Council is the local elected deliberative authority whose responsibilities are:

- approving the local budget;
- making normative decisions (issuing Decisions);
- setting up, delivering, transferring services of local relevance (appointing/releasing directors of institutions that deliver such services);
- setting up commercial companies; decisions related to restructuring or privatizing county autonomous administration companies [*regii autonome*]; building partnerships with NGOs or international organizations
- according to the principle of subsidiarity this is the main authority responsible for the provision of social services.

2.4.4 Mayor

The mayor is an elected local-level administration authority; (s)he is head of the local administration; (s)he is accountable for the proper functioning of the local administration; (s)he is the local executive authority. His/her responsibilities are:

- fulfilment of the fundamental rights and freedoms of citizens (including the rights of the child);
- ensures that Local Council decisions are implemented;
- issues normative orders;
- draws up the local budget;
- serves as main credit recipient;
- is involved to various extents in delivery of local public services
 - ensures functioning of civil records and guardianship authority services (exerting these functions)
 - manages some local public services
 - supervises the implementation of social assistance and support measures

2.4.5 Guardianship Authority

The Guardianship Authority is an administrative body, whose responsibilities are carried out by the Mayor. Its activity is guided (in terms of methodology), monitored and controlled by the president of the County Council. Its responsibilities are:

- control and guide the manner in which parents fulfil their rights/carry out their obligations in relation to the child and its belongings;
- makes decisions in relation to the respecting of the best interests of children in families;
- submits cases to court when there are problems relating to the child's best interests (decisions in divorce cases, declining of parental rights, putting the child on probation, etc.). In some cases, hearings of the guardianship authority in court are compulsory.

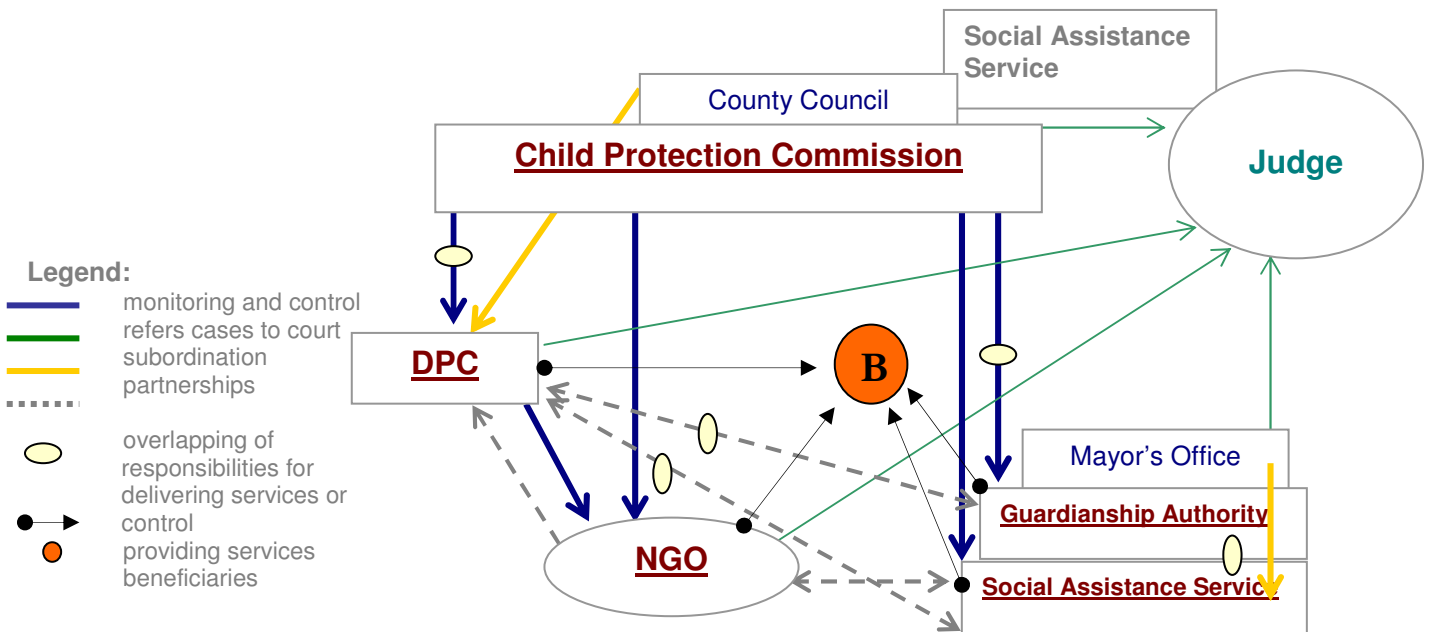
2.4.6 Social Assistance Service

The Social Assistance Service is an administrative body subordinate to the Local Council, whose responsibilities are as follows:

- evaluates and monitors the situation of children in the respective territorial unit;
- provides abandonment prevention services;
- acts to clarify the child's legal status (obtaining the child's ID papers);
- represents the child and manages its belongings;
- delivers/sustains family-type alternative services;
- allocates funds for social protection;
- ensures dissemination of information on local level services;
- partners with NGOs;
- ensures links with other specialized services;
- provides social assistance services.

2.4.7 Relations between players

(Key types of relations)



It is easy to notice that the beneficiary (B) is caught in quite a complicated network of interconnected institutions dealing with him/her at either the county or local levels. Overlapping responsibilities between these institutions restrict the efficiency of the actual performance.

For instance, there are a number of institutions delivering services in the area of child protection: the DPC at the level of the county administration is directly subordinate to the County Council, the Guardianship Authority (function performed by the Mayor) or the Social Assistance Service (subordinate to the Local Council), respectively. NGOs fit into the structure as private providers of services.

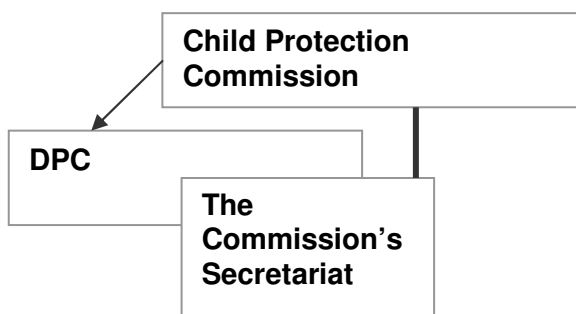
Both DPCs and the Social Assistance Services should offer social assistance and abandonment prevention services; DPCs and the Guardianship Authority (as well as the ANPCA) should operate in the area of respect for the best interests and rights of children in families; both the Social Assistance Service and the Child Protection Commission may decide on the belongings of children in difficulty, etc.

To complicate things even further, there are a number of institutions to coordinate or control such services: the ANPCA, the Child Protection Commission, and the DPCs. Other institutions must ensure that the rights of the child are fulfilled: the ANPCA, the Child Protection Commission, and the Guardianship Authority.

The great danger with responsibilities overlapping among various institutions is that the respective function is no longer carried out, with the case migrating through the system between the various fora, or that conflicts of interests are generated with respect to the same service or case.

At present, all of these institutions are at different, unequal levels of development. Protection and social assistance services are virtually non-existent in small localities – both services delivered by DPCs and those that should be delivered by local authorities.

The Child Protection Commission is the institution that should coordinate the entire county-level activity. But what happens in practice?



The Child Protection Commission has a great number of responsibilities; as the local child protection authorities are designed at present, they involve the Commission as a decision-making and control body to a very large extent.

Functional problems

The Commission membership is heterogeneous and most of its member are not child protection experts. It functions in periodic meetings.

Documentation and substantiation of Commission decisions take place in a department of the DPC (Commission Secretariat) – one of the institutions that should be subject to control. In practice, this situation may lead to a reversed relation between the Commission and the DPC in terms of control.

The main promoter of territorial reforms was the DPC. This is understandable, considering that it was also the only state institution at this administrative level with some expertise, and the only local institution related to the promoter of central-level reforms (ANPCA). But the problem remains: who makes decisions and what expertise is required to decide on a certain area?

In future, all these operational inconsistencies (overlapping responsibilities, reversed roles, etc.) will have to be corrected by strict clarification of competencies at each individual administrative level, and by simplification of the institutional design in this field.

The relationship between the County Council and the Department for Child Protection is one of direct subordination. The specialized public service for child protection is set up by decision of the County Council and the Local Councils of the Bucharest Sectors, respectively, and operates as a legal public county or local institution.

There are four different ways in which the County Council can control the DPC. One is that it appoints the DPC Director, and the second is that it has the authority to request the Commission to submit reports on child protection activities in the county. Considering our earlier concerns, such control is very weak. The County Council should take into account the strategic proposals from the DPC and the Commission for developing the county-level child protection system, and include such proposals in the general development strategy.

The most significant manner in which the County Council may control the DPCs is through the budget, as it approves the DPC budget. And lastly, the County Council co-funds the delivery of child protection services.

CHAPTER 3

Child Protection Reform – Reorientation of Child Protection Policies

3.1 De-institutionalization – Decreasing the Number of Children in Residential Institutions, Restructuring the Residential System

3.2 The Creation of Alternative Services to Institutionalization

3.3 Dynamics of the System (Inflow/Outflow from the System)

3.3.1 Reintegration into the Natural Family

3.3.2 Children Dropping out of the System between the Ages of 18-26

Question: What were the most important effects of de-institutionalization and the creation of the new services?

Comment: *Positive effects:*

- a large number of old residential institutions with over 100 children have been closed;
- there are children or families in distress who can benefit from new protection services.

Negative effects:

- a huge number of children were moved in a very short time without proper assistance, and there is no capacity to monitor them after they have left the system;
- the outflow from the system is very problematic (reintegration into the natural family, children dropping out of the system between the ages of 18-26);
- the system is incapable of preventing new entries.

The objective of a child protection policy should be to provide care for children temporarily or permanently deprived of a family environment, and to ensure that the care is appropriate.

The main element that remained unresolved in the first part of the 1990s was the issue of residential institutions. These were designed to shelter large numbers of children, were staffed with people not sufficiently qualified for this type of work, and were entirely unsuited to the kind of upbringing and development a child might expect in a residential institution. Initial reform measures envisaged the improvement of material conditions in such institutions. These were of little benefit to the child, and entirely failed to address the fundamental problem, namely that of attempting to raise these children in an environment as closely resembling that of a family, the environment with the greatest potential for enabling the child's proper development.

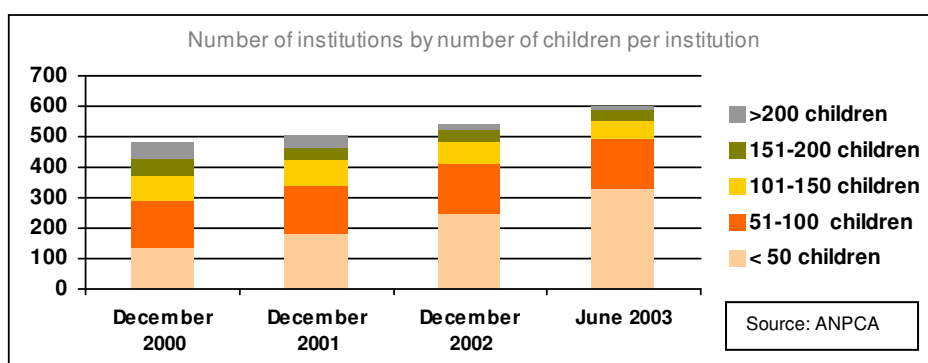
Another major issue for the system has been and continues to be the fact that, for a long time, the problems of children in difficulty were addressed exclusively by way of institutionalization. A large number of children was placed in residential institutions, and the system had very little experience or expertise to approach other types of services.

3.1 De-institutionalization – Decreasing the Number of Children in Residential Institutions, Restructuring the Residential System

Within the above-mentioned context, reforms were intended to produce the following results:

- reduce the number of children in institutions;
- restructure residential services and institutions;
- develop alternative services for children in need.

By the end of 2003, of the 691 placement centers, 259 are classic centers, 108 are modular, and 324 are family-style centers (apartments and small houses).



The number of institutions providing care for less than 50 children increased from 134 in December 2000 to 330 in June 2003.

Concern

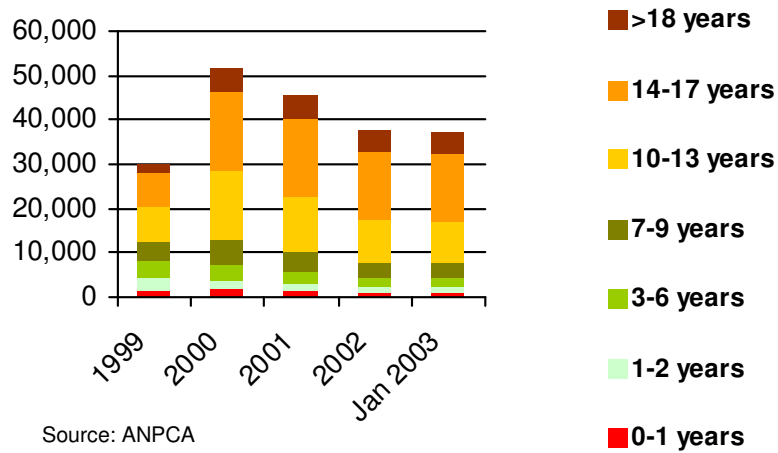
A number of 86 large institutions remain (with more than 100 children per institution), which include 40% of the children in the residential care system. Some 70% of children in the system in counties such as Iași, Suceava, Vaslui, and Olt are still in such large institutions.

County	No. of children in institutions	No. of large institutions (100+ children)	Percentage of children cared for in large institutions*	County	No. of children in institutions	No. of large institutions (100+ children)	Percentage of children cared for in large institutions
Alba	823	2	34	Iași	2374	10	73
Arad	996	3	53	Ilfov	327	1	36
Bacău	847	1	19	Maramureș	1098	3	40
Bihor	935	3	50	Mureș	1000	3	46
Botoșani	820	1	16	Neamț	929	4	57
Brăila	693	3	52	Olt	909	5	67
Brașov	1110	4	58	Prahova	622	1	16
Buzău	1078	5	62	Sălaj	416	1	2
Constanța	850	2	38	Satu-Mare	530	1	22
Dâmbovița	271	1	49	Sibiu	653	2	34
Doj	697	2	45	Suceava	1401	5	78
Galați	724	1	16	Timiș	769	3	51
Giurgiu	297	1	46	Vâlcea	697	1	25
Gorj	456	1	31	Vaslui	897	4	69
Harghita	758	2	33	Vrancea	845	2	43
				Bucharest	2732	8	41

*over 100 children, Source: ANPCA

The number of children aged 0–6 in residential care has also decreased.

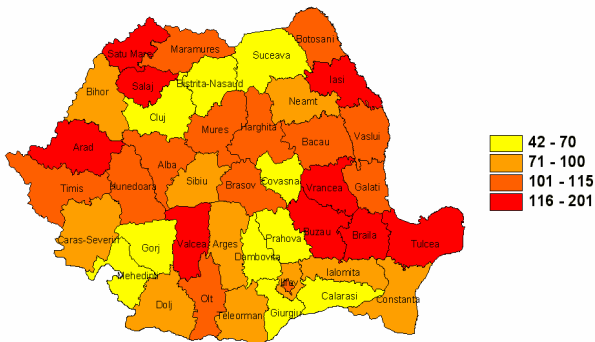
Number of children in placement centers, per age groups



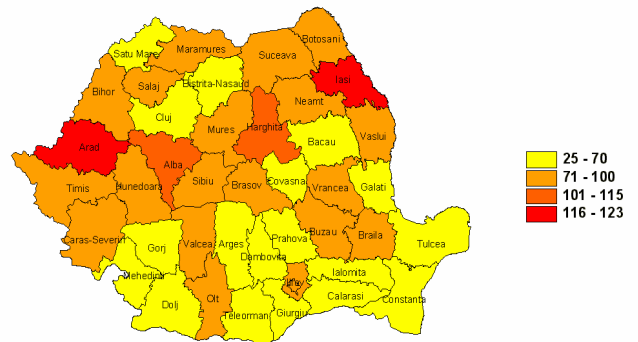
Source: ANPCA

Here are the changes in the reports on children in residential care between 2000 and 2003, per county:

Rate of children in residential care (per ten thousand 0-18 population) December 2000



Rate of children in residential care (per ten thousand 0-18 population) December 2003



The rate of children in the residential care system represents the number of children in placement centers per 10,000 children under the age of 18 in the county (calculated based on data from ANPCA and the Romanian Statistical Yearbook). In Suceava County the percentage of children in residential care has increased as a result of the system taking on 1,156 children from special schools in July 2001.

While in 2000 the rate of children in residential care exceeded 115 in 9 counties, in 2003 only Iași and Arad Counties had such high rates.

In order to evaluate the de-institutionalization efforts made in individual counties, we must also consider the number of children in residential care at a given time.

Children in Placement Centers at the end of 2000

		Rate of children in residential care (per 10,000)		
		small (less than 91)	medium (91 to 115)	large (more than 115)
Total number of children in residential care	large (exceeding 1500)		Argeş	Arad
			Bacău	Buzău
			Bihor	Iaş
			Braşov	Satu Mare
			Constanţa	
			Galaţi	
			Maramureş	
			Bucharest	
			Mureş	
			Timiş	
			Vaslui	

Rate of children in residential care: number of children in placement centers per 10,000 children under the age of 18 in the county.

As we can see, the rate of cases of children in residential care per 10,000 children in the county was high for some counties in the year 2000; similarly, the total number of children in these centers was also high. In other words, efforts to de-institutionalize the children in these counties should have been much greater, both because of the large number of children already institutionalized and because of a greater probability of inflow into these counties. Within this context, we can report that Buzău and Satu Mare Counties witnessed quite spectacular developments, while Iaşi and Arad are still struggling with this problem.

Children in Placement Centers at the end of 2000

		Rate of children in residential system (per 10,000)			
		small (less than 91)	medium (91 to 115)	large (more than 115)	
Total number of children in residential care	small (less to 951)	Bistriţa-Nasăud	Caraş-Severin	Sălaj	
		Călăraşi		Tulcea	
		Covasna			
		Dâmboviţa			
		Giurgiu			
		Gorj			
		Ialomiţa			
		Ilfov			
		Mehedinţi			
		Sibiu			
		Teleorman			
		medium (951 to 1500)	Cluj	Alba	Brăila
			Dolj	Botoşani	Vâlcea
			Neamţ	Harghita	Vrancea
Prahova	Hunedoara				
Suceava	Olt				

Rate of children in residential care: number of children in placement centers per 10,000 children under age 18 in the county.

Concern

In the absence of reliable data regarding the evolution of cases during and after a measure was taken we really cannot say for sure what has happened to the de-institutionalized children. The field work revealed many problems in this regard.

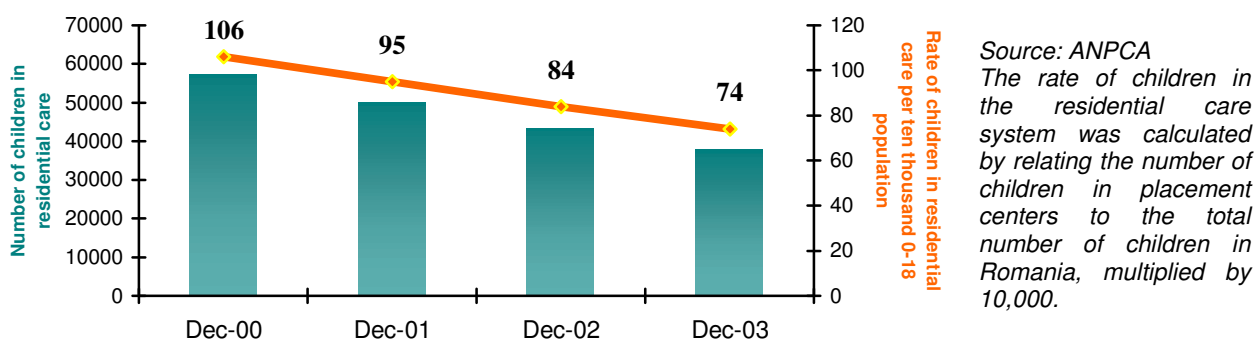
As we indicated above, two differing policies were implemented with a view to reducing the number of children in residential care: either by integrating the children into their natural families, or by moving them to a family-type service (mainly maternal assistance or placement with the extended family).

The de-institutionalization policies vary from county to county (see Appendix 4). In 2001 and 2002, counties such as Argeş, Buzău, Gorj, Mureş, and Sibiu preferred reintegration into the natural family, while Arad, Constanţa, Covasna, Mehedinţi, Vaslui, Vrancea preferred family-type placement (with the extended family or maternal assistants).

Concerns

- The manner of leaving the residential system does not depend on the number of children in institutions. Buzău, which at the end of year 2000 had a very large number of children in institutions, preferred reintegration into the natural family, while Arad – a county with problems as big as the previous example – preferred placing the children in family care.
- The research conducted reveals that the field was not always prepared in advance for such big scale changes.

As indicated in the chart below, the main goal of the reforms has been achieved successfully:



Concerns

- As of 2000, most of the special schools and hospital homes sheltering children with special needs were taken over by the system from the Ministry of Education and the State Agency for the Disabled. The national rate of institutionalized children has decreased by some one third in the past three years. This drop was the result of placement of the children with families (maternal assistance, placement with extended family, placement for adoption), or by reintegrating them with their natural families. Young people who turned 18 and dropped out of the residential care system have also contributed to this drop decrease.
- Unfortunately, data was not gathered and reported according to the three wide categories of institutionalized children: healthy children in placement centers, children with special needs in placement centers, and children with special needs in the boarding facilities of special schools.

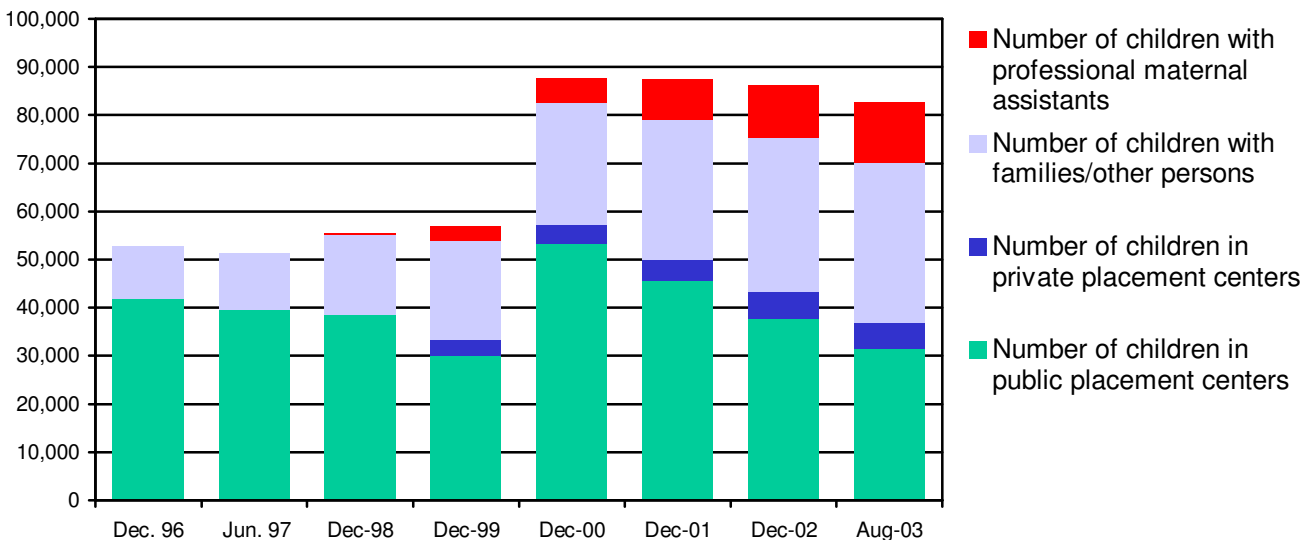
- Moreover, there have been discrepancies in defining indicators on which data was to be reported. For instance, boarding facilities shelter children attending special schools and whose parents live far away from such schools. The problem with such data is that some counties have reported children leaving to visit their parents for the holidays as ‘reintegration with their natural family,’ and when these children returned to school, they were registered as ‘new cases in the residential system’!

Accurate reporting of data per individual categories is required for three main reasons:

1. if we are anticipate prevention measures to be applied, it is extremely important to monitor the dynamics and causes of inflows (presently impossible);
2. the range of issues pertaining to children with special needs is very different from that of healthy children, and protection services offered to such children must meet their needs;
3. placement or protection measures need to be differentiated based on such categorization; for instance, children in boarding facilities might be in the system merely because there are no special schools in the localities where their families are living, and not because they have been abandoned by their families.

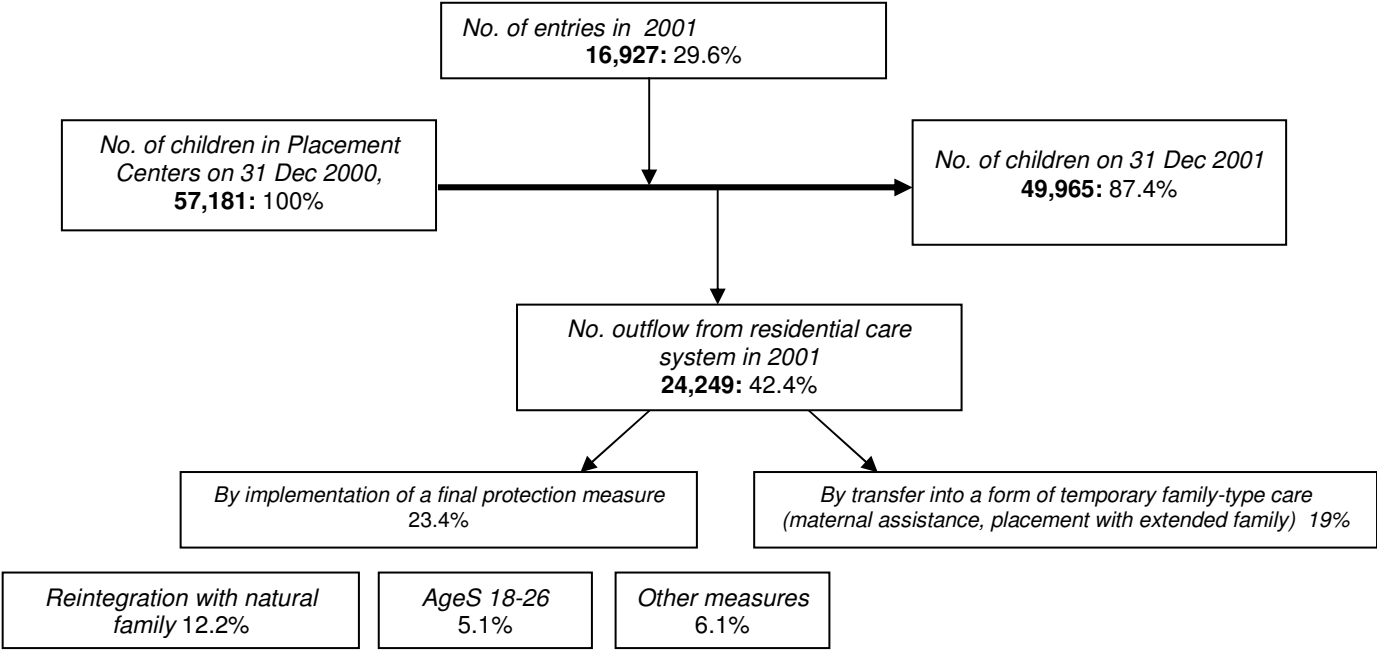
3.2 Creation of Alternative Services to Institutionalization

As we indicated above, the structure of the distribution of children per types of placement services has changed. The number of children in placement centers has dropped, while the number of children in maternal assistant placement or with extended families has increased significantly.



3.3 Dynamics of the System (Inflow/Outflow from the System)

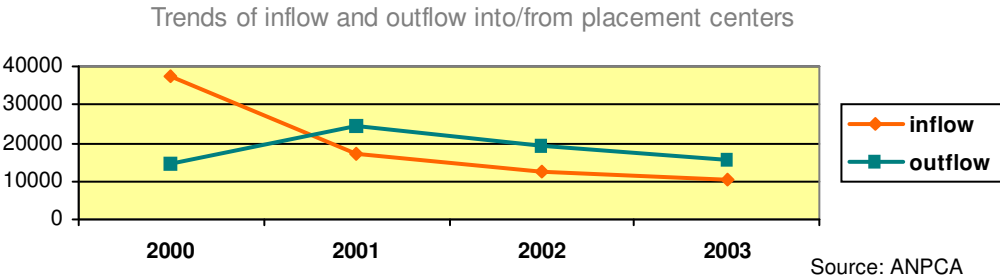
For a better picture on how the number of children has changed according to different forms of placement throughout the system, we can examine the inflow and outflow in the residential care system (placement centers):



Concern

Inflow to the residential system (placement centers) indicates new cases, as well as cases taken on by institutions for children with special needs; there is no data available to enable the distinction between these two categories. The data does not accurately reflect the situation – as we found, the defining of and reporting on indicators was not consistent throughout the country.

In 2001, more than 40,000 children passed through this form of care. The situation is partly the result of the transfer of institutions that took place in this period (with the children remaining where they were, but the institution moving under different administration), and partly the result of de-institutionalization policies (in which case children came out of the system or were moved somewhere else within it).



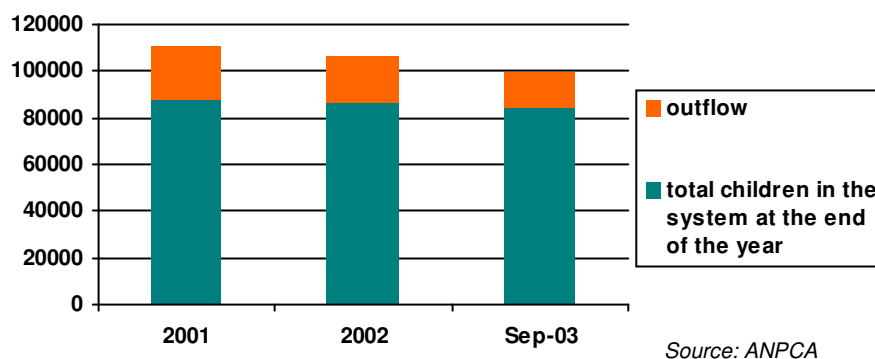
Inflow to / Outflow from Placement Centers	Inflow*	Outflow				Total
		through implementation of final protection measures			by transfer to a family-style form of care	
		reintegration into the natural family	ages 18-26	other causes		
Status at the beginning of 2000 –100%	29.6%	12.2%	5.1%	6.1%	19%	42.4%
Status at the beginning of 2001 –100%	25.1%	9.9%	5.0%	3.3%	20.5%	38.8%
Status at the beginning of 2002 –100%	23.9%	9.5%	4.3%	2.6%	19.7%	36.2%

*including cases taken over from other institutions
100% represents the total number of children in placement centers at the beginning of the year; the inflow and outflow per each year are related to this total.

Concerns

- There are large inflows and outflows of children, who are also often moved within the system! The implementation of protection measures for such children requires qualified staff. As our research reveals, the entire effort for transformation was channelled through an insufficiently developed structure. The number of professional social workers that should have handled these cases is well below the system’s needs, as is the number and sometimes quality of alternative services set up more recently.
- While the outflow figures have been high in this period, the total number of children in care has remained constant. This is an indication that the system has low capacity in blocking entries and working on prevention, and that there is additional demand in terms of response needs for new cases and those moved within the system (the number of children in care or moved within the system every year is about 100,000).

Total number of children that have passed through or remained in the system in one year



In order to obtain some insight into the phenomenon in terms of spread per county, we can present the situation based on a variety of variables (see Appendix 3). The data considered here included: the number of children in the system in 2000 and 2003, respectively, the number of NGOs active in child protection, the number of external donor projects in the past three years, the number of prevention services developed, the number of new applications to DPC per month, and the amount of money from the state budget.

Concerns

- As can be seen, the number of children in the system (public care services) in most counties has remained more or less the same.
- Another important issue is the fact that upon considering the number of children in the system, there are two large categories of counties: counties with large numbers of children in the system (more than 1,500), and counties with somewhat smaller numbers, up to 1,500 children.
- Equally noteworthy is the fact that counties in the first category (those with large numbers of children in care) received most of the external funds. This is a very important concern, as the new services were created with the help of such funds.
- Generally speaking, the number of children in the system decreased in places where the amount of prevention services is larger (exceptions: Prahova, Vaslui – where the number of children in the system has increased, and Alba, where the number of children remained constant).
- We point out that there seem to be some countries in which the number of children in the system has risen, while in others this number has dropped, apparently unconnected to external funding or the number of non-governmental organizations in those counties.

A number of explanations might shed light on this last concern:

In some counties, the newly created services did not focus on prevention or finding solutions to get the children out of the system, but rather on care measures that envisaged changing placement.

There are some other factors that could cause the numbers of children in the system to decrease, increase or remain the same: such counties might have some communities that are challenged with very serious socio-economic issues, still not covered by adequate social or community development services, the relations between the institutions managing the process are inefficient, or there is poor management.

It seems that in places where county and local councils do not or cannot take over funding of the child care system (not even the half of the funding that should be their own contribution), the results are poorer, in spite of funds coming from the state budget or from external donors.

3.3.1 Reintegration into the Natural Family

Question: How efficient is the measure?

Comment: This is a very problematic measure. A lot of families are still at risk, and the movement of the children is not professionally accompanied.

As we have already seen, a large number of children has left the system every year in this period; the most frequent solutions were reintegration with the natural family or dropping out of the system at age 18.

	2001		2002		2003	
Reintegration into the natural family	6,961	52.1%	4,965	54.4%	4,115	57.6%
International adoption	514	3.8%	105	1.1%	66	0.9%
Ages 18-26	2,904	21.7%	2,504	27.4%	1,846	25.8%
Other causes	2,987	22.3%	1,561	17.1%	1,123	15.7%
Total	13,366	100.0%	9,135	100.0%	7,150	100.0%

The data only pertains to children in placement centers (residential centers) and not to the total outflow from the system.

Source: ANPCA

This category was covered both through a qualitative approach (case studies in families) and through a quantitative, questionnaire-based approach (with parents who have taken the children back into the family). Although we do not have a representative sample, the results do provide better insight into this issue.

Most of the 141 families questioned who have taken their children back are very poor (in most cases the daily per capita income is less than EUR 0.7). Some one third of the parents are not married to their concubine, and another significantly large category includes people who are widowed, divorced or single. More than half of these parents have under-average education, and are looking after 3 or more children under the age of 18.

This means that a significant number of these families are still at risk, with 60% of the parents stating that they have difficulties raising the child. Many school-age children in these families do not attend school.

Some 21% of the children reintegrated in these families entered the system as babies (age 0), while a further 18% went into the system up to age 3. Some 37% of all the children reintegrated into their families have spent more than 5 years in a placement center and 18 % have been there for 3-4 years.

Causes of placement, as indicated in the children's files:

Reasons stated in the file	Cases	Percentage
material status	61	43%
disability of the child	16	11%
Abandonment	15	11%
tuition in a special school	11	8%
other reasons	10	7%
no housing	9	6%
parents separated	7	5%
parent arrested	7	5%

The level of assistance for such families during the reintegration process has been very poor: only one quarter of the parents state that they received counselling, while half of them indicate that they received no support whatsoever when their children returned home. In most cases the children returned home within two weeks of the parents submitting their application, while some children returned without their parents making any request.

In more than one third of the cases of families included in the research, the children reintegrated were children with special needs, a category of children for which the provision of programs and services is still very poor.

Case studies – reintegration with the natural family (3 cases in Bucharest and 2 in Braşov):

In three out of five cases investigated, the situation of the reintegrated children was dramatic: babies locked in the home or left without any supervision, living in cold and dirty places, underfed; for one of the cases we were able to identify an excellent solution, although with insufficient assistance, while another case is a success by now.

In the cases we came across in Braşov County, reintegration took place in an extremely poor Roma community. The families live in precarious conditions on the outskirts of a rural community. The ‘homes’ of these families are in fact primitive constructions with a single room, poorly insulated, improvised electrical wiring, and no running water. We visited these households in March, when the weather was still cold, and the atmosphere in the houses was cold and damp; the houses were surrounded by thick mud.

In the first case, the children aged 4.8 years and 2.8 years respectively, were being left alone in the house, with no other food than bread. We visited the house on three separate occasions over a period of two days, on none of which any of the parents was at home. The children were dirty, poorly dressed and ill with the flu. They were barely able to communicate, used short words, and kept their eyes to the ground throughout the visits.

In the second case, the child was reintegrated in the same place for the second time – with a 21-year-old, single, illiterate, jobless mother, expecting another baby (at the time of our visit). The mother has twin girls, now aged 3, whom she once left at the center. The girls were sent home, although one of them ended up back at the center before returning home a second time. The mother now lives with a man whose child she was expecting, who supports neither the girls nor the household in any way. The mother’s parental responsibility level is extremely low, and there is no active support network in her vicinity (such as her parents, the natural father of the children, etc.).

“When I got pregnant, the father of the girls told me he wouldn’t help me. He gave me ROL 180,000 to have an abortion, but as it was insufficient I used it to buy food.”

When the girls were returned to her she was hoping for some material support from the DPC, but this support proved to be much less than she expected. She is now very resigned to admitting that it is hard for her to raise the twins, and that she has no idea what will become of the two girls and the baby on the way.

In both situations, the social workers that handled the cases believe that the measures applied for these children are fine, and that the parents were offered counselling and support (occasional packs of food).

One of the social workers stated that the parents were home only twice in the 6 visits paid to the household in the 6-month monitoring period, and observations of one of the children indicates regress.

The social worker monitoring the twin girls visited them twice (once every three months) during the monitoring period of the first reintegration, and twice after the second reintegration. He calls these visits ‘counselling’: *“the moment we thought the mother started to solve some of the problems she was facing, we sent the little girls back home, and proceeded to counsel the mother with a view to empowering her to raise the children.”* The social worker later stated that the mother is unable to understand her parental responsibilities and counselling in this respect is impossible. Furthermore, there is discrimination against the mother’s ethnic group: *“I would have liked to do more for the girls, but there is much work to be done to change the mother’s mentality. But once she is back in that community, it’s like a vicious cycle. Whatever we manage to do in terms of counselling the mother is forgotten when she is back in here community, because they are like a caste that accepts no teaching.”*

In one of the cases investigated in Bucharest, two older boys (9th and 10th grade) were reintegrated into a single-parent family (the father) after spending 12 years in a residential center. There are two more girls in the family (ages 12 and 14), both in a placement center. The girls come home on the weekends. The father worked for a while (1992-1996) at the placement center where the children were residing, which allowed him to maintain contact with them. Reintegration into the family is a difficult thing for the boys, as they were in a residential institution for so long. But the father has remained a viable figure for them, as has the woman manager of the center where they lived. In spite of the difficulties, the children are doing very well in school. The family’s financial and housing situation is very difficult at this time, and they have accumulated a lot of debts. The family lives in a rented apartment, which has been disconnected from the gas and central heating systems. The father applied to City Hall for support, but received none. He is presently intending to appeal to some TV station to try to obtain some assistance.

3.3.2 Children Dropping out of the System between the Ages of 18-26

Question: How prepared are young people from institutions for the independent living?
Comment: Not enough. They lack self-confidence and have little confidence in others. They have not completed their education, have poor career orientation, are incapable of planning their future in a practical manner, and are sometimes emotionally unstable.

The approach in this category was exclusively qualitative. However, based on the opinions of the DPC Directors, and considering the programs targeting this segment, we may conclude that it is one of the areas poorly covered by the reforms.

There is no system in place to monitor these young people once they have dropped out of the system, making a national-level evaluation of the difficulties these adolescents are faced with impossible. In the cases we investigated, these young people came out of the system unprepared, with no possibility to support themselves materially, and to a very little extent prepared to carry on.

Following are the key challenges facing the young people we interviewed:

- **Material:** no housing and a great challenge to pay some rent on their own (in some cases the situation was so dramatic that the adolescents ended up on the street); jobs are another problem that these young people find difficult to solve. They are confused and extremely vulnerable when they try to do something.

“This thing about dropping out of the system at 18 is really worrismatic. Worrismatic, and stressful, and devastating. You just can’t be good in school when you know that at 18 you have to leave the center and there will be no place to go. It just kills you, psychologically, I tell you, it kills you!”

Gabriel, 25, Cluj: When he turned 18 he ended up on the street. He was there for quite a long time, until he was offered accommodation in a hospital where he worked for food and accommodation. Now he has been included in a program for young people in need implemented by an NGO in Cluj. When asked what are the most important things for him at present, he responded: safe job and a studio apartment. When asked how he planned to get these things, he answered: *“Well, I will go to work abroad, where they pay for labor, not like here. It’s the only chance. Here in the country you can never get all these things. I don’t have enough money to pay rent... Here in Cluj I’d need up to [ROL] 4-5 million to rent a place!”* But he is unaware of any way to get some work abroad. *“...I am working now, and I worked last month... This month actually. I have worked for over a year now, but last month, believe me, I didn’t even make the minimum wage, those [ROL] 2 million 8 hundred; no, I got [ROL] 2 million 2 hundred. I got upset, I went there and told them, I worked this much time! (...) there must be equal treatment, not discrimination!”*

Lucian, 22, Cluj: He says he has worked for one year now, but his salary has dropped instead of rising. This happened only to him, because they all know he is from a placement center. The rent is insufficient anyway for him to pay rent (he is currently in the same program as Gabriel and they live in a place provided by the NGO). Of those who leave the placement center, *“... some have parents, so they go to them or... if they are like us, they go to the organisation, or someone else, if they have no parents... Anyway, I told you, they don’t throw them out (from the center) if they have no place to go, but... they look for a job and if they can’t manage to pay rent, and they don’t work, there is no choice... eventually they end up on the street!”*

Andreea, 19, Bucharest: She was included directly from the center in the program of a Bucharest organization for young people in need. She did not attend school in the past few years and has only finished 8 grades. She says: *“For instance when I go to get a job... I can’t trust anyone because I have been cheated so many times.”*

Alina, 20, Bucharest: She was taken home when she was 14. A year later she ended up on the street, and from there she was successfully included in a number of program. She worked in a paint shop once, but she never got any money for the two months she worked there.

- *Education:* incomplete education, poor career orientation, incapacity to practically plan their future (no clear, achievable targets); actually the last two issues emerged in discussions with children in placement centers as well. Following is the situation of the young people we spoke with:

Andreea finished 8th grade, was enrolled in a vocational school, but quit in the 1st or 2nd year. She is currently doing unskilled labor and is considering (but not very decided yet) to continue her education and go to night school. She has no idea how to go about doing this, or what steps she must take to get there.

Alina finished 6th or 7th grade, spent about four years on the street, and is now enrolled in cooking classes. She admits to having some health problems. She has an attention deficit disorder, and is slow and inaccurate in the telling of her own life story.

Lucian graduated from a vocational school and is training to become a computer operator.

Gabriel graduated from vocational school, and has taken some courses to become a personal assistant [for disabled people].

None of them is very clear about where to go. They currently receive some support from the NGOs, but cannot say what they will be doing when this support ends.

- How would you change the past if it were up to you?

Andreea: My father! ... And ... I don't know; if I had such powers, I would go back in time to the moment before the proficiency examinations... I would go to the beginning of the semester so that I could study properly and get good grades...

(...)

- What are the most important things for you at this moment?

Andreea: Nothing! (She laughs).

- Why nothing?

Andreea: I don't know... I don't care about anything; I mean... things and beings... I told you once (her boyfriend). Otherwise ... I don't like my job, but I go there because I have to. I was on leave for a month and a half. What is important is this flat where we are living – it's some shelter, you know? Otherwise ... I don't have much... so there is nothing important!

Lucian: For instance I like computer science a lot. When I have some money, if I get to work abroad, I would like to be a businessman. Make money. Invest somewhere, so that I can make more.

- And do you think you have any chance of starting a business in this way, or of working...? What would you need for that?

Lucian: All I need is someone to give me the chance to go abroad; I know I could manage... With God's help, and then until I learn the language... Actually I speak two languages – not perfectly, but I can improve, and if I had this job, I could save some money, and then come back to Romania and start a business.

Gabriel: I managed to get to high school – night school – after I graduated from the vocational school. And I went to the night school up to the 11th grade. But there was some law saying that those attending night school could no longer stay at the center, so they were forced to send me out in the street. I was on the street for almost two years.

- How many grades did you finish?

Alina: I did 7th grade twice, once in Iași and once in Bucharest.

(...)

- What happened afterwards (after you ended up on the street)?

Alina: After that I met a director. He asked if we wanted to be in a play, so that he could arrange a social house for us to live. And we went to the theater, ... And then we'd go back, and then...

- How long did it last?

Alina: For 3 years.

- And did you perform in any shows at that theatre? (...)

Alina: Yes, there will be one tomorrow. (...) The problem is, tomorrow... is my birthday, so...

- Happy birthday!

Alina: Thank you! So I won't go... I have a disease... I don't know what it's called... I have a hernia, because I carried heavy things and was beaten... (...) Yes, I went (to the doctor) yesterday, but... I have had this pain for three months now and the doctors tell me to get some medicine and you'll get rid of the pain, but I still have it...

- What doctor is that, what hospital?

Alina: At the hospital... It has a name... Bucur...

As is the case with other children we interviewed in placement centers, these young people lack self-confidence and have little confidence in others. Adolescents who have experiencing life on the street (Gabriel and Alina) are emotionally unstable. This makes them very vulnerable, and they are unable to compete with young people of their own age.

CHAPTER 4

Current Status of Child Protection Services

4.1 Prevention

4.1.1 Prevention of Difficult Situation – Overall Picture

4.1.2 Prevention of Institutionalization

4.2 Protection Services implying the separation of child from his/her natural family

4.2.1 Placement Services

4.2.2 Alternative Services to Institutionalization

4.1 PREVENTION

Question: Which type of prevention services are there, and how efficient are they?

Comment: There is financial assistance, and a small number of new services. The system has been totally inefficient until now.

– Some new services have been created, but they do not cover the needs.

4.1.1 Prevention of Difficult Situation – Overall Picture

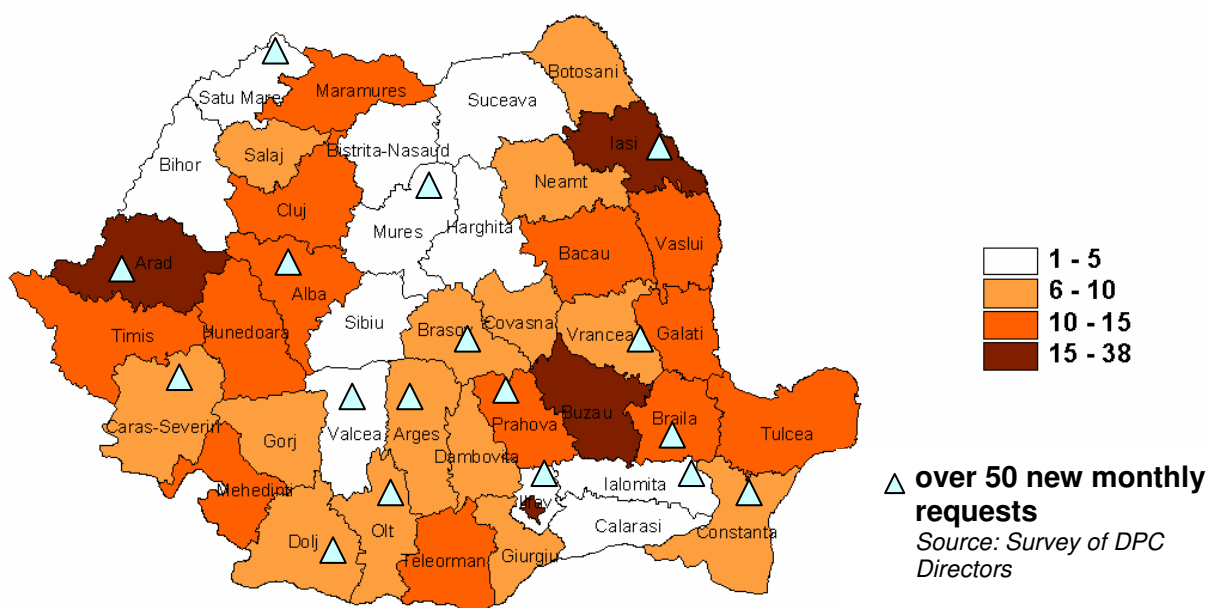
To date most prevention cases included financial or material support for the family. One year ago, the National Interest Programs supplying money for families at risk abandoned this type of assistance to be replaced by the minimum wage guarantee scheme. As we indicated above, such funding reaches a very small segment of the targeted beneficiaries. Furthermore, the efficiency of such support measures is extremely low if these are not coupled by a scheme by which the family is assisted to become self-sustainable.

Such a scheme would require an infrastructure of diverse and efficient services, capable of building a support network around the family at risk. In fact the system is just starting out in this respect, both in terms of quantity and quality of services offered.

While it is remarkable that the number of such services has increased considerably in the past few years (see Appendix 5), our research shows that these only meet a small portion of the existing demand, because they are insufficient in numbers, available mainly in urban areas, distributed randomly, and sometimes of poor quality.

Below is some indication of the number of prevention services developed until 2003 by county, in relation to the number of requests filed monthly with the DPC (indicator obtained from the questionnaires given to DPC Managers). It is clear that there is no correlation between the two variables. Counties in which demand is high are not necessarily the counties in which there has been focus on developing prevention services.

Number of prevention services by county



This research focused on only the first two types of prevention services.

4.1.2 Prevention of Institutionalization

Day Care Centers, Mother and Baby Centers

Investigations conducted in these two types of centers (6 inquiries in day care centers and 6 in mother and baby centers) lead to the following conclusions:

- These centers have proven to be extremely useful, and results can be impressive when the services are delivered competently.
- Their number is still insufficient.
- Because the purpose and standards of such centers are not clearly defined and thoroughly monitored, the quality of services they provide varies greatly. At the lower end of the scale, the service provided is actually temporary shelter and food. At the upper end, the service can really prevent abandonment and assist the mother until she finds a way to support herself and keep the child with her (for mother and baby centers), or improve school performance and provide support for social reintegration (day care centers).

Concerns

It is vital to have an independent body inspecting, evaluating and authorizing such services at various levels (both private and public). Different rankings or even names may be assigned to such services, depending on their position at the lower

and higher end of the scale, described above. The simplest institutional solution would be to have the ANPCA Control Body take over these responsibilities.

Observations in mother and baby centers (Alexandria (DPC), Iași (DPC), Baia Mare(DPC), Buzău (DPC-NGO), Bucharest Holt, Bucharest Casa Speranței (NGO). There are great differences in terms of practices at the different mother and baby centers visited. Some of them see their mission as merely providing shelter, without attempting to address the issues of various cases in terms of long-term perspective.

Although living conditions are much better in the Iași center, for instance (it is a new building that is much too luxurious compared to where the residents come from), the services provided by the center are virtually a reverse image of what the Holt center provides in Bucharest.

The working methodology in **Iași** is not focussed on the purpose of the service, but is rather a compilation of old and new practices existing together in a given space and without any specific target. Activities are focussed on protection and care services, not on case solving. The effect might even contradict the very purpose for which the service was created. Mothers are patronized, spied on and treated in a condescending fashion. Residents *“are not allowed to visit each other’s rooms but have to meet in the monitoring room. There is a monitoring room for every 3-4 rooms.”* This rule exists because *“they want to meet without us seeing them.. [In the monitoring rooms] we can supervise them and from the kitchen we can hear what they talking about. We often find them together in one room, and then we impose restrictions, such as no TV, no permission to go out with the others! (They need permission to leave the center)”* - **Manager of the Center.**

When they arrive in the center, the residents spend a considerable time, up to two weeks, in a room called the ‘isolation room’, when they are not allowed to have contact with other residents. There is no difference between the ‘isolation room’ and other rooms, but its purpose is hard to understand.

Not only are residents not taught to manage things by themselves gradually, but they are even prevented from doing so. At the time of our visit, none of the residents had a job. It is difficult for residents to look for a job because of the center is isolated from the city, they have no money to pay for phone calls to arrange for a job interview, etc. Any money residents might receive from home is kept by the Manager of the Center. [*The residents realize how much the center has provided for them only when they leave! Mothers need qualifications, a job, a home, support... When they leave here, they feel helpless* – summary of a discussion with a **Parental Educator at the Center.**]

Unlike the previous case, the **Bucharest** Holt Center works with a well-designed methodology that includes case evaluation, immediate intervention in crisis situations, protection and care services (the only ones that are covered in three of the 6 Centers visited), family and social integration services, vocational counselling, etc. Activities are focussed on finding longer-term solutions for the cases assisted: overcoming the crisis, restarting relations with potential supporters (relatives, the father, etc.), improving the self-image of residents, assistance in finding a job, etc.

It is very important not to move services that are going well, such as from non-governmental organizations to the Departments for Child Protection. Such services are better left with the institution that is best at delivering it.

Some of the responsibilities of the Bucharest Holt Center have been taken over by the DPC and the Center is soon going to be taken over fully. What will happen that cases not now eligible for access to the Center will be referred here (mothers with mental problems, for instance), and because there is no network of services in place to cover such needs, and demand is greater than supply, it is likely that the number of such cases will grow. Standards by which the Center now works will drop, and the services delivered will be of poorer quality.

The focus and quality of services provided by day care centers varies greatly, as is the case with mother and baby centers. In some of these centers, Managers believe that the key benefits are a meal offered to the children, in many cases the only meal they have all day, and a few hours spent in a family-like environment. In other centers, the central purpose is to improve school performance, provide vocational training, etc.

Concern

Support offered by day care centers is very important for the beneficiaries, even in cases where the objectives are minimal, such as a meal and a few hours spent at the center. The key issue is service coverage. In some cases a single child of a certain family was going to the Center, although there were more siblings at home in need of this service.

There is no case-oriented cycle: identification, intervention, medium-term and long-term solution. In a day care center in Baia Mare, for instance, they work with children in very difficult circumstances – the children benefit from the service for a limited period of time (a few months) and then return to the same environment and conditions as before.

What would be very useful is to include this type of service in a range of inter-related services that would provide solutions for every individual case.

The initiative of local communities (City Hall) in developing any social assistance services is very limited at this time. Although in theory each City Hall offers some specialized service, it often lacks qualified staff, methodologies and practical experience to work with the cases. What was done until now was mostly related to the implementation of national support policies (allowances, minimum income guarantee, etc.). DPCs resort to the 'network' of these services to cover the cases in the entire county, but collaboration is often very poor.

An extremely serious issue that we merely looked into on the surface is the problem of children with special needs. Services for this category are not sufficient in terms of numbers, coverage and diversity. A situation may occur, for instance, in which the child is put in a placement center merely to give him/her the chance to attend a special school that is far away from where his/her parents live. Similarly, very little is done to integrate these children into society (training in mainstream classes – where possible, facilities for getting a job, etc.).

4.2 Protection Services implying the separation of the child from his/her natural family

4.2.1 Placement Services

Question: What are the most important issues facing placement centers?

Comment: Living conditions are quite good although sometimes austere, but the way these children are raised does not prepare them for independent, competitive and social living.

Number of children residing in Placement Centers	2001		2002		2003	
	Number	Percent	Number	Percent	Number	Percent
Services provided by the State (SPS)	45,422	91%	37,781	87%	31,941	85%
Services provided by NGOs	4,543	9%	5,453	13%	5,719	15%
Total	49,965	100%	43,234	100%	37,660	100%

Source: ANPCA

Note: the number of children in Placement Centers on December 31 (SPS - public, NGO centers)

As we showed in the previous chapter, the number of children in Placement Centers dropped considerably in the past few years. However, 86 large institutions remain (with over 100 children), in which 40% of the children in the residential system are being cared for. In counties like Iași, Suceava, Vaslui, and Olt the percentage of children in large residential institutions still ranges around 70%.

Although the material situation has improved in many centers, there are still problems that endanger child development. Most of these issues have to do with the behavior of staff to the children, and with the locally-adopted educational policy. In a society that still pays tribute to a patriarchal family structure, respecting the child as an equal peer and involving him/her in the life of the household is not part of common behavior. In families, such deficiencies are complemented with love. In a Placement Center, behavior tends to become 'institutional' and may have devastating effects in time. The environment might help to bring about a desirable, professional and controlled behavior pattern among adults working at the center.

Observations in Placement Centers visited (6 classic (C) and modular (M) Placement Centers in Bucharest, Cluj, Dâmbovița and Iași, and 6 family-style centers (F) in Bacău, Maramureș and Teleorman Counties.)

Focus group sessions with resident children in Cluj, Bucharest and Teleorman (3 focus group sessions)

The significant achievements of the reform process include: closing down some of the large old-style centers, refurbishing others, developing family-style centers – flats or houses in residential areas.

Living conditions were bad in only two of the 12 centers visited – the Budai Center in Iași, which is going to be closed down this summer, and the former Placement Center for children with special needs in Târgoviște (Dâmbovița), currently working as a day care center (the building is soon to be transferred to another institution).

The buildings of the other centers were in good condition, with 1-6-bed rooms, sometimes quite ascetic, but with some personal touches. Family-style centers provide the closest environment to that of a family.

Our research shed light on four different issues:

1. staff qualification and practices in use in the centers
 2. focus of service policies in the system
 3. case management
 4. recovery therapy and social and professional integration of children with special needs.
1. In many cases, the staff in the institutions display wrong behavior or educational patterns. Such problems exist among specialized staff (with backgrounds in sociology, social assistance, etc.) and with ordinary staff. There is a wide range of seriousness in adult behavioral inadequacies, including insufficient quality time given to the child, attitudes of superiority and condescension, revealing confidences shared by the child, signs of indifference for the child's problems, discrimination in terms of status, name-calling, cruel punishments (ex. locking the child in the smoking room), and battery! Such inadequate behavior was absent only in two of the centers for healthy children visited (Vișeu and Hârja, two family-type homes run by NGOs).
 2. Although placement in centers is theoretically a temporary measure, this often goes on for years for many children. One of the serious issues challenging children who spend long periods in a residential institution, even when the living conditions are the best the system can provide (family-type centers), is the fluctuation of residents and staff. The children have to cope with people coming and going quite frequently, which impairs their capacity to develop healthy attachments and trust.

3. Case investigation procedures with a view to implementing a protection measure are not very sophisticated and often conducted by people with too little training. Moreover, protection measures may sometimes be applied following a single visit by a social worker, concluded with the 7-minute presentation of a summary report before a Commission that has listened to some 100 or more cases that same day. Furthermore, there is no continuity in the monitoring of cases, but rather by type of institution. A case is not monitored by a single case manager or institution, but by a string of social workers from different institutions, according to whose competence the case moves at different stages.
4. For the child in residence, this could mean, for instance, that (s)he could be moved from one place to another in a short time and without much preparation. It may also mean that the social worker working with the child changes with every such move; if the child has no parents, no one who visits him/her, then (s)he also has no one to complain or talk to except for the people at the center. The children we talked to, for instance, were unaware of what was going to happen to them next, not knowing how long they will be at the center, where they would be sent to next, what will happen to them when they will turn 18, etc.
5. As for children with special needs, much less has been done for them than for other categories of children. Services in charge of their recovery and social-professional integration are totally insufficient. There is a category of children, for instance, children in the boarding facilities of special schools, who are not there because their parents have abandoned them, but because they live in places in which no special school is available.

Recovery activities require additional funds, which are actually not allocated. The Galata Placement Center in Iași, a center for children with severe disabilities, has exceptional living conditions and equipment, as well as qualified staff, but they have no money to purchase the materials with which to work with the children (there were no toys in the center, and they need special toys so that they do not hurt themselves. Likewise, the equipment in the psychotherapy, psycho-educational, medical, speech therapy and kineo-therapy labs are totally inadequate).

The parents of these children are not offered any assistance or training so that they can look after their children at home. Once these children reach a certain age, the only option for the is to be referred to a very poor-quality center for severely disabled adults, where in a short time they are apt to lose any progress they have made).

Because the approach has been sociological, the discussions with the children revealed strictly their perceptions of their own needs and circumstances. In order to get a better understanding of their needs, it is vital that psycho-educational studies be conducted in future, to measure the development of children in all respects. What can be said at this time is that there are major differences between children in centers and children in families, and these can be grouped along two lines:

Mod: Whom do you talk to when you are happy?

F2: Many times you don't tell anyone...

M1: It happened to me too, for instance...

M5: I had a fight with a fellow student at school, hit him in the eye, and his parents complained to the police. I went to the police and a police officer spoke nicely to me, but the teacher called me a criminal and spoke harsh words to me! (...)

Mod: Well, if you don't speak to anyone when you are happy, what about when you are upset, when you have some problem?

F2: Many times we talk to each other. We have more confidence in each other.

M2: This also makes you nervous – it just accumulates inside you, we don't tell anyone what is in our heart because...

F2: They would say, 'So what, you have a problem?', or, 'What's this face for?'

Mod: So there is no one to talk to, not even...?

M1: I'd say it's just the social worker, the three of them I told you about.

Mod: And what you can share with them is too little? Is it enough to make you feel better, freer? Do you talk with social workers or not, actually?

M3: Some of us yes, but some don't. They just keep it inside.

F2: It depends on the situation!

F1: On the working hours too.

M2: You tell them, and then they tell everyone! And then they mock you! **(FG with children, Placement Center U, Cluj)**

1. Children in placement centers find it harder than children in families to relate to others (they are introverted, mistrust adults, and have little confidence in their friends).

Mod: Whom do you trust most?

F: The key person and the coordinator. [*The key person in these centers was the person assigned to have a personalized relationship with the child.*]

F2: I don't trust anyone.

F5: I trust the key person a little bit.

F: I trust the coordinator and the key person most.

Mod: Which coordinator?

F: Mrs. Corina and Mrs. Gabi.

Mod: Why can you trust them?

M2: Because they have always helped me.

Mod: How have they helped you?

M2: They have helped me with everything. Whenever I needed something they gave it to me.

Mod: Why can't you trust the key person? Some of you have said you cannot trust this person. Or you cannot trust anyone, or just a little...

M3: I can't say why. I just don't know. I don't trust them. I can't trust them.

Mod: Is it easier to give the 'proper' answers, those that are expected from you, or is it easier to say what you think?

M2: What I think.

Mod: Or is it easier to just not say anything?

F5: Not say anything.

F3: Not say anything.

M3: Not say anything, and also trust them.

Mod: Has it happened to you – when you said what you thought, did someone do an injustice to you, or...?

F: I didn't say [what I thought].

F4: Yes.

Mod: Would you prefer to keep it to yourself?

M2: Yes.

F2: Yes.

Mod: OK, you keep it to yourself, but eventually with whom can you share what...?

F2: With that person.

F3: With whomever I think is right.

Mod: And with whom do you think it is right?

F3: I am not sure about that.

Mod: ...when you just need to tell someone...

M1: To God! **(FG with children, Placement Center F, Bacău)**

Mod: What are your greatest hopes for the future?

F2: The hope to achieve something.

M3: I am optimistic, so I don't think about tomorrow – I like to live in the present; and now coming back, I think I will manage to become something.

Mod: How?

M3: Well if I go to this cooking school and...

Mod: Did you find the school? Do you go to the same place?

F2: No; you can go to the economic high school; in Tehnofit... there are many schools that train students for the catering industry.

M3: For instance after I finish school – if I get my diploma, I would like to go abroad and work, and then come back here. I don't want to live of someone else's means; I want to be on my own

Mod: And what about your plans for the future? What are your hopes? ... Or let me ask you what worries you, what do you fear?

M2: I don't want to get into a situation where someone mocks me, or says: 'Let me give you some food, boy!'

Mod: And what about you? What are your hopes for the future? What do you want to do? What do you want to see happening?

F1: Work abroad.

Mod: In what field?

F1: I don't know. Anyway there are more hopes there than there are here in Romania.

Mod: What worries you most? What do you fear when thinking about the future? What scares you?

F1: The fact that I will have to be on my own

(FG with children, placement center U, Cluj)

2. The placement center children we talked to had less confidence in their own forces than children in families. Many of them seem helpless when confronted with the thought that they will turn 18 and will be obliged to leave the center. On the other hand, placement center children (those from the Bucharest center are somewhat more similar to the witness group) have less capacity to identify and focus on feasible targets than children in families. They often felt they were treated unjustly and have few achievements to stimulate them to go on.

Mod: Well, let's say you want to be a singer or a beautician – do you learn anything about that in school?

F3: No. It has nothing to do with...

Mod: So what are you going to do to achieve your goal? What could you do?

F3: Well... as for being a singer, its clear (that you can't get there).

Mod: Why not?

M3: How can you know!?

...

M2: No one knows what we will become.

Mod: Could other children become that?

F3: I don't think so. I like being unique, not copying someone else.

Mod: That's true, but can't you become a unique singer?

F3: Well, anyway I know I won't become a singer – I want to become a singer, but I won't, anyway!

Mod: Why not?

F3: Because it's impossible. When I was at the DPC, there was a contest and I was the best, they said they would send me to "Floarea de colt" to some training, and I saw no training...

(FG with children, placement centre F, Bacău)

Mod: How do you see your future? What are you going to do? How are you going to do it?

F3: Black!

F: We are waiting!

M3: We didn't think about that for the moment...

F3: If we make it to the future!

F5: It's the present that counts, not the future!

Mod: What can you do to secure a few steps forward at least?

F1: Study!

F: That's right.

Mod: Is it the only option?

F: Have some connections too, because – studying or not, eventually you'll do nothing more than cleaning the streets! It's different when you have connections!

Mod: What does it mean, to have connections? Are there any children that have connections?

M3: It's not about... It's the parents who do the talking and give the money...

F3: Yes... And today if you want to make it you need connections. School is not enough...

M3: Right!

F4: And as we have no family... nothing will become of us! (FG with children, placement centre F, Bacău)

Mod: What else would there be to say about our life? Questions I didn't ask you because I didn't think of them, but which could be important to you? What do you fear, what frightens you about the future?

M3: It's very difficult now.

Mod: Why is that?

M4: Especially in Romania – I don't see any bright future.

F4: You can go to Spain to harvest strawberries!

M3: If you have the opportunity to do it – because here there is nothing you can do. You need education, but I don't know if we'll be able to find [any job].

M4: You need connections, money...

F5: There are a lot of people who want to work around, but if there are no jobs... **(FG with**

children, placement center F, Roşiorii de Vede)

Mod: What are your hopes for the future?

M3: We hope the world will change. If you have a job where you get more money... What do we have here – 50 EUR? I want to find some work abroad.

Mod: And how can you leave abroad?

M3: I found someone.

Mod: A person?

M3: Yes, a friend of mine.

Mod: He is already abroad?

M3: No, we are in the same class in school but his sisters are in Austria...

Mod: What do they do there?

M3: I don't know what they do there, but I know they earn nice: 1000 EUR!

Mod: So what do you want to do, go there and work, and then... Come back or not|?

M3: Come back, of course, and do something here!

Mod: How do you know what professions are wanted there?

M3: All professions are wanted.

Mod: No matter your qualification or trade, or education?

M3: You can also work on the black market.

Mod: What can you do?

M3: It depends on what they need...

B4: Constructions, harvesting strawberries, it depends on the employer, on the field... **(FG with children, placement center F, Roşiorii de Vede)**

Mod: I was asking what you need to have in order to succeed – think that you'd compete with children or youngsters just like you, and maybe even with some adults that are already there... What do you need to have in order to succeed in life?

F: Luck, money...

F: Not necessarily money, because when you have it you spend it.

Mod: Why money?

F: In Romania at least, you can do everything with money – I noticed that.

F: For instance in school – you give a teacher money, and you get a good grade.

Mod: Do things like this happen? Are children favored because their parents have money?

F: Yes.

...

Mod: What else? Money, self-confidence, luck ...

F: A strong will.

Mod: What does that mean?

F: Not giving up!

F: I mean, when you want to fight with someone, you shouldn't run from them!

F: That's being a coward!

F: You can achieve your goal even if it's more difficult – you don't have to give up.

Mod: Is it hard to achieve your goal or work to achieve it, or is it easier to change it and take some other goal that is closer to you? Have you set any goals for yourself that were quite difficult to achieve?

F: Yes. Getting admitted to high school; if I changed my goal and tried to get to some other school, there would have been less satisfaction. I worked a lot, but the satisfaction is greater.

Mod: Was it the same for you with high school? Was it difficult to get there, or did you choose some option that matched your own forces better? Or what other things were there you had to fight for?

F: I am in the 5th grade, but there was an exam for the English class, and I wanted very much to pass it, and I worked, I studied hard, and I passed.

(FG Bucharest, witness group, children in families)

Mod: What are the most important things you need in order to succeed in life? What should you have, how should you be?

M: (ironically): A gun...

F: Confidence.

F: Confidence and a strong will.

Mod: Confidence for what?

F: Self-confidence.

Mod: Self-confidence?

F: Yes. If I have self-confidence and I believe that I can do something, I always manage to do that something!

Mod: Are there things that get out of control sometimes?

F: Yes.

Mod: What are these things?

F: Time.

F: Yes, it moves too fast. Couldn't a minute be like an hour?

(...)

Mod: What are the things that worry you with respect to the future? What do you fear?

M (ironically): Jail! It depends on us to stay out of there. If we do something, we hope we won't...

Mod: What else worries you besides jail?

M: Maybe some accident that would impair me, so I couldn't study any longer...

F: Or dying...

F: That's not so hard.

Mod: So, some health problem that would stop you from going further. Is this your greatest worry?

Is there any other, bigger worry?

M: Yes, the bogeyman!

Mod: Except for the bogeyman?

F: No one! (FG Bucharest, witness group, children in families)

The differences identified earlier make the children in placement centers vulnerable and disadvantage them in competing with children raised in families.

4.2.2 Alternative Services to Institutionalization

Maternal assistance

Question: Which are the most important issues regarding the maternal assistance?

Comment: The design and short and long-term purposes of the service are not clear. In the long term the solution is a poor one for the child. There is insufficient training for the maternal assistants. There is insufficient professional assistance for each case (assistance for the child, assistance for the maternal assistant, assistance for the natural family).

The number of children in maternal assistance grew considerably in the last period. 13,625 were in families of professional foster carers in 2003. Foster placement and placement with the extended family were the measures that actually changed the structure of the numbers of children per types of services that imply separation from the family. Placement measures were refocused from placement centers to these two types of services.

At the moment, the finality of the service is not clear. It is not clear whether this is a temporary service or a long-term one, and what the consequences and measures would be for each option. What is certain though is that for some of the children,

maternal assistance has become a long-term measure (they are in maternal assistance for 5-6 years already).

The fieldwork included 241 questionnaire interviews, 5 case studies and one focus group session with working maternal assistants. The key conclusions of this research are presented below:

Most (75%) maternal assistants we talked to were unaware of how long the children would be with them when they took them.

Mod: What do you know about the child? Where will he be, where will he go?

F: We don't know. There is a 3-month period for each child, and after that the child's staying with the maternal assistant is extended every 3 months. The case goes to the Commission at the Mayor's Office every 3 months.

F: I have Commission hearing once a year, because mine is for adoption.

(...)

Mod: Let's come back to what you need to know about the child that is brought to you – what is the path he goes on, what is the plan for him, what is next?

F: The child is taken from the family because the [family's] conditions are improper, and then maybe he will come back or otherwise, if no one visits the child for 6 months, the legal abandonment procedures are started. We don't know. I didn't expect to keep this little girl for 3 years – I didn't expect things to be unclear for her for 3 years, just because there is no one there to set that interdiction... Her parents had to do it. They are poor and they have jobs, they have no time to go to the court, so they can't do anything to decline [the mother's] rights.

Mod: So what will become of the child?

F: She will stay with me until she turns 18 if the situation is not solved.

Mrs. Petrescu and I were trained together; there were 3 families that came to adopt her, and when they saw she had a haematoma, they left. It can be solved through surgery; it's just that whoever sees her doesn't want her. **(FG maternal assistants, Bucharest)**

For almost half of the caregivers, there was little time from the moment they first saw the child and the arrival of the child in to their home (the child was moved immediately or a few days later).

Mod: How long does it take, from the moment you want to take a child until the moment you get him/her at your home?

F: I visited the child for 2 months almost every day before I took him.

Mod: Where from did you take him?

F: Sector 1.

Mod: Is he from a placement center?

F: When I brought her home she said nothing, because she was very attached to me, and even the people there asked me not to come that often because the child suffers and cries for me. The first word she said was « iaia ». Lately she calls me 'mum'. She was not talking at all when I took her.

Mod: How often did you have to visit her before?

F: So 2 weeks to set a bond with the child, three times a week.

F: They brought mine home. After I finished with the papers they brought him home.

F: That's how it's done usually – they deliver the child and the bag with his/her things.

Mod: And you didn't see the child before?

F: The last one, the boy that was brought to me in February, they told me I could see him for 5 minutes, and I saw him once because they have sleeping hours there... And they gave him to me when the papers were ready. In most cases the child is brought to you without you knowing him/her.

F: It took one year in my case. They called me on December 20 – I had had my birthday on the 18th. So they called me at work and told me the little boy was in Cotroceni; they asked me if I would receive him, and they called me to the Child Protection department to give me a car and go to Cotroceni to take him. I had to walk eventually because they gave me no car; I waited there for 2 hours in the cold winter – it's good I remembered to get some money with me. When I went there, they put the child in my arms and I saw he had scratches, and he was thin and had no clothes (...). When I came out from there – no taxi on the street, so I started walking down to Grozavesti, where I found a cab... He hardly took me, after I explained the situation and told him that I was a maternal assistant. People were staring at me because I was dressed and the child had no winter clothes... **(FG maternal assistants, Bucharest)**

95% of the maternal assistants received training for this profession (20% of them had 40 hours of training, 24% - between 41 and 60 hours of training, and the others more than 60 hours, from what they state). In 79% of the cases, the social worker that watches the case visits at least once a month; in 13% of the cases the visits take place once in 2-3 months, and in 7% of the cases the visits are less frequent.

In 16 % of the cases the child is with the foster family for more than 3 years, and in 38% of the cases children have already spent 1-3 years with the foster family.

Most of the children in foster placement are young children – only one quarter are older than 7. Almost all the children (86%) have parents.

In spite of this, these children rarely meet their natural parents – only half of the children were visited by their parents. Of these, 62% had rare contact, 25% had contact once a month, and the remainder had more frequent visits.

Mod: What is your relationship with the child's parent?

F: Our relationship is about contact visits. If the parents want a contact visit, we establish a place and are there for a half an hour or one hour. It depends on how old the child is.

Mod: How many times do you have to go to contact?

F: There is no rule; whenever the parents want..

Mod: How does this happen in your case? Do the parents come to visit? Do they want to see their children frequently?

F: Once a month – the girl is 3 years old and she has been with me since she was 2 and a half months old. 2 – 3 – 5 months.

F: In 1 year and 4 months we met at the Child Protection Department – she's a girl I liked, and I think she just happened to have that baby; she has no shelter and no future, but still she comes to see the child.

(FG maternal assistants. Bucharest)

66% of the children were placed in foster care from the placement centre; 13 % come from some other form of family placement (some other foster care or placement with extended family), and 8% are new cases when they are brought to the foster family.

Foster caregivers in general have a positive perception of this profession; most of them consider that the their neighbors, relatives, acquaintances, and friends consider this profession an admirable one.

Half of them consider that the relationships within their own family has improved since the child was placed with them, while the other half thinks the family relationships have not been affected by the arrival of the new child.

What most foster caregivers we visited are unhappy about is insufficient incomes (80% of them believe that the foster allowance does not cover the child's expenses) and access to medical services or the quality of such services (expensive medicines that are hard to find, no compensation, the indifference of doctors, lack of support in case of children with severe conditions, etc.).

F: Not to mention that they decreased our bonuses instead of increasing them... And those bonuses were important to us. It was a 15% bonus – and it was very useful.

F: Sector 2 was paying some extra hours – they used to give us 1 million, but now we no longer get that as of January 2004. It's important, because their food allowance is very low and our salary – we spend it on them. At age 3, they know everything – you go somewhere and they want this, they want that... You can't say no, you can't tell him you don't have money!

F: Not to mention that they need clothes too. I don't think there is anyone here who doesn't buy at least a pair of socks and some underwear for the children!

Mod: And these expenses are not reimbursed?

F: No.

Mod: So it's just the food allowance?

F: Not even that, because mine has no birth certificate.

F: Sector 5 pays that 670,000 allowance, without paying the 210,000 one. It's not normal – people who are rich, don't their children get an allowance? We should be able to get it too, especially because this is a special case. **(FG maternal assistants, Bucharest)**

F: I had a child from the NGO – he had a blood clot from a blow he received in hospital. A nurse dropped a 4-day old baby and he had a clot in his brain. The NGO paid for surgery and I was there with the child.

Mod: Aren't these surgeries free of charge?

F: Everything is free of charge in our country, right...?

Mod: I was just asking...

F: Everything for children is free of charge. For us too, because we pay health insurance.

Mod: What was it that you paid then? The bribe?

F: That's right. The bribe. **(FG maternal assistants, Bucharest)**

In 5% of the cases we came across, foster caregivers have a hard time with children with behavioural problems or ones who have trouble adapting to their new situations. Other problems we came across was a lack of support from the DPCs (not even in making ID cards for the child, for instance), no holiday.

F: I have a colleague on Mosilor – she has a 4-years old child with her, and she calls me and tells me she can't take it anymore. He was with some other carer before that, but that one couldn't manage so they placed him with my colleague. He devastated her. He destroyed her couch, broke her balcony windows and more over he calls her names. She has two children of her own who are students, and they don't speak such ugly words as that little one does!

F: It means she is not concerned with the child.

F: That's not true. Just before this boy I had a 9-years old girl who devastated my whole house. And I am very patient with children, but this girl I just couldn't manage. She was stealing in school, children would come to me and tell me she wrote on their notebooks and broke their pens... It was impossible.

F: 9 is quite old, but you can control a 4-years old.

F: It depends. We went to the psychologist too. She grew up in a placement centre since she was a few months old.

Mod: So what happens in such a situation? Who do you go to? What happens with the child? What do you do with the child?

F: Nobody helps. (...)

Mod: Is the child evaluated periodically? Did you receive any counselling from the psychologist, with the girl?

F: She would come and spend 2 hours with her and then when she'd leave she'd say everything was OK. The girl probably knew what it was about. She was saying the girl was normal.

(FG maternal assistants, Bucharest)

F: Another problem is with the ID cards for the children. My child has no birth certificate.
F: Neither does mine. And you need papers everywhere – for kindergarten, at the doctor’s... Nobody cares about this problem.
Mod: Who is responsible for this?
F: The DPC I assume. I was with the NGO first, and then with the DPC sector 2. When I see them, and I tell them about the birth certificate, they just raise their shoulders and say nothing.
(...)
F: We can’t get such papers; only City Hall can, or the child’s guardian – the DPC. The child is with the DPC, so they do the papers and everything. These are things that should be solved by the DPC.
(FG maternal assistants, Bucharest)

Compared to the placement center, children make progress in this environment. 97% of the foster carers we talked with think that the child has made progress since he/she was brought to their family (talks better, has a better physical or intellectual development, is more sociable, etc.).

F: When it’s your child, that child knows he is part of the family and he gets everything. But when you bring in some other child – I had a girl that came to me from the Domnești orphanage; she was 1.2 years old and she wouldn’t eat or sleep, she’d just bang her head against all the walls in the house, but a few months later she improved when she felt the affection of a family environment.
Mod: How could you move past this difficult moment when such a problematic child is placed with you?
F: I had very difficult problems with this girl. She would have a bottle of milk at 6 in the morning, and then again around 12 – 13, and then nothing until the next morning. A 1.2-year-old child drinking 2 bottles of milk a day. There was no dinner... That’s how she used to be treated. I couldn’t dress or undress her; I couldn’t touch her. It took me more than 1 month of crying to teach her how to eat with a spoon – and I was feeding her the same food she was getting from the bottle. I would just make it thicker so that I could use a teaspoon. So it was terrible; it’s hard at the beginning; there are a lot of things you need to do and you need to be very patient. Nothing is gained without patience. She was brought to me in July; I spent 2-3 months with her this summer to teach her everything, and then the next year I took her to the seaside for a week. She was a normal child already, there was no difference whatsoever. **(FG maternal assistants. Bucharest)**

As for the relationship with the children, foster caregivers tend to become more professional (they plan their efforts according to the benefits obtained). This type of professional relationship is, however, not in the best interest of the child, as professionalism does not imply sacrifice or total commitment like that of a parent.

F: The child I have – his sexual organs are not developing – it's something very simple, some sort of disease that will cause him problems when he grows up and he will want to love a girl. I took him to the Grigore Alexandrescu Hospital and I told the social worker that I can't go there alone (with the child for surgery); I have liability for this child, but I can't go to the doctor empty-handed. She came with me so the first operation was performed, and they didn't give anything to this doctor, not even ROL 100,000. What happened was that he just did his work accordingly – when the child was 2 months old, he made a channel right in the middle of his penis, instead of cutting it all the way up.

Mod: And this will affect him all his life?

F: Of course it will. He doesn't pee right. One year later I took him for a consultation and now we need some hormone treatment, maybe it will grow a little bit more – and whatever the good Lord gives him! I said, I don't want to go to the same doctor again, because I didn't like what he did, but the DPC told me that I have to go to him, because he needs to finish what he started. I should have gone to a urologist. I went to see a urologist, I told him I was am a foster caregiver, that I have been looking after this child since he was 8 days old, and that I don't want to go back to that doctor because some other doctor showed me that the surgery was not done properly...

Mod: So what is the solution?

F: He needs another operation. The doctor that saw him said the tissue is thinner now and it would be hard for him to undergo 3 or 4 further operations needed, including the operation to correct the urethra so he doesn't have to urinate like a girl.

Mod: So?

F: The DPC told me to write a report and they will approve some amount of money for me in 1 month. But the child needs surgery now, not in a month's time. The manager says, 'go and see about it'. Where should I go – ask the nurses and the doctor at the hospital how much I should bribe them for that surgery?

Mod: They don't give you some receipt?

F: I can't ask the doctor to give me some receipt for ROL 1 or 2 million, and the DPC doesn't approve such an amount for me – like, what do I need it for?

F (ironically): Everything is free of charge for children.

Mod: So you actually have no solution for this child?

F: I have him examined every 6 months and give that doctor ROL 200,000–300,000 from my own money. She tells me not to bother, and that's how it goes...

Mod: And you don't have the money for the surgery?

F: No! (FG maternal assistants, Bucharest)

Half of those we interviewed have considered adoption, but 83% of them think that the best solution for the child placed with them at the moment is to be adopted by some other family or to go back to his/her natural parents. Some 3 % consider that it would be better if the child remained with their family.

Mod: Have you considered adopting the children that are placed with you?

F: I considered that, but I talked to my husband – I told you, we are both retired and not so healthy, so we can't provide some safe future for the child. It's about the age, and a child needs parents that can look after him until he can be on his own.

F: In our country at this moment you can't secure a future for a child. A modest family – husband and wife, we can't provide him with a home later. And he will need a house when he grows up.

F: That's why youngsters don't get married nowadays, because they have no home; if they live with his or her parents, there will be arguments sooner or later, followed by divorce...

(FG maternal assistants, Bucharest)

Processes by which the child is transferred according to various protection measures and monitored are basic (there is no detailed evaluation, no accompanying and counselling for the people involved – adults and children, etc.)

Mod: How long does it take, from the time they inform you that the decision for the child has changed until the child is actually taken from you?

F: 3-5 days until the child's case gets to the Commission. In Sector 5, for instance, Thursday is Commission day and then the papers are signed on Tuesday – Wednesday next week. That's when the child leaves.

Mod: So you know that the child is going to be taken from you with five days notice?

F: Something like that; we know the case has to get to the Commission, and then the child is put up for adoption or reintegrated with his/her family.

Mod: How long in advance would you know that?

F: Until the file is approved; if adoption is approved and the file is OK and the parent...

Mod: And if the parent applies to take the child, aren't you informed?

F: Yes we are. They already have the adoptive family certificate, so they come and see the child and in the next week the case gets to the Commission – if the Commission is free; if not, the following week ...

F: Two weeks at the most.

Mod: How is the child prepared in this period? How are you being prepared and what about the adoptive parents?

F: I have the girl – she is 1 year and 10 months, and she was adopted. I asked the adopting parents – they came and saw the child, and they understood the situation, so I asked them to come every day so that the girl can get used to them. It was no problem for me to have them visiting, because the child had to get used to her new parents.

Mod: And what did they achieve, in 5 days or 2 weeks?

F: Quite a lot – they would come every second day, on Saturdays and Sundays, in the evening from work they would drop by for a half an hour.

Mod: And how long until they took the girl?

F: I think it was like 2 weeks.

Mod: From what you know, did they get any counselling when they became parents?

F: They don't get any counselling.

Mod: Does the child get any counselling?

F: The girl was 10 months old, nothing was done. I only insisted that the parents come to visit so that they know her better.

Mod: Was there anyone else present at the visits, or was it just you and the parents?

F: A social worker has to be there. The family came first because they didn't know where we were living and they didn't know us either, so they came with the inspectors from City Hall. After that they came alone.

Mod: And if you didn't insist...?

F: As foster caregivers we have the right to decide whether we want to receive these people in our homes or not. We are not obliged to. We could go somewhere else where they can meet the child, spend an hour or two...

Mod: Could it happen that the family sees the child only once and then they get the child as soon as the papers are ready? If you don't want to see the respective family, or if they don't ask for the contact visits ...? Is there any rule here?

F: There is a rule. They have to visit 2 or 3 times and see the child's behavior and decide whether they want it or not.

F: With adoption, it's not like with foster care – when they don't tell you that the child is sick... Parents are to be informed about the child's health, nothing is hidden from them. They all want to see the children.

Mod: Did you have children that were reintegrated into their families, or only adoption?

F: I had adoptions and reintegration.

Mod: And what were the steps in this case?

F: I took the initiative to prepare the child 2 weeks in advance, because I knew the child was going to his family. I was telling him, we go to mother and father; we go to Dani, your brother, because he knew his brother. He called me Mariana, not Mom, and I thought that was right.

Mod: How many times did the mother visit him?

F: Only once when she took him. (FG maternal assistants, Bucharest)

Placement with the extended family

Question: What are the most important issues regarding maternal assistance?

Comment: Some of these families are still at risk. Sometimes bad living conditions for children. Sometimes no services near home (for children with disabilities). Not enough professional assistance for each case (child, maternal assistant, natural family).

The fieldwork included 147 questionnaire interviews with extended families that had children placed with them, and two case studies. Many of the problems that occur with reintegration into the natural family are present also in placement with the extended family. The most important ones are lack of assistance for the families and complex procedures by which such a measure is implemented.

Placement with the extended family was the other option (besides foster care), towards which children in placement centres were directed. The number of children for which this measure was applied was 25,922 in 2003, almost twice the number of children placed in foster care.

It is very likely, and the research has proven this, that many of these children have already been with the extended family when the measure was implemented. The children were there, just that the family would get some material support for the placement (the placement allowance). In such cases, the measure is rather an abandonment prevention measure and must be redesigned as such (included into a range of prevention services).

In 42% of the cases, children came to the extended family from placement centres; 10% of the cases were coming from other protection measures. Half of those coming from centers had spent quite a long time there (more than 4 years). Some 21% of relatives having children placed with them who are coming from some other protection measure indicate that they did not file any application to take the child, but rather that (s)he was just brought to them.

Only 10% of all the relatives having children placed with them that we interviewed state that they received some counselling following the measure. Some 80% of them got some money or material support, while 20% indicated that they did not receive any kind of support.

In the two case studies, both of them in rural areas in Braşov County, the children were placed with grandparents. The living conditions were modest, but acceptable (two-room house, insulated windows, clean).

In one of the cases, the grandparents live with the child's parents and 5 grandchildren. The whole family lives on the grandfather's pension and on the allowances of the remaining 4 children. The child in placement is 5 years old and has spent 4 years and 10 months away from his family for health reasons. He has a heart condition that requires treatment. The family doesn't get any kind of support from the authorities to raise this child – not even the placement allowance. The social worker has never visited the family, although she states that she visits the cases whenever this is necessary.

In the second case, 2 children – a brother and sister – were placed with the maternal grandmother. The children are from different fathers, and at the moment of our visit the grandmother had given one child to the supposed paternal grandmother. The children's mother is in prison. Two more uncles of the child share the household – one is aged 16 and the other one is older. The grandmother sees her oldest son as dangerous (he just got out of prison, *'he beats them and he does all sorts of crazy things'*). The grandfather is in prison too. The only source of income in the household is the children's allowance. Sometimes they receive some parcels from the DPC. They have debts. The social worker did visit the family in this case.

CHAPTER 5

Summary and Conclusions

The key findings are grouped here according to the three key fields in which the research was conducted: institutional level, policy level, and services level. In the end, we need to see to what extent the reforms, through the new institutions and services created, respond to the needs of the beneficiaries.

Child Protection Institutions

New institutions were created at central and county levels, to take over responsibilities in the area of child protection. Moreover, the National Agency for Child Protection and Adoption and the Departments for Child Protection took the lead in implementing the reforms. At the present time, it is unclear what institutions are carrying out these responsibilities at the local community level.

The key issues emerging from the current institutional design have to do with funding, defining tasks and responsibilities, roles, and infrastructure.

Problems in system financing occur both as a result of incoherence in taking over funding responsibilities at different administrative levels (with great differences from one year to another, and from one county to another in terms of the share each administrative level should contribute to the public child protection services budget), and as a result of the lack of transparency and predictability of such budgets. On the other hand, one thing that is not clear at all is: who is going to take on the responsibility for financing reforms in future, once international donors pull out their funds.

Another problem with the newly created institutional system is its lack of clarity in defining responsibilities for each individual institution. In some cases such responsibilities overlap (departments of DPCs, social services at City Hall, guardianship authority); in other situations, the different responsibilities defined for one institution are likely to generate conflicts of interests (DPCs being both service providers and controlling structures); or, in some cases, the decision-making institution does not include the technical, substantiation structure in a subordination chain (like the Child Protection Commission).

The control function is shared by too many institutions; the definition of the prerogatives of control among different institutions is vague. There is no distinction between control of the institutions themselves and control of the services. Because of these problems, the function is not accomplished in practice.

An extremely important issue challenging the system at this moment is infrastructure. The number and professionalism of social workers at present is unsatisfactory. This becomes even more serious when we realize that, with protection policies changing focus, a huge number of cases had to go through the system.

The number, dissemination and structure of the services provided do not match the existing needs, but are designed according to the funding opportunities available. The quality of such services is frequently unsatisfactory.

Another infrastructure problem has to do with data collection and monitoring. There are no databases available at the moment, nor are there any viable indicators through which the system could be monitored.

Child Protection Policies

At the end of 2004, of the 691 Placement Centers, 259 were classic centers, 108 are modular, and 329 are family-style centers (apartments, houses). A great number of old-style centers have been closed down. The number of institutions sheltering less than 50 children has increased from 134 in December 2000 to 330 in June 2003.

In the past four years, the number of children living in placement centers decreased by 40%. This drop occurred concomitantly with an increase in the number of children protected in families (placement with extended families, foster placement).

Abandonment prevention services and sets of community-based services were created.

The child protection system took over the institutions for children with special needs in 2000.

A great number of children dropped out of the system during these years, most of them through reintegration with their natural families or simply because they turned 18. In spite of this, the total number of children in the system has remained virtually the same.

The most important problems these policies have generated are related to the size of the in and outflows of the system. A huge number of cases moved through the system without the procedures and professionals to manage these well.

Very high flows were seen in cases entering or exiting the system and in cases being moved within the system. There were massive movements without a sufficiently developed infrastructure. In many cases decisions were made hastily and with no serious record of the case.

The two key variants for cases exiting the system – reintegration into the natural family and dropping out between the ages of 18-26 – still raise very serious issues!

Reintegration into the natural family

- These families are still at risk (very low income, single parents, or parents who are not married to the person they are living with).
- 60% of the parents declared that they still have problems raising their child.
- Just one third of the parents declared that they received counselling before or after they took the children back.

- The qualitative research revealed that in some cases the security of the child was in danger, while the social worker monitoring the cases considered that the reintegration has been a success.
- There is a special problem for children with disabilities who are returning to their families. There are no programs for their recovery and integration into society.

Young people dropping out of the system when coming of age

- these young people have neither the material support or the necessary skills to care for themselves;
- due to the lack of housing or money to pay the rent, many of those young people end up to living on the street;
- in the absence of a national policy to support these young people there are only insufficient local initiatives;
- half of the children in institutions are over 14 years old

Current Status of the Services

Prevention services

- The number of services has increased rapidly, but the system is just at the beginning (in terms of both quantity and quality of services offered).
- Prevention services meet the needs of the beneficiary (assisted families or children) in order to be considered successfully completed.
- Successful prevention services can produce very impressive results.
- What is most urgent is that the family be assisted during the crisis situation(s).
- The number and spread of these centers are not correlated with the number of new monthly requests.
- Quality of services differ very much from one center to another due to the absence of a clear definition and technical control/standards of the quality of services. At the low end the service is merely shelter and food provider. At the high end, the service can truly determine abandonment prevention, assistance for the mother in difficult situation until she finds the means to keep herself and her child (in maternal centers) and improvement of formal educational performances (in day care centers).

Placement Centers

- 63 of the old type institutions were closed.
- More than 250 family-style placement centers are now operational.
- In these family-style placement centers space is organized as it would be in a home.
- The material conditions were improved in many of the placement centers.
- In November 2003 there were still 86 large institutions (with more than 100 children) that are caring for 40% of the children in placement centers. In some of the counties the share of children protected in large institutions is around 70%.
- Our research revealed that in many cases the personnel have manifested inadequate attitudes and/or behaviour (from indifference to humiliation and punishment) towards the children. Only in two of the nine centers for healthy

children we visited, did the behavior of the children not show traces or influences of inadequately managed relationships with adults.

- The issue of children with special needs is still very relevant. The number of services in place at the moment is insufficient. Funds allocated to these centers are also insufficient; as for the funds allocated to placement centers, these do not include the cost of recovery or educational and social integration.
- The problem of children in boarding facilities of special schools remains critical.

Maternal assistance

- The number of children in foster care has increased significantly lately. Some 13,625 children were placed in the foster families in 2003.
- Placement in foster care and entrustment to relatives were the measures that have concretely changed the structure of the number of children distributed per different types of placement.
- Maternal assistants view their responsibilities increasingly more as a profession, and they rationalize their efforts in accordance with benefits they may gain.
- Financial difficulties and access to medical services are the most important problems that maternal assistants face.
- Most of the children in foster care are very young, only a quarter of them are over 7.
- These young children from placement centers have proven that they can develop skills once they are placed in foster families.
- Occasionally when the child has a health or behavior problem (s)he receives no assistance. DPCs do not have solutions for some cases and the maternal assistants do not make the same kind of sacrifices as do natural parents.
- The mission of the service is not clearly defined at the present time, and it is unclear whether this service is temporary long-term.
- Indifference characterizes the relation between the natural parents and the foster families in the best cases.
- Changing the placement measure is insufficiently assisted.

Entrustment to relatives

- 25,922 children were entrusted to relatives in 2003, almost twice the number of children in foster care. Some of them might have already been in these families when the measure was taken. In such cases, the measure should be seen as an abandonment prevention measure, and included in a package of measures of the same type.
- Problems raised by applying this measure are similar to those of reintegration in the natural family (infrastructure incapable of assimilating such a huge number of cases).

Beneficiaries Level

Successful cases of investigated services have been those in which expertise was transferred with the newly-created services. In this case the needs of the beneficiaries are met.

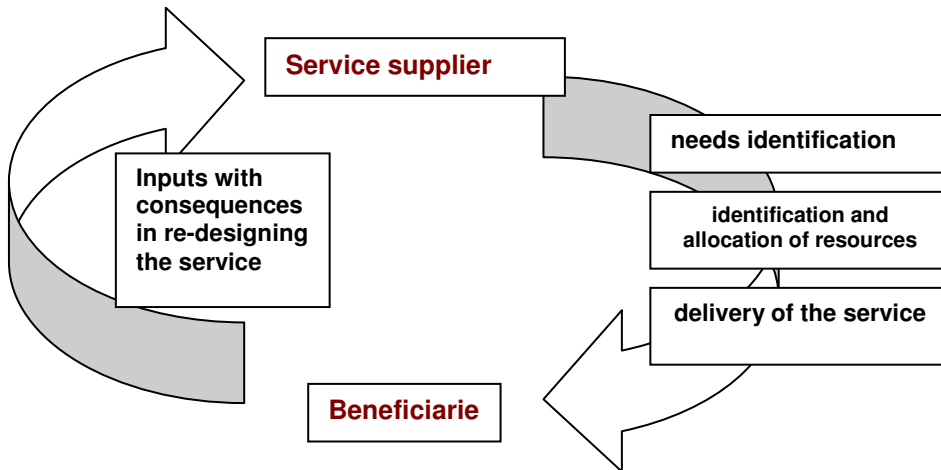
The main sources of dissatisfaction registered at the family level are the poor existing procedures for assisting families in distress and the cases of extremely poor communities. A number of cases occurring throughout the project raise the following concern: there are situations in which none of the prevention measures can work, such as communities living in extreme poverty – ex. Roma communities living on the outskirts of some settlements, or small, isolated rural communities. In such cases, the only thing that can be done is to help the community as a whole. Community development policies should be developed first, before moving to other types of social policies

The main sources of dissatisfaction regarding the assisted children level are the lack of standards regulating the adult children relationships, the poor procedures for managing the cases, and the low level of independent living skills.

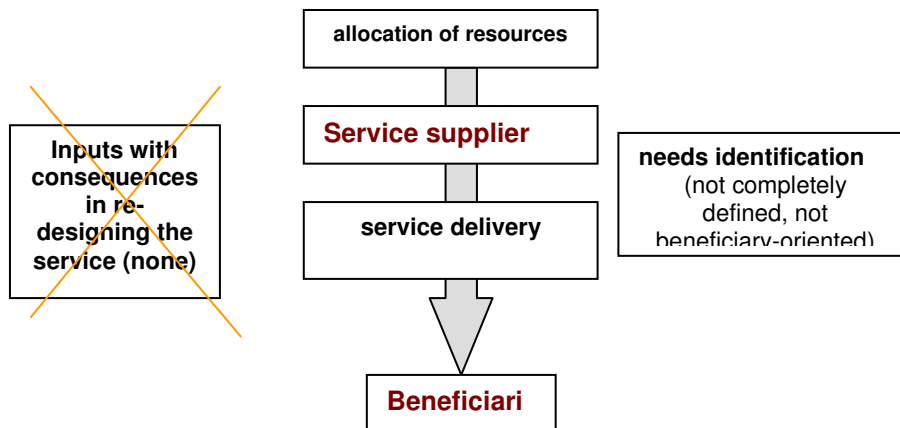
The number and level of sophistication of services provided for children with special needs are unsatisfactory. Services are not adapted by age or by type of disability.

There are still categories of children who do not benefit from any kind of services: delinquent children, children who are severely disabled, children from placement centers who drop out of school, etc.

The logical route linking service providers and beneficiaries implies a number of steps: identification of needs; identification and allocation of resources required; actual delivery of service; gathering information on the efficiency and usefulness of the service; and modification of the beneficiary's needs.



The way in which this cycle is generated totally distorts its present functioning:



CHAPTER 6

RECOMMENDATIONS

In terms of sustainability of the reforms, **it is vital that the logical cycle mentioned above be at the grounds of the system's operation**, instead of the reforming decision.

Issues	Recommendations
General Policies Recommendations	
<p>Traditional social support policies involved financial support, sometimes universal type allowances. The present system of delivering social assistance to families in distress does not cover a large portion of people in need. The categories most affected by poverty are families with children.</p>	<p>Identify the categories of people in distress, define their problems. Generate dedicated policies of <u>professional intervention</u> - social assistance, qualification, counselling, and <u>material assistance</u>: - housing, temporary financial support.</p>
<p>Poverty affecting family unity is one of the most important factors bringing about institutionalization. Quality and size of the home, social stress factors, divorce, separation, step siblings, father refusing to accept a child, parent(s) in prison, alcoholism, domestic violence, health problems of the child, and institutionalization antecedents in the family, the exclusion of poor communities or people – all factors which can lead to institutionalization.</p>	<p>Better understand these factors (qualitative and quantitative approach), design indicators to monitor these factors and generate policies to reduce these.</p> <p>Link child care system reforms with reforms in related areas: social protection, education, and health.</p>
<p>With the diversification of the provision of child protection services, a huge need has arisen for professional, refined specialized assistance in these services. Assistance for children and families is neither sophisticated nor specialized.</p> <p>In the past few years a large number of children have been from residential institutions without proper assistance. There are no capabilities to monitor them after they leave the system. Case monitoring, assistance and closing procedures are poor and often conducted by people with too little training.</p> <p>Data gathering and reporting are not accurate enough. No viable indicators are developed and used in monitoring the system and the quality of services.</p>	<p>Reinforce the infrastructure of the child care system as follows</p> <ul style="list-style-type: none"> • increase the number and qualifications of social workers involved in case management; • improve the sophistication of case management, monitoring and closing procedures; • ensure that staff is more professional and trained to assist the child or family; • develop more programs for young people dropping out of the system between the ages of 18-26; • stop the massive reintegration into natural families until the system has the appropriate infrastructure to manage this measure; • develop in number, quality and diversity the new child care services; • develop indicators to monitor the system (<u>indicators regarding children</u>: the number and causes of new entries, the number and nature of measures applied to one case in a period of time, development indicators for assisted children; <u>indicators regarding families at risk</u> (number, nature of risk, service or support provided); <u>indicators regarding services</u>: input, output, outcomes indicators; etc.); • adjust services provided to the real (measured) need of the beneficiaries.

Issues	Recommendations
General Policies Recommendations	
<p>NGOs are of great importance to the development of a strong civil society and a sound system for social welfare services.</p>	<p>In the past NGOs have responded to funders and are presently in need of developing a community base to support them. They need to respond to community needs. This is ultimately where they will get their strength and funding. It is very important that local authorities purchase their services and use their experience and expertise in delivering services. The take-over by the DPCs of services provided by non-governmental organizations is not a very good solution at this time. Wherever this is taking place there is a risk of the quality of services dropping.</p>
<p>It is a recognized fact that the child welfare needs are much greater in needy communities. The 1997 legislation placed responsibility for child protection on the community, while most of the communities were too immature to assume such a role. However, child welfare services need to continue to evolve, in parallel with community development, as the needs of children for protection are often urgent.</p>	<p>Child protection policies must take this into account.</p>
Institutional Design Recommendations	
<p>Central level Institutional reorganization under the Ministry of Labor.</p>	<p>Central level It is too early to again modify the entire institutional design subordinating the existing structure to the Ministry of Labor and creating new institutions at the county and local levels under this Ministry. Clarifying the tasks and roles among the existing players involved in child protection and simplifying the actual system is a better solution.</p>
<p>There is no national database with comprehensive information regarding cases and services provided in the system. There is no system for monitoring families and children at risk.</p>	<p>Develop the monitoring department with ANPCA. This should be able to provide reliable information regarding inputs, outputs and outcomes of the system. This data should also allow for the evaluation of the need for services.</p>
<p>The issue of meeting the rights of the child in old-style institutions and especially in terms of newly-created services was assigned a lower priority at the ANPCA level.</p> <p>International donors have financed the reforms with considerable amounts of funds, while Romanian authorities usually supported the costs of existing or newly-created services.</p>	<p>Develop the authorising and control of the services department at ANPCA level. This department should exercise its tasks (including own investigations) with respect to the children rights guarantee.</p> <p>Find solutions to finance and sustain the reforms in the child protection system after the international donors will end their programs.</p>
<p>Local levels The greatest challenge occurs in the rural area or small urban localities, where there is no specialized staff to do social work. As a matter of fact, protection services are concentrated in large urban environments, while the small localities in the county are uncovered.</p> <p>The beneficiaries are caught in quite a complex network of interconnected institutions that are dealing with them at either the county or local levels. Overlapping responsibilities between these institutions restrict the efficiency of actual</p>	<p>Local levels Re-evaluate the institutional framework of the child care system at the local level:</p> <ul style="list-style-type: none"> • clarify which institutions should deliver all the child care services at the county and local levels, and offer these institutions the same authority at county level; the result should be a simplified framework; • develop the local framework under the newly-created institutional determination; • separate the monitoring and control functions from the service function in the case of DPCs • refer the functions of monitoring, control and

<p>performance. For instance, a number of institutions deliver services in the field of child protection: the DPC at the level of the county administration, directly subordinated to the county council, respectively the Guardianship Authority (function performed by the Mayor) and the Social Assistance Service (subordinate to the Local Council). In addition, NGOs fit in the structure as private providers of services. The Child Protection Commission makes key decisions regarding case solutions.</p>	<p>authorizations of services to a single county-level institution; the functions listed above should be exercised with respect to the guaranteeing of child rights; this institution should be direct subordinate to the ANPCA;</p> <ul style="list-style-type: none"> re-design the responsibilities and the organization of the Child Protection Commission; the institution which decides on child protection measures should be a specialized (professional) one.
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Issues	Recommendations
Institutional Design Recommendations	
Budgeting.	<p>Clarify the financing of institutions and services; more transparency and predictability are required.</p> <p>Find solutions to fund NGOs from the local Romanian community level.</p>
Providing child care services recommendations	
The capacity of the system to prevent new entries is very poor.	Develop efficient prevention services: increase their number, improve their quality, and diversify these. Improve the monitoring of cases, develop case management procedures.
<p>The way in which children have been raised in residential institutions the has not adequately prepared them for an independent, competitive and social life.</p> <p>Many placement centers <i>appear</i> more like homes in that they have been divided into smaller units, meals are with a family group, etc. However, until the processes within the institutions are changed, the children will remain institutionalized. Large institutions can inherently not be family-like. Children need to be given some leeway and the ability to make decisions and mistakes to ensure that their environment is more family-like and that they learn life skills. They need to be able to do things like shop for groceries, help with the laundry, select their clothes, plan a meal, decide how to spend their money and what to buy at the store, etc. Theses processes need to be a part of their experience in an institution if it is to be like a home. Most institutions cannot accommodate this type of individualism.</p>	<p>Implement quality standards for delivering residential services with respect to children's rights.</p> <p>Professional training for staff.</p> <p>Monitor the development of children, and their abilities to manage themselves.</p> <p>Improve the monitoring of cases, develop case management procedures.</p>
<p>The design and short and long-term purposes of the maternal assistance service are unclear. This is a poor long-term solution for the child.</p> <p>Not enough training for maternal assistants. Not enough professional assistance for each case (child, maternal assistant, natural family).</p>	<p>Clarify the purposes of the service.</p> <p>Implement quality standards for delivering maternal assistance.</p> <p>Train maternal assistants in conformity with the service purpose and specific tasks.</p> <p>Evaluate maternal assistants periodically.</p> <p>Improve the monitoring of cases, develop case management procedures.</p>
Some extended families that have children in placement are still at risk. The living conditions of these children are often bad. Sometimes there are no services near the home (for children with disabilities). Insufficient professional assistance	Improve the monitoring of cases, develop case management procedures.

for each case (child, maternal assistant, natural family). Sometimes no financial allowances.	
There are no appropriate services for children with special needs, or programs for their social reintegration.	Develop services for children with special needs in terms of protection of their rights (health, education, social integration, etc.).
	All of these, besides the reinforcing of child care system's infrastructure mentioned in the general policies recommendation above.

Appendices

Appendix 1

Design of the fieldwork

Instruments	Code	No	Target groups
Focus group	FG	2	NGO program managers in the field of child protection (Cluj and Bucharest)
In depth interview	INDI	4	NAPCA Directors (General Department for Policies, Strategies and Implementation, Audit and Control Body, Department for Economic Issues and Human Resources, Department for EU Integration)
In depth interview	INDI	3	International donors (USAID, UNICEF, EC Delegation in Romania)
Sociological investigation in institutions	INDI	24	In-depth interviews with the Managers of the institutions visited (placement centers, mother and baby centers, day care centers)
	INDI	24	In-depth interviews with staff from institutions in direct contact with children (social workers, guardians)
	OBS	6	Placement centers (OSpc Târgoviște, OSpc for children with special needs Târgoviște, EMpc Cluj, OSpc Gherla, NMpc for children with special needs Iași, OSpc Budai*).
	OBS	6	Family-style centers (FSpC Bacău, FSpC Hârja, FSpC Sighet, FSpC Vișeu, FSpC Roșiorii de Vede, FSpC for children with special needs Alexandria**)
	OBS	6	Mother and baby centers (MC Alexandria, MC Iasi, MC Baia Mare, MC Buzău, MC Bucharest 2)
	OBS	6	Day care centers (DCC Viperești, DCC Buzău, DCC Baia Mare, DCC Băița, DCC Panciu, DCC Focșani***)
Focus group	FG	5	2 focus group sessions with children in classic or modular residential centers (UMpc Cluj, Mpc Bucharest) 2 focus group sessions with children from family-style centers (FSpC Bacău, FSpC Roșiorii de Vede) 1 focus group with children in families - control group, Bucharest
Sociological investigation in families	INDI	24	Case study and in-depth interview with the social workers who monitor the families
	OBS2	24	Families at risk, foster families, adoptive families, families who abandoned their child, families of children who were reintegrated, extended families
	CS1	3	- Families at risk (Bucharest)
	CS2	5	- Foster families (Iași, Bucharest, Cluj)
	CS3	1	- Adoptive family (Cluj)
	CS1	4	- Families who abandoned their child (Iași, Bucharest, Cluj)
	CS4	5	- Families of children who were reintegrated (Bucharest, Brașov)
		2	- Extended families (Brașov)
Focus group	FG	1	- Foster mothers (Bucharest)
Pair interview	PI	2	Children who left institutions at age 18
Surveys	QUEST	47	Directors of DPCs
	QUEST	40	General Secretary of the County Council (Chairperson of the Commission for Child Protection)
	QUEST	201	Foster parents
	QUEST	141	Parents who have taken back their child from institutions
	QUEST	147	Relatives who have children in placement

* **OSpc** – old-style placement center, **EMpc** – emergency modular placement center, **NMpc** – new modular placement center;

** **FSpC** – family-style placement center;

*** **MC** – maternal center, **DCC** – day care center

Appendix 2

Number and types of the services provided by NGOs

Name of service	Total	Services provided by NGOs	Percent of NGOs	Structures of services offered by NGOs
Crisis assistance centers	49	21	43%	4%
Assistance and support centers for psychological rehabilitation of children with psycho-social problems	36	19	53%	3%
Parent (and child) counselling and support centers	115	56	49%	10%
Day care centers	160	66	41%	12%
Day care and recovery centers for disabled children	125	38	30%	7%
Family placement centers	844	277	33%	50%
Centers for preparation and support of children's reintegration and integration into families	49	13	27%	2%
Education centers for juvenile offenders	2		0%	0%
Mother and baby centers	54	12	22%	2%
Services to assist the child in performing its right to freely express its opinion	23	5	22%	1%
Assistance and support services art. 19/Emergency Ordinance 26/1997 reissued (life skills)	68	32	47%	6%
Monitoring, assistance and support services for pregnant women at risk of abandoning their child	22	3	14%	1%
Services of guidance, supervision and support for social reintegration of juvenile offenders	23	2	9%	0%
Abandonment prevention services through family planning and contraceptive education	16	2	13%	0%
Family-type protection services (maternal assistance)	30	13	43%	2%
Total	1616	559	35%	100%

Source: www.copii.ro

Numbers of child protection NGOs active in different counties

County	No. NGOs	Density of NGOs*	County	No. NGOs	Density of NGOs*	County	No. NGOs	Density of NGOs*
Alba	16	18	Covasna	3	5	Olt	11	10
Arad	29	28	Dâmbovița	17	13	Prahova	8	4
Argeș	11	8	Dolj	8	5	Sălaj	6	10
Bacău	23	12	Galați	16	11	Satu-Mare	10	11
Bihor	19	13	Giurgiu	4	6	Sibiu	20	20
Bistrița	6	7	Gorj	3	3	Suceava	12	6
Botoșani	7	6	Harghita	19	24	Teleorman	3	3
Brăila	8	6	Hunedoara	25	22	Timiș	34	23
Brașov	13	16	Ialomița	3	4	Tulcea	9	15
Bucharest	102	29	Iași	34	16	Vâlcea	9	9
Buzău	10	9	Ilfov	20	31	Vaslui	8	6
Călărași	3	4	Maramureș	7	5	Vrancea	15	16
Caraș	9	12	Mehedinți	1	1			
Cluj	15	11	Mureș	29	21			
Constanța	20	12	Neamț	19	13	Total	644	

Source: data gathered from the questionnaires implemented on DPC managers

* no. of NGOs per 100,000 children aged 0-18

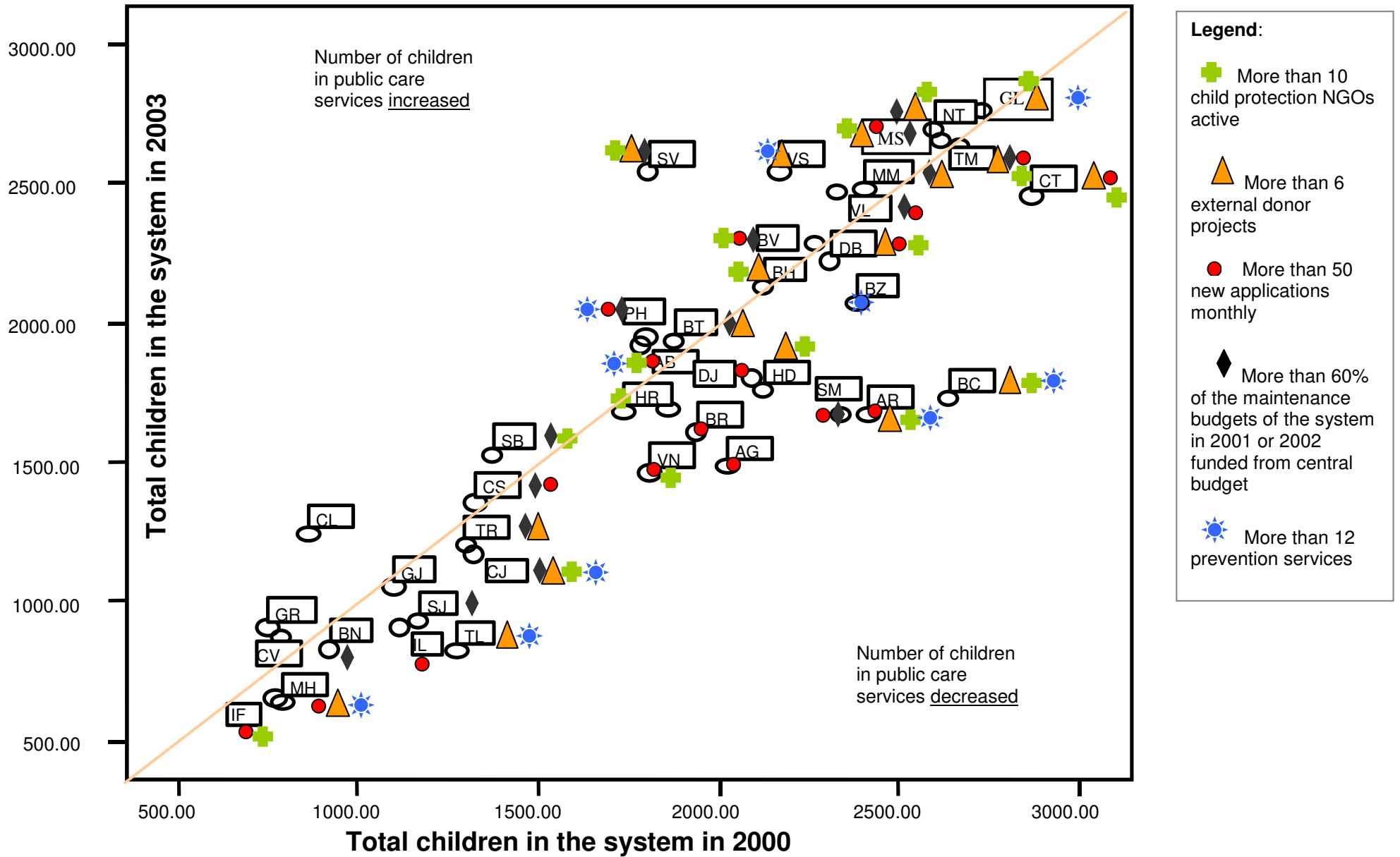
Appendix 3

INDICATORS TAKEN INTO ACCOUNT IN REPRESENTING THE DYNAMIC OF THE SYSTEM BY COUNTY

- number of children in the system in 2000, respectively 2003 (*source: information obtained from ANPCA*),
- number of NGOs active in child protection (*source: ANPCA, information on the web site*),
- number of external donor projects in the past three years (*source: questionnaire given to DPC Directors*),
- number of prevention services developed (*source: information provided by ANPCA*),
- number of new applications to DPC per month (*source: questionnaire given to DPC Directors*)
- amount of money from the state budget (*source: Ministry of Finance*)

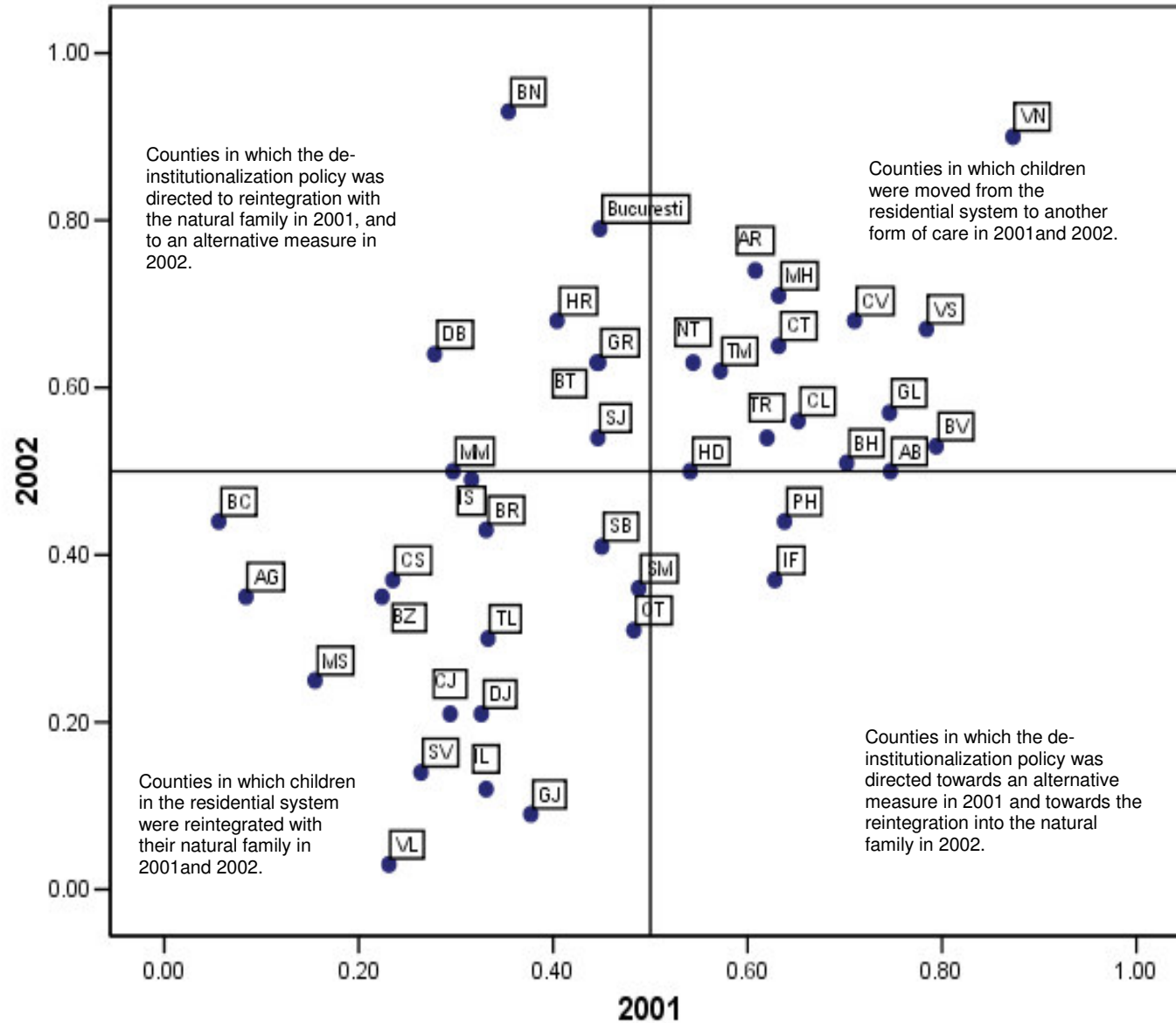
Appendix 4

TOTAL NUMBER OF CHILDREN IN PUBLIC CARE SERVICES IN 2003 COMPARED TO 2000, PER COUNTIES



Appendix 5

PERCENTAGE OF OUTFLOW FROM THE RESIDENTIAL CARE SYSTEM TO SOME OTHER FORM OF CARE



Appendix 6

Number of services developed to prevent situations that endanger the child's security / development

Type of service	2000	2001	2002	2003
Mother and baby center	24	41	49	54
Day care center	16	50	85	110
Parent counselling and support center	13	23	40	64
Birth control counselling services	2	6	14	21
Monitoring, assistance and support of pregnant women at risk of abandoning their children	8	13	17	20
Day care and recovery center for children with disabilities	11	16	37	80
Guidance, supervision and support for social reintegration of juvenile offenders	6	6	9	14
Assistance for children in performing their right to freely express their opinion	1	8	5	9
Service for supporting the child in performing its rights	7	8	13	13
Guidance, supervision and support services for street children	1	1	6	11
Counselling, support and therapy center for mistreated, abused, neglected children	0	0	4	11
Other services meant to prevent abandonment (not specified in Government Decision no. 117/1999)	0	0	17	12
Total	89	172	296	419

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