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The Fate of Institutionalised Children

The statistics on child protection has shown an improvement over the last years. The trend of moving children out from institutions and into family environments should continue. However, the new priorities of the system, prevention and social insertion, require a strengthened role for ANPCA, an all-encompassing social policy and clearer priorities.

Policy objectives and institutional structure

For many people the shocking images from orphanages back in 1990 epitomised the failure of the communist welfare system. Since then, the fate of institutionalised children has figured periodically in media reports on Romania, and is the most serious challenge to Romanian compliance to the political criterion for accession to the European Union.

Answering to this (mostly international) pressure, the Romanian government has put considerable effort in the overhaul of the system for child protection. The 1996 – 2000 administration has re-written the legislation concerning child protection and adoptions. The system is now supervised nationally by the National Association for Child Protection and Adoptions (ANPCA). The institutions and services for child protection are run by County Directorates, answering to the County Secretary. The funding is mixed, part of the money coming from the ANPCA and part from the local and regional administration. The most effective leverage ANPCA has over the providers is the audit of the funds allocated from its budget.

In 2000, the ANPCA system took over the child institutions from the then Ministry of Health, Secretariat of State for the Disabled (SSPH), and Ministry of National Education.

The main objective of the reform has been to change the emphasis from rearing children in the large communist institutions, to moving them back into families, or at least in small, family-like establishments. In addition, a host of alternative services have been developed, and private suppliers have been accepted in the system. There is a shift of resources towards preventive activities. Table 1 substantiates the progress achieved in diversifying the services for child protection.

Table 1. Alternative services developed by Specialised Public Services for Child Protection (March 2001)

Number of alternative services for child protection in place at March 31st 2001	133
Mother and baby centre	27
Day care centre for children from families in difficulty	19
Continuing support service for young people over 18 in further education	6
Family counselling centre	13
Counselling and family planning mobile service	3
Pre-natal care service to prevent child abandonment	8
Family placement / rehabilitation (reintegration) preparation centre	11
Day care centre for handicapped children	12
Emergency service for children with behaviour disorders	3
Supervision service of children who committed offences	6
Support service for children in exercising their rights to free expression	1
Support service for children in exercising their rights	1
Counselling centre for abused / neglected children	6
Analysis centre for child protection system data	4
Supervision service for street children	1
Co-ordination centre for street children	1
Prevention and treatment centre for abused / neglected children	1
Other services	19

Dynamics

Most statistics have shown a gradual improvement. Approximately 2% of the 6,000,000 Romanian children (age < 18) are registered with the Specialised Public Services for Child Protection. This number appears now to have stabilised. Table 2 shows the current balance between children reared in institutions and those residing in a family environment (other than the natural family). While the ratio is still (somewhere below) 1:2, the trend is positive, if compared with data in table 3: the ratio used to be 1:4 in 1996.

Table 2. Residence of children not living with their natural family – April 2001

Number of children in institutions or substitute families (April 2001)	88630	100
Children protected in substitute families	32149	36.27
- professional foster care (public)	4562	5.15
- professional foster care (private)	1041	1.17
- extended family	20291	22.89
- other person / family	5101	5.76
- entrusted for adoption ¹	1154	1.30
Children protected in institutions	56481	63.73
- public placement centres	52342	59.06
- private placement centres	4139	4.67

¹ The entrustment for adoption is a protective measure with duration of minimum three month, preceding the national adoption.

The increase in number of institutionalised children in 2000 reflects the consolidation of statistics once ANPCA took over the all the institutions from the other government agencies that used to have responsibilities in the area. But this was a one-off move, and did change the overall trend.

Table 3. Residence of children not living with their natural family – 1996 - 2001

Number of children protected in family type care and in placement centres	1996	1997	1998	1999	2000	2001*
Number of children protected in substitute families (including public and private maternal assistance)	10999	11899	17044	23731	30572	32149
Number of children protected in public and private placement centres	41 823	39569	38597	33356	57181**	56481

*April 2001

** includes transfer of the institutions from the Ministry of Health, Ministry of Education and the State Secretariat for the Disabled to ANPCA

Another positive statistics is present in table 4, showing that almost half of the children who leave the institutions are re-united with their natural family.

Table 4. De-institutionalisation (January – April 20001)

Number of de-institutionalised children (public and private institutions)	2586	100
Reintegrated in the natural family	1244	48.11
International adoption	241	9.32
Graduation from the system ²	383	14.81
Other (including national adoptions)	718	27.76

Moreover, table 5 shows the increased emphasis on prevention activities: the majority of cases that did not require institutionalisation were dealt with by preventive actions (that preserve the child in its natural family).

Table 5. The growing role of prevention

Number of children residing in family (biological or national adoption)	18274	100
Beneficiaries of prevention activities (active cases April 2001)	12706	69.53
Children reintegrated in their natural family (January – April 2001)	2206	12.07
National adoptions (1999 – April 2001)	3362	18.40

Health Status – AIDS

The prevalence of HIV infections among children was another horrific Romanian reality from the start of the 1990s. Children continue to represent by far the largest share among Romanian HIV positives (5629

² The natural exit from the system is at age 18 or 26, depending whether enrolled in higher education

out of 6720). More important, half of all the HIV positive children in Europe are Romanians (source: Save the Children).

Data presented in table 6 show that at least the problem has been got hold of. By far the largest number of infected children is recorded in the age brackets: 10 – 13. These are the children born in late 1980s or at the start of 1990s. These data suggest that the society still faces the huge burden of making sure these children get adequate treatment³. However, the situation appears to be under control in what concerns new infections.

Table 6. HIV infections among institutionalised children

Number of children HIV positive	Age						
	<1	1-2	3-6	7-9	10-13	14-17	>18
913*	2	2	12	49	777	62	9

*out of 18,224 tested

Adoptions

International adoption policy has been for a long time the focus of international criticism. They are main source of malcontent in the famous (draft) report of Baroness Winterbourne. – the rapporteur for Romania of the European Parliament. What is especially incriminated here is the predominance of international adoptions (with the corruption allegedly associated with them), and the policy of according priority to international adoptions to Western organisations according to the money they donated.

Statistics presented in table 7 show that while the number of national adoptions has risen, there is no conclusive trend of national adoptions undertaking the international ones. If the latter is going to be a government objective, action is required.

Table 7. Adoption cases

Adoptions	1997	1998	1999	2000	2001 (January – April)
International adoptions	851	2017	2575	3035	680
National adoptions	NA	840	1710	1291	361 ⁴
IA / NA	-	2.40	1.50	2.35	1.88

³ The recent advances in the treatments of AIDS, using cocktails of drugs, seem to indicate that while not being cured, the condition can be neutralised. However, the treatment is going to have to be maintained for the whole length of life, and its price is high.

⁴ To the time of compiling the data (30 April 2001) 1,154 children were entrusted to families for (national) adoption. Over three months these cases will result in national adoptions.

Street children

Another very visible and publicised symptom of the failure of the child protection system are the 'street children'. Their number is estimated at 2000 - 2500, most of them living in Bucharest. Little else is known about them. Periodic fits of energy of the authorities trying to collect and (under different forms) institutionalise them have failed to get a grip on the phenomenon. They take the first opportunity to return to their 'free' life. Because their identity is difficult to establish, there is project for putting together a network of six regional centres (connected by internet) where they could be photographed.

Recently the government announced street children from Bucharest are to be apprehended and returned to their places of origin.

Challenges

- Given the international sensibility to the issue of child protection, and especially its formal connection to the accession process to the European Union, this area will continue to be a priority for the government. This will require both resources and political nose.
- Lacking a clear strategy for managing the phenomenon of street children, authoritarian measures of forcefully removing them from Bucharest (together with other nuisances like prostitutes) risk looking like sweeping the dust under the carpet, at best, or as human rights infringements, at worst. This course of action puts the government under the risk of a serious political embarrassment.
- *The preference for national adoptions should be institutionalised*
- The institutional structure of the system has been tidied up. ANPCA has been transformed in something resembling a 'one-stop' agency for child protection, what will improve the coherence of government action. However, there is a thin line that has to be walked between de-centralisation (with its virtues of flexibility and innovation) and the fragmentation of the system. The providers of services are under the control of the regional government, and there is little NAPCA can do to make them accountable. Since ANPCA is the best repository of expertise in the field, and it has a vested interest in child protection, *the government should aim to strengthen the accountability of*

*providers through ANPCA. It should also become the co-ordinator of all government activity concerning child protection*⁵.

- In spite of the advances made by the legal approximation of international standards, the term *abuse* is still lacking from the Romanian legislation. This leaves out of range of social services a large number of cases where the rights of the child are not respected.

The priorities for the system are, rightly, prevention and social insertion. These are likely to prove the biggest headaches.

- 70% of all institutionalised children are above the age of 12. This means that a growing number will exit the system in the next few years. *An effective social insertion strategy* is badly required.
- 7% of all institutionalised children are abandoned at birth. However, there is little systematic knowledge over the causes of child abandonment. The providers of services guide themselves upon intuitive risk factors (i.e. poverty, families with many children, alcohol consumption, and ethnic origin). With prevention activity potentially spiralling out of control (the scope for prevention is limitless), and uncertain effects on poverty of the economic reform process, clearer priorities are needed. *An effective prevention strategy requires the accumulation of systematic data on risk factors.*

⁵ For exemplification, the ANPCA has no say in the allocation by the Ministry of Health (previously SSPH) of support to persons (mostly parents) who take care of their disabled children.