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# Reforming the Romanian Child Welfare System: 1990 - 2010

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## Abstract

The Romanian child welfare system has undergone a series of major changes over the past two decades, impacting the type of care and developmental outcomes for Romanian orphans and foster children. Each distinct reform period within this twenty-year span can be identified by the laws and governmental reform measures enacted, the shift in child population among various Romanian institutions and foster care homes, types of institutions available to children, level of care, shift in reasons for child abandonment, changes in ways children are routed through the system, and how these changes have effect children's development, health, and psychological well-being.

*Keywords: Romania; child welfare system; institutionalization; abandonment; foster care; residential care; family-type services*

## Introduction

The Romanian child welfare system has undergone a series of significant changes over the past two decades. Likewise, these changes have directly impacted the type of care provided to Romanian orphans, affecting the health and psycho-

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logical outcomes for these children. Each smaller reform period within this twenty-year span has made its own contribution to the current state of childcare services in Romania. Specifically, each period can be identified by the laws created during this time, the shift in child population among various Romanian institutions and foster care homes, types of institutions available to children, level of care available in institutions, shift in reasons for child abandonment, and governmental reform measures taken during each period. In this paper we review these changes the markers that delineate these distinct reform periods. Additionally, changes in child population and ways children are routed through the system are discussed, along with how these changes have effect children's development, health, and psychological well-being.

### **Brief History of Romanian Children in Government Care**

In order to understand the current state of Romania's child care system and the services provided it is important to know its history during the last 20 years. [Greenwell \(2003\)](#) proposed a framework delineating three distinct reform periods in the Romanian child care system: pre-reform period (pre-1990), child welfare reform period I (1990-1991), child welfare reform period II (1992-1996) and child welfare reform period III (1997-2000). Furthermore, these periods were followed by the de-institutionalization period (2001-2004) and the alternative to institutionalization care system period (2005-present) which are both supported through this study (NACPA and UNICEF, 2004). The following section provides a brief summary of the recent history of Romania's child care system.

#### ***Pre-reform period (pre-1990)***

By the end of the 1980's there were approximately 950,000 children in permanent or temporary public care in Central and Eastern Europe, and 30% of these children lived in infant homes or orphanages, while 40% languished in homes for the disabled or hospitals (UNICEF, 1997).

During the Communist regime in Romania (1945-1989) the protection of children in difficult family situations was understood to be the responsibility of the state rather than the family. Therefore, a large network of institutions was created and families who were struggling to raise or educate their children were encouraged to place them in these institutions (NAPCR, 2006; [Greenwell, 2003](#)). By 1989, the economic depression of the 1980's and the strict pro-natalist policies of the Ceausescu regime resulted in over 100,000 children living in institutions out of the total population of 23,000,000 (NAPCR, 2006). Many of these children were institutionalized primarily for social and economical reasons, usually in the early weeks of life ([Castle et al., 1999](#)) and although these children were

designated as orphans they were typically social orphans, voluntarily given over to state institutions, rather than true orphans (Johnson et al., 2006). Therefore, during the communist regime there was a policy in which families in difficult circumstances were systematically encouraged to place their children in institutions, creating confusion about the relationship between families and government regarding the responsibility for children. As a consequence, the state institutions were perceived by both families and government as a panacea for all child-rearing problems (Zamfir & Zamfir, 1996). Consequently, the term 'social orphan' used in the central and eastern European context suggests that the social orphans typically have parents who cannot provide adequate care for their children because of serious handicaps, chronic diseases, severe poverty, or other family disorders. Also, social orphans' parents could have been young parents without adequate knowledge of acceptable childcare practices, who refused to provide adequate care because of severe maladjustment (e.g., children's mental illness) or were hostile toward their children (Himes, Kessles, & Landers 1991).

During this period, there was only a capacity to house 17,000 children in Ministry of Health Institutions, and overcrowding led to poor living conditions and a shortage of specially trained staff (CHCCSG, 1994; NACPA and UNICEF, 2004). Throughout this era of highly centralized and paternalistic statehood, the social work profession was deemed anti-ideological and abolished in 1969 under the Ceausescu's dictatorship (Dickens & Groza, 2004, Conn & Crawford, 1999). The study of psychology as an independent scientific academic discipline was also abolished during 1970's-1980's (David et al., 2002) as well as the study of sociology (Zamfir & Zamfir, 1996; Cojocaru, 2009).

Prior to 1989, the Romanian child protection system was unsuitable for optimal child development. Other than institutionalization, there were no other options to care for children and families in need of assistance. Historically, the ability of families to take care of their small children and handicapped family members was adversely affected by the Romanian communist regime. Johnson, Edwards, and Puwak (1993) noted several contributing factors for the decline in the socio-economic structure of Romania: macroeconomic policies, such as policies to increase the population from 23 to 30 million people; agricultural policies that caused food shortages; a massive relocation program, which eliminated both historic city centers and rural villages, replacing them with high-rise commercial and apartment buildings; and exporting most of the country's harvest to pay off the national debt. Furthermore, the full employment policy also greatly affected caregiving in a negative manner. The decline in economic performance reached unmanageable proportions toward the end of the 1980's, when, in 1989 the Gross Domestic Product growth rate declined by 3.1% compared with previous year (Cornia & Sipos, 1991). This socioeconomic decline contributed to increased institutionalization of Romanian children, which had a negative impact on their well-being. In addition, the unexpected rise in the number of abandoned children

prompted the adoption of the Law 3/1970 for the protection of minors which promoted institutionalization rather than preventing child abandonment and encouraging parents to assume responsibility for their children (NACPA and UNICEF, 2004).

All over Romania, so called “cradles” or “leagăne” (nurseries for children aged 0-3) were opened which specialized in long-term residential care created by the state and were designated for all children whose parents could no longer raise them (CHCCSG, 1992; NAPCR, 2010). By the end of the communist regime in December 1989, there were 65 leagăne spread across Romania with the number of beds in these leagăne reaching 13,878 in 1988 (Greenwell, 2003). Because the communist party kept minimal records regarding institutionalized children, it is difficult to pinpoint the extent of overcrowding. However, it is known that single cribs, or beds, typically contained two or more children at any given time (Ames & Carter, 1992). According to Greenwell (2006) the average rate of child institutionalization within leagăne in the pre-reform period (using data from 1987-1989) was 15.5 per 100,000 live births. Greenwell also showed that on average, each child spent 41.1 months in leagăne. Moreover, there were dystrophic centers (CHCCSG, 1992) which were hospitals that cared for children with “dystrophia” (protein-energy malnutrition). Dystrophia was the most common medical reason for referral of children to an institution (65% of the children aged 0-3 years). However, many children with congenital abnormalities, metabolic diseases, AIDS, intrauterine growth retardation, and failure to thrive were also classified as dystrophic and treated similarly to children with true dystrophic-energy malnutrition (CHCCSG, 1992). After 3 years of age, children that had not been absorbed into a family were placed in various institutions based on their age alone (without consideration for their individual wishes or keeping siblings together), and were released from the system at age 18 (NAPCR, 2010). Specifically, the school-age children were transferred to “*case de copii*” (children’s homes) and those between 14 and 23 years old were placed in institutions where they had special education and vocational training. This uprooting process as well as the frequent abuses happening in Romanian state institutions traumatized a lot of children (NAPCR, 2010). Those who had special physical or mental needs were placed in “*cămine spital*” or “*homes for the irrecoverable*” or homes for moderately or severely mental or physically handicapped children aged 4-20 years (CHCCSG, 1992; Greenwell, 2003) and were treated as animals that had to be fed and given only minimal, degrading medical assistance, clothing, and housing (Zamfir & Zamfir, 1996). The number of children placed within “*cămine spital*” was estimated around 10,000 (Himes, Kessles & Landers, 1991). In former socialist countries, but especially in those in which the socioeconomic crisis was more severe, there were many cases of negligence in the classification of children as irrecoverable handicapped (Burke, 1995) and in Romania due to negligent diagnoses and lack

of supervision, normal children were often sent to and abandoned in institutions for the mentally handicapped (Zamfir & Zamfir, 1996).

Even though foster care was a legally recognized alternative, children in foster care represented only 14.1 percent of all children in either institutions or foster care in 1989 and most of the children in foster care were placed with families or relatives as a temporary measure or as a first step toward adoption (Zamfir & Zamfir, 1996).

### ***Child welfare reform period I (1990-1991) or the period of quick-fix solutions***

This period is also known as the period of quick-fix solutions (NACPA, 2004). The child welfare reform in Romania is a continuing process which was triggered by the overthrow of the communist dictator Nicolae Ceausescu in December 1989. Soon after the fall of the Communist regime the attention of the international community was focused on Romania's institutionalized children. In those early years of reform two approaches were taken with institutionalized children. First, international non-governmental organizations provided massive amounts of aid for these children (Dickens & Groza 2004), but their efforts were ad hoc and uncoordinated (NAPCR, 2006). The aid of the international community was offered during a severe decline in Romanian economic performance, recorded by a Gross Domestic Product growth rate of -18.6% in 1990 compared with previous year (Cornia & Sipoș, 1991). Second, adoption was emphasized as a means of rescuing children placed within institutions (Dickens & Groza 2004, NAPCR, 2006; Castle et al. 1999). It is estimated that between 1990 and 1991 about 10,000 children were taken out of Romania for adoption, and many children were adopted with dubious legality. During this time Romania supplied about one third of the children adopted annually throughout the world (UNICEF, 1997).

Meanwhile, the number of the children entering institutions declined and new legislation included Law No. 11/1990 giving consent for foreign adoptions and Law No. 48/1991 that later placed a moratorium on foreign adoptions (Greenwell, 2003). In addition, the legalization of adoption and abortion lowered the institutionalization rate in leagăne by 24 percent (Greenwell, 2003), and the average length of time spent in leagăne was reduced by 15 percent, or about 6 months, to 34.8 months compared to the pre-reform period (Greenwell, 2006). However, the rate of institutionalization of 0 to 17 year olds was still 130 per 10,000 children, almost two times higher than the rate for Hungary and Lithuania, and five times higher than Poland and Slovenia (Burke, 1995). In 1990, the number of children in public care was approximately 98,490 of which 34,149 were in permanent and temporary residential care, and 52,221 were diagnosed with severe disabilities and kept in health facilities such as dystrophic centers (UNICEF, 1997). By 1991, the number of children in public care was approximately 85,756 of which 30,782

children were in permanent and temporary residential care, 55,200 were diagnosed with severe disabilities and kept in health facilities such as dystrophic centers and “*cămine spital*” or “*homes for the irrecoverable*”, and 9,141 were in foster care (UNICEF, 1997).

In 1991, the Romanian population consisted of 1,763,000 children aged 0-4. During this time, the Children’s Health Care Collaborative Study Group (CHCCSG, 1994) reported that approximately 700 institutions existed for Romanian children, and 112 of these were either leagăne (long-term and/or residential care institutions where parents could either place their children temporarily or permanently) or dystrophic centers (hospital departments designed for care of handicapped children) both designed for children aged 0-3. During the summer of 1991, there were approximately 8,000 children in leagăne and 1,675 in dystrophic centers.

During July 1991 the Children’s Health Care Collaborative Study Group (CHCCSG, 1994) investigated 418 children in leagăne and 208 children from dystrophic centers. The children’s medical and social records were analyzed and a full medical examination was performed. Although leagăne and dystrophic centers were specifically designed for children aged 0-3, 28% were over 3 years of age. Noteworthy, 54% of the children in this sample were transferred to an institution from a maternity hospital; only 15% were directly admitted to institutions from home or primary care centers, and 25% resided previously in another leagăne or dystrophic center. Also, 20% of these children were considered abandoned, 30% were never visited by their parents, and only 10% were visited by their parents at least once a month. These children’s developmental status was determined on the basis of clinical observations and interviews with institution staff regarding children’s achieved milestones. They found the following to be factors that contributed to institutionalization: (1) the children suffered from one or more chronic health conditions (dystrophia; anemia; rickets; disabilities/malformations, developmental delays, hepatitis, or HIV/AIDS), and (2) the children’s biological families were faced with multiple and complex problems, including low socio-economic status (poor/no housing, insufficient income, low educational attainment of mother, and unemployment), as well as unmarried civil status of mothers; divorce, death or imprisonment of mother or father; and the presence of a physical or mental health problem in one of the parents.

### ***Child welfare reform period II (1992-1996) or the period of contradictory, unfocused reform measures***

This period may be considered the period of contradictory and unfocused reform (NACPA and UNICEF 2004). Two pieces of legislation were central to this period, Law No. 84/1994 and Law No. 47/1993, which promoted child-centered adoptions. During this period, international adoptions almost completely replaced national adoptions ([Greenwell, 2003](#)). Furthermore, in March 1993 the

National Committee for Child Protection was established by the Romanian Government. This governmental institution had the main goal of increasing the efficiency of child protection activities (Greenwell, 2003). According to Greenwell (2003), during this period child placements in leagăne were 14 percent lower than the pre-reform period, and the average length of time lived in leagăne was 14 percent longer compared to the reform period I (approximately 39.9 months) (Greenwell, 2006). The rate of institutionalization per 10,000 children dropped from 130 to 119.4 in 1990-1993, indicating a shift to other forms of care (Burke, 1995).

By 1994, the number of the children in permanent and temporary residential care was 39,662, children with severe disabilities in health facilities were 62,230, and those in foster care totaled 8,342 (UNICEF, 1997).

### ***Child welfare reform period III (1997-2000) or the period of real reform***

This was considered the period of real reform (NACPA and UNICEF, 2004). During this time child protection institutions were decentralized and special legislation was adopted (Government Ordinance 26/1997, Law 108/1998) to create alternatives to institutionalization and regulate adoption procedures (Government Ordinance 25/1997, Law 87/1998). The new protection system was born in 1997 and the responsibility for its functioning was delegated from the central government to the county level with 41 County Directions for Child Protection created (CDCP) including one in each of the six sectors of Bucharest, the capital of Romania. The main objectives of CDCP were to prevent institutionalization by providing support to families and closing the large institutions while finding alternative solutions for child protection (NAPCR, 2009a). In 2000, the institutions for abandoned children, leagăne (children homes for infants) and institutions for children aged 7-18, were renamed “placement centers” (Gavrilovici & Groza, 2007). In addition, Stativa (2000) showed that since 1998 the protection measures allowed by the law were placement, entrustment, and emergency placement. The same author emphasized that following the implementation of the new legal framework residential care institutions were no longer supposed to be organized according to the age criterion. But according to Stativa (2000), the vast majority of placement centers continued to have an age-based structure. Thus, the residential care institutions were leagăne (nursery), casa de copii pre<sup>o</sup>colari (house for preschool children) and casa de copii <sup>o</sup>colari (house for school-aged children).

During this third period the levels of institutionalization in leagăne were 27 percent less than in the pre-reform period (Greenwell, 2003), and the average length of time lived in leagăne was reduced by 32 percent to 27.1 months compared to the reform period II (Greenwell, 2006). In addition, the reduction of the number of institutionalized children from mid-1998 to early 2001, reported by local authorities representing 10 of Romania’s 41 județe (counties), were due to



factors such as: legislative changes, professional development, continuum of services and resources based on cooperation with nongovernmental organizations, and leadership. Factors identified as barriers in reducing the number of institutionalized children were the poor economy, perception of the state's role as the primary caregiver for children in need, lack of involvement and cooperation by the key stakeholders, and difficulties in communications with media organizations which tended to feature sensational news articles about institutionalized children (Wehrmann, 2005). The flood of international adoption, becoming so widespread by 2000, led Romanian authorities to apply a moratorium in 2001 to put a stop to this phenomenon (NACPA and UNICEF, 2004).

### ***The de-institutionalization period (2001-2004)***

One of the most important decisions during this period was the adoption of "The Government Strategy regarding the protection of children in difficulty 2001-2004" of which the first priority was to change the institutional system into a family system. Consequently, during 2001-2004 large institutions were closed and replaced with alternative services such as private placement centers, professional maternal assistance, and foster families/other persons (NACPA and UNICEF, 2004). As a result, by the end of 2003, of the 691 placement centers, 259 were classical centers, 108 were modular, and 324 were family-type centers or 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 (NACPA and UNICEF, 2004).

During the 2001-2005 period, nearly 45,000 children and young people left the residential-type protection system and were reintegrated into their natural family (53%), while 27% reached the limit age for receiving protection in residential system, 18 or 26 years (Panduru et al., 2006). During 1997-2004 the old placement centers were rehabilitated and 150 of the original 196 institutions were closed (NAPCR, 2010). At the end of 2004, in Romania, there were approximately 5,000,000 children aged 0 to 18, of which approximately 2.2% were receiving specialized public services for child protection. Specifically, 32,679 children aged 0-18 were living within public and private placement centers, and 50,239 children were protected in substitute families (NAPCR, 2009b).

Furthermore, strategies to prevent children's separation from their families were adapted to the European standards (NAPCR, 2010). The flood of international adoptions, becoming so critical by 2000, led Romanian authorities to apply a moratorium in 2001 to put a stop to this phenomenon (NAPCA and UNICEF, 2004).

The reasons Romanian children were abandoned during this period (2001-2004) were often caused by overlapping factors such as the state of the abandoned child and the situation of the family, especially the mother. Specifically, the most

significant causes included: unwanted pregnancies, low birth-weight, children's poor health, and children with disabilities (UNICEF, 2006). Children were abandoned by teenage mothers, single mothers, housewives and unemployed mothers (MLSSF, NACRP, and UNICEF, 2005). Specifically, the characteristics of the mothers who abandoned their children in 2003 and 2004 revealed that 42.2% were illiterate, 27% did not complete Junior High School (grades 5-8), 80% had a low socio-economic level, 85% had an unstable income, and 28% were under 20 years old at the birth of the child (MLSSF, NACRP, and UNICEF, 2005). In 2003 and 2004, ethnic origin was a common factor in children being abandoned in maternity wards, hospitals/pediatric and recovery wards, or emergency services centers. Most of the mothers who abandoned their children in maternity wards were of Roma (Gypsy) ethnic origin (51.1%), followed by Romanian mothers (48%), Hungarian mothers (0.9%) and Turkish-Tartar (0.6%). In addition, 66.4% of the mothers who abandoned their children in pediatric/recovery wards were of Roma (Gypsy) ethnic origin, followed by Romanian mothers (29.5%), Hungarian mothers (2.6%), and 1.5% were Turkish-Tartar. Knowing that in 2002 the Roma ethnic group made up approximately 2.5% (NIS, 2010) of the general population, the over-representation of the Roma mother's who abandoned their children was apparent (MLSSF, NACRP, and UNICEF, 2005).

During 2003 and 2004, a retrospective transversal study (MLSSF, NACRP, and UNICEF, 2005) made up of children under-five ( $n = 617$ ) abandoned temporarily or permanently by their mothers in maternity wards revealed that the child abandonment rates (the number of abandoned children per 100 births/hospital admission) in maternity wards were 1.8, translated to an estimated number of 4,000 children. The duration of the stay of the children in maternity wards was over one month for 27.9% of the children in 2003 and 24.8% of the children in 2004. The observation charts of the children included notations such as: no information on the mother's departure (3.6%), child abandonment risk (6.8%), runaway mother (66.9), and abandoned child (14%) (Table 1). At the time of discharge the destination of these children were placement centers (16% in 2003 and 13% in 2004), foster parents (7% in 2003 and 6% in 2004), maternal center (4% in 2004 and 3% in 2003), to a family entrustment/ placement/adoption (4% in 2004 and 2% in 2003), as well as recovery/pediatric ward (27% in 2004 and 33% in 2003), and home with the biological family (46% in 2004 and 39% in 2003) (Table 2). The same study recorded that at time of discharge 83% of the children were healthy and 14.4% were reported as having a variety of health problems. In addition 1.6% of abandoned children died in maternity/newborn wards. Also, most of the mothers who had abandoned their children in maternity wards were under 20 at the time the child was born (29%) and 28% of the mothers were between 20 and 24 years, while the average age was 22.

Table 1. Reasons children were placed in Maternity or Hospital Wards during 2003 - 2004

Reasons for Placement	Maternity Wards	Hospitals Wards
No information on mother departure (%)	3.6	-
Child abandonment risk (%)	6.8	4.7
Runaway mother (%)	66.9	4.9
Abandoned child (%)	14	15
Social-case/Repeated hospitalization	-	32
Temporary abandoned by mother	-	43.4

Furthermore, the MLSSF, NACRP, and UNICEF study (2005) indicated a total of 986 children were abandoned in hospitals/pediatric and recovery wards during 2003 and 2004. The observation charts of the children included notations such as: social case/repeated hospitalization (32%), temporarily abandoned by the mother (43.4%), abandonment risk (4.7%), runaway mother (4.9%) and abandoned child (15%) (Table 1). The rate of child abandonment in hospitals/pediatric and recovery wards was 1.5% in 2003 and 1.4% in 2004, respectively, totaling 5,000 children per year at the national level. Out of these children, 23.3% were transferred to hospitals/pediatric and recovery wards from the maternity wards. Of the children abandoned in hospitals/pediatric and recovery wards, 40.6% were 13-24 months of age, followed by 24.3% under 12 months. It was also observed that 24.3% of the mothers were under 20 years of age and 29.4% of the mothers were 20 and 24 years of age. The duration of the stay of the children in hospitals/pediatric and recovery wards was over one month for 38.9% of the children in 2003 and 28.8% of the children in 2004. The same study found that at the time of discharge from pediatric and recovery wards 74.5% of the children were healthy and 25.5% of the children were reported as having a variety of health problems. After being discharged from the hospital almost half of the children were taken home to their biological parents by the hospital staff without any notification to the child protection services (both in 2003 and in 2004), 27.9% were placed in placement centre in 2003 and 24.1% in 2004, 3.9% in 2003 and 3.3 % in 2004 were placed within foster parents, and 1.2% in 2003 and 2.1% in 2004 were placed in maternal centers (Table 2). In addition, 4 % of abandoned children died in hospital/pediatric wards.

Table 2. Types and Rates of Secondary Placements

Secondary Placements	Maternity Wards		Hospitals Wards		Other Medical Institutions
	2003	2004	2003	2004	2003-2004
	Placement Centers (%)	16	13	27.9	24.1
Foster Parents (%)	7	6	3.9	3.3	43.7
Maternal Centers (%)	3	4	1.2	2.1	0.6
Placement for Adoption (%)	2	4	1.9	1.0	7.2
Biological Family (%)	39	4	49.7	49.2	17.5
Hospital Wards (%)	-	-	13.4	18.1	-

The same study (MLSSF, NACRP, and UNICEF, 2005) revealed that those children who were abandoned by their parents in places other than medical institutions were also found in emergency services centers. During 2003 and 2004, 332 of these children were brought emergency services centers, 59% of them were placed in these centers after they were abandoned and spent some time in medical institutions, 27.1% were brought from their home due to serious neglect, and 10.5% of the children were brought in off the street or public transportation. Moreover, the study indicated that 17.8% of the children displayed symptoms of inter-current diseases when they were placed within emergency services centers, 2.1% showed signs of physical abuse, and 0.8% was in shock. In addition, 7.2% of the children had various forms of disabilities. Most of the children abandoned in emergency service centers were under 12 months (48.5%), and 42.4% were between 12-36 months. Thirty-four percent of the children spent up to one month in these centers (34.4%), and 28% spent between 1-3 months. Most of the children from the emergency services were placed later within a foster family/parent (43.7%), placement centers (23.2%), placement for adoption with a family (7.2%), maternal centers (0.6), biological parent/parents (17.5%), and other (7.8) (Table 2).

The same study (MLSSF, NACRP, and UNICEF, 2005) revealed a number of routes the children followed and the type of protection measures they benefited from through records of the county Child Protection Services for children identified in maternity wards, hospitals/pediatric and recovery wards, as well as emergency service centers. The routes describe the places where they had lived from the time they were abandoned by their mother and the protection services they had received up to the date of collecting data (2003-2004). The most frequent routes were maternity ward ! placement centers (13.1%), maternity ! professional

foster parent (12.5%), and biological family ! placement center (8.2%). The ideal route, namely, from maternity ward to the biological family occurred in only 6.5 of the cases, and 2.3% followed the maternity ward ! biological family ! pediatric ward. The study emphasized that children who began their route in maternity wards were more likely to end up with a permanent protection measure, as opposed to those who began their route in other places.

The study concluded that rate of child abandonment (e.g., number of abandoned children per 100 births) in 2003 and 2004 was not different from what occurred 10, 20 or 30 years ago (MLSSF, NACRP, and UNICEF, 2005).

### ***The alternative to institutionalization care system period (2005-present)***

During this period, new legislation to promote and protect child rights brought Romania closer to the practices of more developed countries. The most important legislative package for the protection of children in difficulty included: Law no. 272/2004 on the protection and promotion of child's rights; Law no. 273/2004 on the legal status of adoption; Law no. 274/2004 on the establishment, organization, and function of the Romanian Office for Adoption; and Law no. 275/2004 for modifying the Emergency Ordinance no. 12/2001 on the establishment of the National Authority for Child Protection and Adoption. Based on the legislative packages during this period there has been a transition from a system focused on the protection of the child in difficulty to a system which deals with both protection and respect of the rights of all children. In addition, the present strategy used by the Romanian Government recognizes the primary role of the parents and families in education and the care of the children (NAPCR, 2010).

The National Authority for the Protection of Child's Rights (NAPCR) was established in January 2005 to enforce the rights of Romanian children and two main priorities were established: (1) to protect and promote the rights of children, and (2) to prevent child separation from parents and to offer special protection to children that have been temporarily or permanently separated from their parents. NAPCR is a specialized body within the central public administration, subordinated to the Ministry of Labour, Social Solidarity, and Family. The General Directorate for Social Assistance and Child Protection is responsible for implementation of NAPCR's social assistance policies and strategies for protecting child and family (NAPCR, 2010).

The protection and promotion of the rights of the children in general and foster children in particular, is under the Decree no. 481/2004 and Law no. 272/2004 of 06/21/2004, published in the Romanian Official Gazette, Part I, no. 557 on 06/23/2004. According to this law, there are three different Romanian government institutions which are designed to protect the children: the Public Social Security Service (P.S.S.S), the Child Protection Commission (C.P.C.), and the general department for social security and child protection (G.D.S.S.C.P.). If these

institutions identify a risk situation for children, such as abuse, neglect, or abandonment in a hospital ward, they are allowed to refer that case to the court. The court can then decide if there is a legitimate case where the partial or complete termination of the parental rights of one or both of the parents is the best decision.

Together with the governmental institution (P.S.S.S, C.P.C., and/or G.D.S.S.C.P.) the court may decide an alternative protection for the child or occasionally the governmental institutions may decide which alternative protection is the best for the child. There are three different alternative protection options: legal guardianship, special protection, and adoption. According to this law, the beneficiaries of the special child protection measures are the children whose parents are deceased, unknown, or deprived temporarily or definitively of the exercise of parental rights; abused or neglected children; children abandoned by mothers in hospitals; and children who committed a criminal act but are not criminally liable. The special child protection measures are placement, emergency placement, and/or specialized supervision. If a placement or emergency placement is chosen, a child may be placed with a person or family, maternal assistant, or in a residential service. Another way to classify the alternative care services that have been developed to replace institutionalization and have been implemented during this period are family-type services, residential, and day care services.

*Family-type services* is an alternative to institutionalization. These services were established to protect and promote care for children who are temporarily or permanently separated from their parents. Such services are provided at the home of a “natural person” or a family, such as extended family, foster parents, and other family/person. Specialized staff works with children’s new families to provide training, support, evaluation, and activities meant to integrate and reintegrate children with their natural families, extended families, or substitute families. On September, 2009, there were 69,530 beneficiaries of the special protection system, out of which 43,882 were reared within family type services such as professional foster caregivers (20,729), extended family (19,408), and 3,745 we reared by other persons/families. Subsequently, out of 20,729 children reared by professional foster caregivers, 20,605 children were reared by public professionals foster caregivers (99.4%) and 124 (0.6%) children were reared by private professional foster caregivers (MLFSP, 2009).

Another alternative care service developed by the NAPCR was *residential care*. Residential care services, such as placement centers (including family-type modules), emergency shelters for children, and maternal centers, are set up to protect, raise, and care for children who are temporarily or permanently separated from their parents as a result of placement in conformity with the law. These services provide shelter, food, and other necessities as well as professional assistance and intervention, including medical assistance; education; social activities; and customized programs. According to MLFSP (2009) there were 69,530 beneficiaries of the special protection system, out of which 23,590 were reared within

residential services such as public placement services (18,359), and private placement services (4,231).

*Day care services* were employed to ensure maintenance, recovery, and development of children's and parents' capability to overcome any situations which might lead to separation of children from their families. Day care services include child development education, entertainment and socializing activities, psychological counseling, educational and professional assistance, parental guidance and support, abuse prevention programs, rehabilitation services, and treatment/service plans. On September, 2009, there were 39,419 beneficiaries of parent-child separation prevention activities, of which 15,514 were beneficiaries of day care centers, and 23,905 were beneficiaries of other services for the prevention of child abandonment such as counseling and support services for parents, family planning services, and pre-natal monitoring services (MLFSP, 2009).

As of September 2009, there were 1718 public child protection services operating in Romania, of which 1140 were residential-care type services (NAPCR, 2009b). The number of children in public institutions dropped from 836 children per 100,000 inhabitants in age group 0-17, in 2001, to 369 in 2006, but the drop is much more substantial for the children who are less than one year old (Panduru et al., 2006).

In Romania, 350,000 children have a parent who works abroad, and 126,000 are affected by the migration of both parents (Toth, Munteanu & Bleahu, 2008). Moreover, Crai et al. (2008) reported that 256,000 children were registered as living in absolute poverty. Poverty is a significant risk factor (Stanculescu & Grigoras, 2009; [Menchini, Marnie, & Tiberti, 2009](#)). All of these factors may be considered as important reasons for placing the children in different care services.

## Conclusions

In conclusion, the child welfare system in Romania has undergone extensive change over the past twenty years, with great improvements in caring for orphans and abandoned children, as well as lowering the population of children in governmental care. However, Romania now faces the challenge of sustaining these improvements. For instance, during economic downturns there may be a temptation to balance government budgets by sending foster children back to biological families where maltreatment occurred, and/or reduce treatments and intervention aid for these families. While new laws and infrastructure are now in place, funds must continue to be allocated by government officials to maintain the services that are in place. Also, in Romania and around the world, many still presume that the Romanian child welfare system exists as it did twenty years ago. While the system has been quietly improving its systems of care, its public image

is often still associated with the substandard orphanages that brought so much attention to the plight of Romanian orphans in the early 1990's. While these conditions no longer exist, public perception remains unchanged. For children in the system, however, even though work still remains to be done, these systemic changes have caused significant improvements in their immediate and future well-being.

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