



**ROMANIA**

**Romanian Association of Health Psychology**

**The child right to a family: foster care under the lens**

**I PART**

**Context Analysis**

**1. The context**

The institutions that are currently functioning in child protection have been formed in 2004-05, following the legislative frame designed by the law 272/2004. The “old” system knew only institutionalization as a protection measure, and all efforts had to be directed, especially starting from 2004, towards learning what child protection actually was and adapting structures to this new conception, with a strong engagement for decentralization, following some fundamental principles:

- Focus on the family and the community
- Community-level organization and partnership
- Complementarity and diversification of the activities.<sup>1</sup>

Increasing effort was made to balance residential care with family-type alternatives (like the foster care), in favor of the latter. This illustrates the emphasis of child protection instances in supporting the primacy of family care. Thus, if in 2000 there were an equivalent number of approximately 40000 children living both in child protection institutions and substitute families, in 2007 there were about 40000 children living in foster families while 25000 were placed in child protection institutions (NAPCR, 2009). However, the number of children living in institutions is still significant. Children placed in state institutions (aged 0-17) represent 0.6 % of all the Romanian children and 34% of those left in the state care. At the same time, only 5 % of these children were reintegrated in their biological families and 2% of them were successfully adopted in Romania (NAPCR<sup>2</sup>, 2009). Thus, finding suitable placement alternatives, like foster care, for the children in the Child Protection System, is still an issue for concern.

---

<sup>1</sup> Ministry of Labour and Child Protection, “General Presentation of Social Assistance”, [http://sas.mmssf.ro/despreSAS\\_prezentare.php](http://sas.mmssf.ro/despreSAS_prezentare.php)

<sup>2</sup> National authority for the Protection of Children Rights



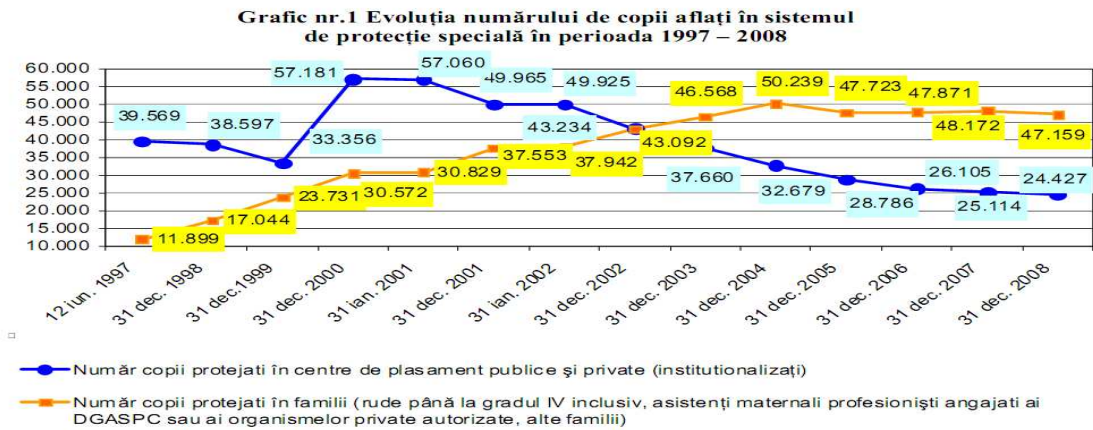


Fig 1. The evolution of no. of children placed in special care (period 1997-2008). Source NAPCR

## 2. Legislation

Legal framework regulating the status of foster care in Romania emerged simultaneously with laws that tried to define the status of MAs. Initially, the profession of MAs was regulated by **GO no 26/1997** on protecting children in difficulty. The placement to a MA has been conceived as a *temporary measure*, of preparing the child to reintegrate in his/her biological or adoptive family. Given that foster parents (MAs- MAs)<sup>3</sup> have acquired the status of professionals who work at home, the network of social assistants was further refined as to match the status of a professional category. In a very short while, the network of MAs has grown remarkably, reaching, by the end of 2008, a total number of 15.023 employees with 20.801 children<sup>4</sup>.

In the process of de-centralization and of closing down old, large residential structures, MA proved itself to be a valuable instrument, by allowing many children who couldn't be reintegrated in their natural family to enjoy the benefits of living within a family. On the other hand, placing children with HIV/AIDS or older children in the foster care system proved to be mission (almost) impossible, so the family type of houses remained the

<sup>3</sup> In Romania, professional foster parents are represented by the so-called "maternal assistants"

<sup>4</sup> Source: NAPCR





main alternative for those children. **Law 272/2004** on Child Protection created a fertile terrain for revising the foster care system, by clearly delineating between family type of care and typical residential placements. Thus, according to this legislative act, **the family type services are those services who ensure, at the residence of a person or a family, the care of the child separated by his/her parents, temporarily or definitively, and as a consequence of a placement decision.** Also, it describes and delineates the family alternatives to residential placement, as follows:

- a) The family or a person from the social network of child's family, represented by relatives or friends of the child's family, with whom the child has developed attachment bonds or families that wish and are capable of taking care of the children separated temporarily or permanently by their biological parents, at their own residence.
- b) MA (MA) - the person, as attested, which ensures, at his/her own residence, the application of the special protection measure for the children separated of their parents temporarily or permanently.

Also, awareness increased as to other categories of children in need of special protection/emergency placement to foster families like abused children with disabilities or HIV/AIDS. The same Law 272/2004 explicitly states that the child who is less than 2 years old can only be placed in family services (substitute or extended family) and that residential placement is not allowed except for the cases of severe disabilities that require special residential care. Also, in establishing the placement alternative, priority should be given to (Article 60, Paragraphs 1, 2,3):

- placing the child with the extended or substitute family
- placing the siblings together
- facilitation of parental visits and of relationships with reference figures

Other legislative acts were issued in order to regulate and standardize foster care system in Romania. The **Law no 679/2003** regarding the certification conditions, procedures and the professional status of foster parents, is, at the moment, the most specific legislative act for the foster care system. It clarifies the status of the MA as a *professional foster parent, who works under an individual employment contract with General Direction for Social Services and Protection of the Children (GDSSPC)*. It regulates the organization and functioning of family-type services designated for special





protection of the child separated by his/her parents. According to this law, the placement to a MA is a natural consequence of a positive evolution and successful adjustment of the child with the new figure and follows a decision of authorities (either the Interdisciplinary Commission or the Court). The MA has to hold a certificate of attestation, which is valid for 3 years, and is issued by Child Protection Commission. The work contract with DGSSPC lasts for the entire certification period (also 3 years). Most important, for each child placed in foster care (at MA), a convention is signed both by MA and General Directorate of Social Services and Protection of Children (GDSSPC)'s representative, containing:

- Information regarding the child (including ethnic and religious origin)
- Reasons for placement and detailed objectives for the placement, together with an implementation plan
- Ways of maintaining contact between the child and his/her natural family as well as a plan to (re)integrate the child in the natural or adoptive family
- Supervision of MA and periodical monitoring of his/her evolution

A very disputed article of this law concerns the fact that MAs are not allowed to hold job positions other than professional fosters. More precisely, Article 2, Paragraph 3 stipulates that " the MA is the person who ends all reimbursed activities and individual working contract, other than that of MA". This lead to significant dissatisfaction among this professional category, given that the salaries for MA are considered to be insufficient<sup>5</sup>.

The law is complementary with the Minimal Compulsory Standards for Child Protection in the Maternal Assistance System as ratified by **Order 35/2003**. It further emphasizes the natural familial placement, meaning that the extended family (fourth grade relatives included) has priority for the child's placement over professional MA, and, where this is not possible, placing the child to a family or a person from the child's social network becomes the first option. This holds as a premise that the placing the child to persons with whom the child has already developed attachment bonds, is a condition for ensuring child's identity and keeping him/her in a familiar environment as to buffer the shock of being separated from parents. Also it stipulates that the placement to a MA can be instituted only if there is a proof that all other placement alternatives to family or other persons have been explored and are not possible.

---

<sup>5</sup> The salary fluctuates from a minimum of aprox 600 RON (145 EUR) to a maximum of 1100 RON (268 EUR). The rates are reported for year 2008.





Order 35/2003 also ratifies the functioning of Maternal Assistance Services, responsible for the training and contracting professional MAs and for ensuring the conditions of placing children with disabilities and emergency placements to competent MAs.

Last, the NAPCR Order no 137/2003 ratifies the detailed curriculum of compulsory and optional training courses for MAs. Details regarding training of professional fosters are presented in a subsequent section.

### **3. Selecting substitute families**

When selecting foster families in which the child will be placed, relatives or persons from the social network of the child have priority over MAs. However, before placing the child to the substitute family (MAs or natural family), all potential caregivers have to pass a “matching process” which consists in identification and preparation of a family in order to properly address the needs of the child. The main responsible for the process is the social assistant who matches the child to the right substitute family based on the evaluation of the child’s needs and of the Individual Protection Plan with family’s abilities and competencies. When an emergency placement is needed, the process is narrowed to a theoretical matching which includes the following criteria:

- criteria for the child, including age, temperament, interests, nationality, race, religion, special needs etc.
- criteria for the caregivers are the same, including educational level and interests for different domains
- criteria for the MA, are common with the aforementioned ones and include, besides those, occupation, legal status, professional competencies, preferences towards a particular child, residence (distance from the natural family’s residence), other children present in the family.

Several issues seem particularly relevant in this context, as they are the most typical problematical areas. One refers to the fact that this matching process does not offer equal chances for Roma children, or for children with disabilities to foster care. This happens because MAs usually prefer young and healthy children and take maximum three children (most of them two). Another problem reported is the matching between the social assistant and the child. Because of insufficient fosters, the legal requirement of the match is shortcut, and there were cases of incompatibility between the two. This can cause serious problems, especially for children with psychological problems.





In some counties, most of the requests for becoming MA come from the rural areas. This can lead to some problems in placing children in fostering in the city where they were abandoned. Last, MAs are in their vast majority women, with high-school level studies, had difficulties in finding a job, are up to 60-65 years old, some of them took the job because they were feeling lonely as their own children grew up and left.<sup>6</sup>

### a) Placement at MAs

The maternal assistance network comprises approximately 14.630 employees. This number was repeatedly reported as being insufficient to the needs of fostering. It is the only option for children aged 0-2 years, but because of the lack of fosters and the difficulties in identifying abandoning parents, these children can stay in pediatric hospitals for months.

Children can stay in fostering for years, sometimes even until they turn 18. Most probable older children, Roma children, or children with disabilities have no other option (like adoption or returning into their extended/biological family) stay with their foster longer.

Table 1. Number of Employees in the Child Protection Department of the DGSSPC (reference period: September 2009)

	Număr (Number)	%	Față de 31 decembrie 2008 (To Decembrie 31, 2008) (+/-)	Față de 30 septembrie 2008 (To September 30, 2008) (+/-)
<b>Total, din care: (Total, out of which:)</b>	<b>38.698,5</b>	<b>100,00</b>	<b>-2.543,75</b>	<b>-2.252,75</b>
- aparatul propriu (own staff)	5.432,5	14,04	-120	238
- asistenți maternali profesioniști, din care: (professional caregivers/foster care, out of which: )	14.630	37,81	-393	-413
- centre de plasament (placement centres)	15.992	41,32	-542,75	-137,75
- alte servicii (other services)	2.644	6,83	-1.488	-1.940

Sursa: Autoritatea Națională pentru Protecția Drepturilor Copilului  
(Source: National Authority for the Protection of Children's Rights)

By looking at Table 1, we can see that the number of foster care/MAs represents 37% of the employees in Child Protection Department, while caregivers from residential placements represent 41% of the total number of employees with a descendent trend in both groups. This is because the national policies for budgetary personnel restrict the number of workers in the public sector and in the social protection field.

### Criteria for becoming a MA

<sup>6</sup> Data taken from the "Social Exclusion Report" (A. Baban, O.Marcu, C. Craciun, 2008)





In order for a person to become a MA, he/she has to apply for it and to obtain an attestation issued by the Commission for Child Protection. Also, the potential; foster caregiver has to graduate at least a form of lower secondary school/professional school (10 years), prove locative situation (having a room for the child), to apply with a written request, to have good recommendations from neighbors, and good results in psychological and medical tests. There is a minimum 60 hours compulsory course organized by the directorate comprising legislation issues, pediatrics and child psychology ending in a knowledge test.

### *Supervision*

For MAs, control comes from two directions: the case manager of the child and the social assistant of the MA. It can superimpose with compulsory monitoring of the child, comprised in the protection plan. Visits from one of the social assistants can be as frequent as weekly. In some cases, MAs are asked to have a diary of the house, where all changes and problems should be written. After every visit a record is made, and after periodical psychological evaluations of the child, the MA receives specialized recommendations. Social assistants can also recommend supplementary trainings for MAs when needed. In serious situations, if the child is not properly taken care of, the attestation can be withdrawn. However, according to existing standards, the child's social assistant deals with maximum 25 cases, while MA's social assistant deals with 30 cases. The reality looks very different from the standards: actually the child's social assistant deals with 70 cases while MA's social assistant deals with 68 cases<sup>7</sup>. There are even cases where one social assistant has to deal with a no of 200 cases of children placed in foster care

The rapid growth of MAs network weakened the capacity of GDSSPCs to evaluate and train this group of professional as well as to monitor the children placed in foster care. This makes children particularly vulnerable to abuse from MAs: around 65 cases of violence towards children in foster care were reported in 2008<sup>8</sup>. This culminated with a national scandal in 2008, when a MA tortured and killed a Roma child who was placed in her care. Problems don't seem to end here: with an allowance of 6 RON/a day<sup>9</sup> for children under 4 years old and 8.3<sup>10</sup> RON/a day for children over 4 years old it seems almost impossible for MAs to ensure the "standards" regarding the quality of food.

<sup>7</sup> Data from National Institute of Statistics, reference period 2008.

<sup>8</sup> Data from National Authority for Protection of Children Rights, 2008

<sup>9</sup> Around 1.5 EUR

<sup>10</sup> Around 2 EUR





The process of placing the child to a professional MA or to another substitute family is summarized in Figure 1.

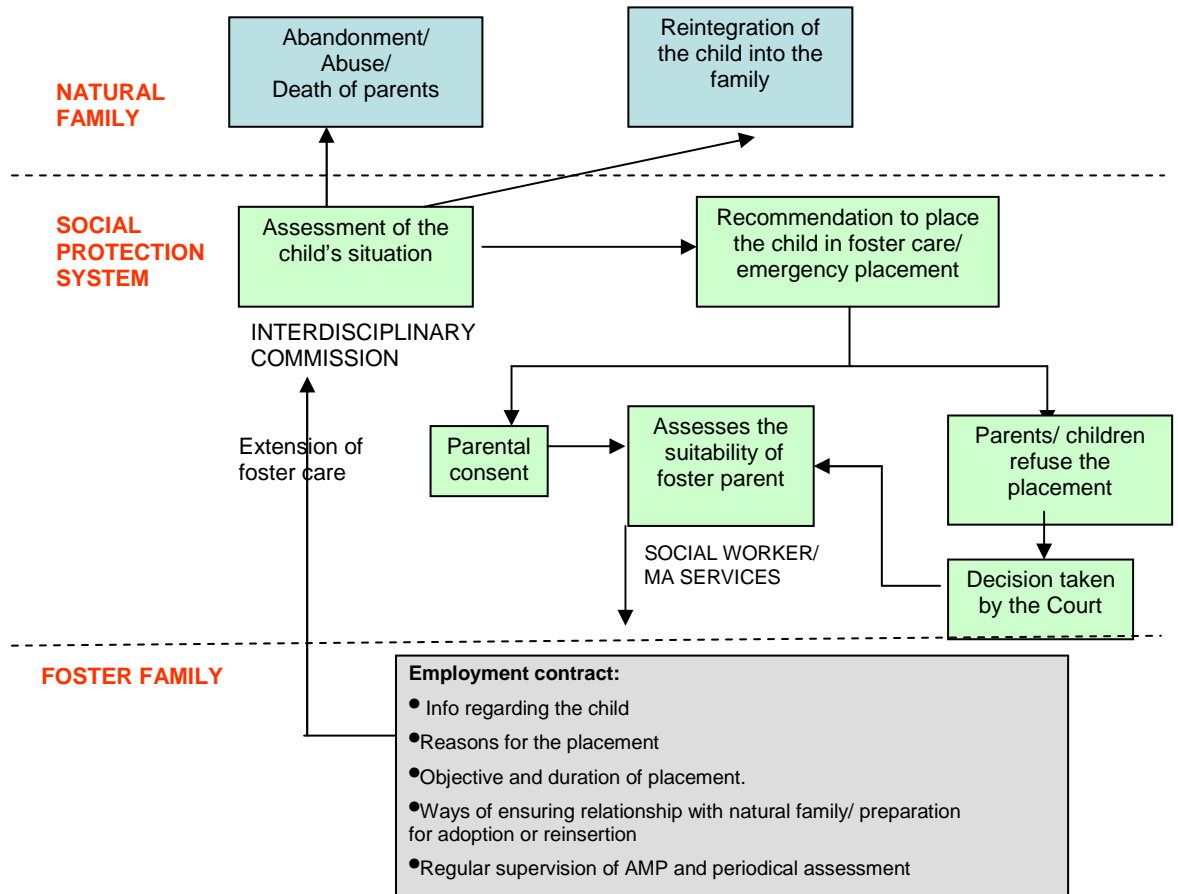


Figure 1. The decisional process for child's placement in foster care

### b) Placement in extended family or other placement families

Extended family placement occurs when relatives up to third-fourth (inconsistent) degree are found and are willing to take the child in care.

A potential problem in placing a child in the extended family is represented by financial constraints. Extended families with children in placement don't have the typical financial rights of an employee as professional MA's. For instance, this group only receives the allowances to which children are entitled (an indemnization for handicap and the regular child's monthly allowance), without having reimbursed other expenses related to the child's living (clothes, living expenses, travels etc.) as in the case of children placed in residential structures or at MAs. A paradox is obvious at this point: while there is a declarative prioritization of child's placement in the extended family,







there is also a substantial gap between the rights of MA's and the rights of extended family, in favor of the former.

Placement in other families rarely occurs. Families willing to take a child in placement are difficult to find, because people do not want to assume the responsibility for raising a child that is not theirs. When the family has already met the child, family placement can become a shortcut for adoption.

### **c) Social apartments/family-type houses as *pseudo alternatives* to foster care**

Despite the growing number of children placed in foster care, for 1/3 of the total number of children with a special protection measure there seem to be no viable family-like solutions, therefore they remain in the public or private residential placements. Most of them are represented by children with disabilities, including psychiatric disorders. A potential alternative to foster care are the social apartments, which are smaller residential structures that host up to 12 children. There is no specialized personnel, but a social mother and/or father which are employees of GDSSPC. The good part of social apartments is considered to be the fact that children are involved in house management activities and learn independent life skills. However, family-type houses are not a familial alternative and long-term staying in social apartments is to be avoided. Still, cases were reported when children did stay in family-type houses until 18 or school graduation. Currently, there are approximately 7611 children in family houses, representing 10.38% of the total percent of children with a special protection measure.

## **4. General problems within the foster care system and possible solutions**

The foster care system has been created as a temporary solution for child's protection and placement. However, many children continue to stay in foster care, and especially in the care of MAs a longer period of time. Also, placing the child to a MA becomes more and more difficult as the child's age increases: more conflicts with natural children of MA's occur along with natural adaptation problems on both the child and the foster family. This creates subsequent attachment problems on both sides, since the foster system is not designed to provide long-term care. The development of a more sustainable way of placing the child to his/her extended family and providing him/her a simulative environment would attenuate this major issue.

Also, there is a need of developing a better placement system so as to reinforce the placement to relatives and to figures from family's social network by:





- a) Addressing the real care needs of children placed in families/MAs by ensuring a decent amount of money in order to cover the expenses related to clothing, school supplies toilet products, transportation and living expenses.
- b) Improving the system of family placement by eliminating discriminatory treatments of children placed at the extended family compared to children placed at professional MAs, and by approving equal rights and duties for the aforementioned categories of children and foster caregivers.

## **5. Foster care beneficiaries and providers.**

### **5.1 General numerical data**

#### *a) Number of beneficiaries of the special protection system*

The number of children placed in family services (63%) is almost twice as higher as the number of children placed in classic residential placements (33%) , as depicted in Table 2. The children placed at MAs represents almost 30% while 33% of the children are placed in extended family or other families.

*Table 2. Beneficiaries of family type services, reference period 2009*





Number of beneficiaries of the special protection system - active cases, on September 30, 2009

	Număr (Number)	%	Față de 30 septembrie 2008 (To September 30, 2008) (+/-)
<b>Total, din care: (Total, out of which:)</b>	<b>69.530</b>	<b>100,00</b>	<b>-2.268</b>
<b>1. Servicii de tip familial (Family type services)</b>	<b>43.882</b>	<b>63,11</b>	<b>-1.724</b>
- la asistenți maternali, din care: (professional foster caregiver, out of which)	20.729	29,81	10
- la asistenți maternali angajați ai DGASPC <sup>1</sup> (professional foster caregiver – DGASPC employees)	20.583	29,60	35
- la asistenți maternali angajați ai consiliilor locale (professional foster caregiver – Local Councils employees)	22	0,03	1
- la asistenți maternali angajați ai organismelor private acreditate (professional foster caregivers employees of private accredited organisms)	124	0,18	-26
- la rude până la gradul IV inclusiv (extended family)	19.408	27,91	-1.677
- la alte familii/persoane (other persons / families)	3.745	5,39	-57
<b>2. Servicii alternative (Alternative services)</b>	<b>2.058</b>	<b>2,96</b>	<b>-8</b>
- la tutare (with guardian)	2.058	2,96	-8
<b>3. Servicii de tip rezidențial, din care: (Residential services, out of which:)</b>	<b>23.590</b>	<b>33,93</b>	<b>-536</b>
- publice (public)	19.359	27,84	-410
- centre de plasament (placement centres)	18.359	26,40	-318
- centre de primire în regim de urgență (emergency centres)	681	0,98	-103
- centre maternale (mother-baby centres)	319	0,46	11
- private (private)	4.231	6,09	-126
- centre de plasament (placement centres)	4.188	6,03	-134
- centre de primire în regim de urgență (emergency centres)	9	0,01	-2
- centre maternale (mother-baby centres)	34	0,05	10

Table 3. Beneficiaries of family type services, reference period 2006

YEAR	2004	100 %	2005	100 %	2006	100%
Professional foster caregiver (public)	15308	18,47%	17213	22,50%	19571	26,46%
Professional foster caregiver (private)	374	0,45%	348	0,45%	238	0,32%
Extended family	26928	32,48%	24689	32,27%	23847	32,24%
Other persons/families	6094	7,35%	5140	6,72%	4215	5,70%
Entrusted for adoption	1225	1,48%	333	0,44%	358	0,74%
<b>TOTAL</b>	<b>49929</b>	<b>60,23%</b>	<b>47723</b>	<b>62,38%</b>	<b>48229</b>	<b>65,46%</b>

Data, older than 2008 regarding children placed in family type services are also available (Table 3). By comparing the two sets of data (Tables 2 and 3) we can see that





between 2004-2006 the percent of children placed in foster care was lower (between 19% and 27%) while placement in extended family and in other families was significantly higher (around 40%). This was due to the fact that until 2007 there was a period of significant prioritization of family reintegration, given the pressure of European authorities and upon admission of Romania in EU. The rate of failed reintegrations and further abuses of natural family lead to a more careful family reinsertion and of more intensive family rehabilitation programs for families in order to take the minor back.

When looking at the numbers of beneficiaries of special protection measures, we can see that there is a higher rate of child abandonment and placement in poorer country areas like the North Eastern and South Eastern Regions, with twice as many children placed in foster care in NE counties compared to other regions ( 5.198 children placed at MAs in NE, compared to 2.291 children in North Western counties) (Table 4).

Table 4.

*Beneficiaries number of the special protection system, by regions/counties - active cases on December 31, 2008*

Regiuni/Județe (Regions/Counties)	Copii în servicii de tip familial (Children in family type services)			Copii în servicii rezidențiale publice (Children in public residential services)	Copii în servicii rezidențiale private (Children in private residential services)
	la asistenți maternali profesioniști (with professional foster caregiver)	la rude până la gradul IV (with extended family)	la alte familii/persoane (with other persons / families)		
<b>TOTAL</b>	<b>20.801</b>	<b>20.513</b>	<b>3.738</b>	<b>20.033</b>	<b>4.394</b>
<b>Nord-Est</b>	<b>5.198</b>	<b>4.196</b>	<b>668</b>	<b>4.381</b>	<b>624</b>
Bacău	633	425	60	541	220
Botoșani	536	578	111	603	129
Iași	1.231	1.379	220	1650	97
Neamț	598	614	116	782	103
Suceava	720	339	81	577	34
Vaslui	1.480	861	80	228	41
<b>Sud-Est</b>	<b>2.884</b>	<b>2.526</b>	<b>546</b>	<b>2.813</b>	<b>302</b>
Brăila	313	193	55	267	60
Buzău	459	326	97	827	42
Constanța	482	908	198	562	131
Galați	850	863	112	483	64
Tulcea	272	107	35	315	-
Vrancea	508	129	49	359	5





<b>Sud-Muntenia</b>	<b>2.874</b>	<b>2.694</b>	<b>424</b>	<b>2.244</b>	<b>494</b>
Argeş	421	305	56	444	29
Călăraşi	426	366	35	262	8
Dâmboviţa	847	476	68	191	38
Giurgiu	187	256	60	186	59
Ialomiţa	148	415	57	222	5
Prahova	463	650	79	563	355
Teleorman	382	226	69	376	-
<b>Sud-Vest Oltenia</b>	<b>1.826</b>	<b>2.235</b>	<b>329</b>	<b>1.560</b>	<b>70</b>
Dolj	368	399	74	210	-
Gorj	181	398	45	347	11
Mehedinţi	256	214	33	143	8
Olt	502	367	78	364	25
Vâlcea	519	857	99	496	26
<b>Vest</b>	<b>2.345</b>	<b>2.101</b>	<b>509</b>	<b>1.527</b>	<b>854</b>
Arad	210	408	92	450	222
Caraş-Severin	620	487	42	308	67
Hunedoara	389	602	124	325	223
Timiş	1.126	604	251	444	342
<b>Nord-Vest</b>	<b>2.291</b>	<b>2.806</b>	<b>476</b>	<b>2.481</b>	<b>737</b>
Bihor	687	561	78	505	374
Bistriţa-Năsăud	271	414	35	235	47
Cluj	267	331	83	438	112
Maramureş	429	555	172	654	80
Satu-Mare	459	431	59	330	75
Sălaj	178	514	49	319	49
<b>Centru</b>	<b>2.432</b>	<b>2.817</b>	<b>592</b>	<b>2.923</b>	<b>848</b>
Alba	313	433	38	477	138
Braşov	364	774	123	572	192
Covasna	343	301	37	334	7
Harghita	423	373	148	685	35
Mureş	465	673	176	541	263
Sibiu	524	263	70	314	213
<b>Bucureşti-Ilfov</b>	<b>951</b>	<b>1.138</b>	<b>194</b>	<b>2.104</b>	<b>465</b>
Ilfov	121	203	24	182	123
Mun. Bucureşti	830	935	170	1922	342

Sursa: Autoritatea Naţională pentru Protecţia Drepturilor Copilului

*b) Children with disabilities placed in family type care*

The placement of children with disabilities at professional MAs still is a delicate matter. The tables below (Tables 5 and 6) show that only a small percentage of those children, in the care of Child Protection System benefited from a family alternative to the classic residential placement, in the last years.

Table 5. Number of HIV diseased and infected children in the evidence of DGSSPCs

<b>Number of HIV diseased and infected children in the evidence of DGSSPCs , at 31 March 2005</b>		3.390 (out of which 2274 HIV diseased children)	
Out of which		3.390	100%
	-placed/entrusted to professional MAs	55	1.62%
	- in public placement centres	244	7.2 %
	- in private placement centres	290	8.55%
	-placed/entrusted to other	121	3.57%





	families/persons, including extended family		
	- in biological family	2680	79.06 %

Table 6. Number of children with disabilities monitored by DGSSPCs

<b>Number of children with disabilities monitored by DGSSPCs (Reference period: December 2004)</b>	
Total number of children with handicap ( who hold a handicap certificate)	68.805 (100%)
- in public placement centers	5.909 (8.58%)
- in private placement centers	604 (0.87%)
- at professional foster caregiver (MA) (public)	2344 (3.40%)
- at professional foster caregiver (MA) (private)	67 (0.09 %)

## 5.2 Data about children in foster care in Bucharest

### a) Children in family-type services in Bucharest

Around the territory of Bucharest, it seems that approximately ½ of the total number of children are placed in family/type services while the other ½ are in public and private residential placements. This distribution is similar to the national trends, previously described. Also, about one third of the children are placed with extended family which is also consistent with the national distribution.

Region	Children in family type services			Children in public residential placements	Children in private residential placements
	With professional foster caregivers	With extended family	With other persons/families		

<b>București-Ilfov</b>	<b>924</b>	<b>1102</b>	<b>200</b>	<b>1871</b>	<b>413</b>
Ilfov	116	184	32	195	100
Sector 1	183	137	17	492	140
Sector 2	140	128	38	239	50





Sector 3	133	126	36	303	46
Sector 4	122	95	27	187	14
Sector 5	125	263	27	258	10
Sector 6	105	169	23	197	53

Reference period: September 2009, Source NAPCR

The majority of children in foster care, within Sector 1 Bucharest, are aged 3-14 years old with an almost even sex distribution, as depicted in the table below:

0 – 1 years old			1 – 3 years old			3 – 7 years old			7 – 14 years old			14 – 25 years old		
Total	F	M	Total	F	M	Total	F	M	Total	F	M	Total	F	M
4	1	3	36	18	18	69	30	39	67	26	41	3	2	1

Source: DGSSPC, Sect 1. Reference period: 2010

The statistics from Sector 1 show that among the children placed in foster care, the large majority, namely 104 children come from monoparental families, 69 children come from families with both parents while in 6 cases, the parents are unknown. All children are registered as being Romanian. 137 of the children are enrolled in form of mass education institution, from the total of 139 children between 3-25 years old.

However, the number of children with disabilities, placed in foster families, is significantly lower compared to children without disabilities, placed in foster care, in sector 1. as depicted in the table below:

Total:		The severity of handicap			
		Mild	Moderate	Severe	Profound
M	34	10	11	7	6
F	12	3	3	4	2

b) Data about the start of the residential foster care process





In Sector 1, the most common reason for placing a child in foster care is his/her abandonment in maternal wards/hospitals (71 children abandoned), followed by reasons like poverty (59 children) and abuse and neglect (19 children).

Regarding parental consent, 46 children were placed at MAs with their parents consent while 133 children were placed without the approval or their parents.

- ✓ *Nature of MA's (foster) care:*
  - 21 children placed at monoparental MA families
  - 158 children placed at regular MA families (both parents available)
  - 11 children have relationships with members of their natural family (uncles, siblings etc)
  - All 158 children are placed in intra-familial care
- ✓ *The residence of substitute families*
  - 79 children placed in their town/area of origin
  - 100 children placed in a different town/area

## 6. Provisional conclusions

In 2006, several recommendations were formulated by International Foster Care Organization together with Netherlands Institute of Care and Welfare, at the request of NAPCR and as a part of a project designed to assess the status of foster caregivers and possible ways of improving the foster care system in Romania

- Putting particular emphasis on continuous training of professional caregivers/foster care, especially when they have children with special care needs. The training has to be tailored according to the age, cultural identity and the particular needs of the child
- Allowing break/pause periods, especially when MAs take care of children with special needs;
- Matching the MAs with the child is a very important step which shouldn't be ignored. Taking child's opinion into consideration is equally relevant
- Improving the monitoring system of MAs and improving communication within the case management team. The lack of a unitary monitoring system, together with insufficient funds allocated for the supervision of MAs lead to an artificial prioritization of the cases to deal with by social assistants.
- The budget allocated for professional fosters is ambiguous, unequal and inefficient and should be revised and adjusted as to meet both the child and the caregivers'







needs. Also, it should allow the employment of a sufficient number of social assistants in order to support foster care network.

- The process of reimbursement of travel and living expenses for MAs (which concern the child under care) is lengthy and complicated. This leads to delays in receiving the money for this eligible costs as well as to situations in which ineligible costs are reimbursed (like personal expenses). A fixed monthly amount of money for transportation and child's living expenses will rule out such situations.
- Enabling the formation of a support network between professional caregivers/MAs. Further support from DGSSPCs for the development of Associations of Foster Caregivers would strengthen the feeling of belonging to a professional group and exchange of useful practices among MAs.





## II PART

### *Interviews Analysis*

## CONTENTS

<i>INTRODUCTION</i> .....	19
1. BIOLOGICAL FAMILIES .....	21
1. 1 Personal experience .....	21
1.2. Participation .....	24
1.4 Adoption by the foster family .....	26
1.5 Discrimination .....	27
2. FOSTER PARENTS (MAS) .....	28
2.1 The purpose and motivation of becoming a foster parent .....	28
2.2. Foster system and legislation.....	30
2.2.2 Establishing the superior interest of the child .....	31
2.3 Upbringing the child in maternal assistance.....	35
2.3.1 The child in foster care.....	35
2.3.2 Getting acquainted with the child's records and past .....	37
2.3.3 Matching the child with the foster family .....	39
2.3.4 Establishing the duration of foster placement .....	40
2.3.5 Perceived support from the social services.....	42
2.3.7 Relationship with the family of origin .....	43
2.3.8 Children after foster care .....	45
2.4 Foster care as seen by civil society: support, barriers and discrimination.....	47
3. THE VOICE OF RELEVANT ACTORS IN SOCIAL SERVICES .....	49
3.1. Foster system .....	49
3.2. Legislation .....	50
3.2.1 Lengthy Court decisions for placing the child at MAs .....	50
3.2.2 The profession of MAs as stated by law .....	51
3.2.3 The team .....	51
3.3. Placing the child in foster care .....	52
3.3.1 Motivation to become a foster parent .....	52





3.3.2 Duration of foster care.....	53
3.3.3 Taking the child in care. The matching process.....	57
3.3.4 Ongoing monitoring and support for MAs.....	58
3.3.5. The relationship system.....	60
3.4 The role of civil society in foster care. Support and good practices .....	64
4. GENERAL CONCLUSIONS.....	66

## **INTRODUCTION**

### **Methodology**

We interviewed 30 relevant actors in the field of foster care, trying to cover 4 major categories of instances: foster families, natural families, actors from social services and youngsters who left the foster care system. We could only include foster and natural families together with social services representatives and we left out (for the moment) the youngsters themselves. Table 1 depicts the actors who participated at the interviews and whose accounts were included in the analysis.

Table 1. Instances/relevant actors who were included at this stage of the study.

<b>Nr crt.</b>	<b>Gender (Age)</b>	<b>Type of actor</b>	<b>Work experience</b>	<b>Notes</b>
1.	F (45)	MA (foster parent)	Child in care for 6 years	
2.	F (50)	MA (MA)	Child in care for 9 years	
3.	F (40)	MA	Children in care for 10 years	
4.	F (47)	MA	Children in care for 12 years	
5.	F (?)	MA	Children in care for 7 years	
6.	F (46)	MA	MA since 2001	
7.	F (43)	MA	Child in care for 5 years	
8.	F (56)	MA	Child in care for 4 years	
9.	F (50)	MA	-	
10.	F (54)	MA	Children in	





			care for 10 years	
11.	F (39)	MA	Children in care for 10 years	
12.	F	Social worker, supervisor of MA	6 years	
13.	F	Social worker, responsible for child's case management	4 years	
14.	M	Head of Child Protection Service, DGSSPC Sect. 1	12 years	
15.	F	Psychologist, responsible for the training and supervision of MAs	3 years	
16.	F	Psychologist, responsible for Child's Counselling Services	6 years	
16.	F	Head of Services for MAs	-	
17.	F	Head of Services for the training, assessment and monitoring of MAs	-	
18.	F	Social assistant	-	The interview could not be recorded; notes were taken
19	F (30)	Child's social assistant		The interview could not be recorded; notes were taken
20.	F	Grandmother of child placed at MA	Child placed at MA 8 months ago	Psychiatric diagnosis of schizophrenia; most of the information from the interview cannot be used





21.	F (38)	Natural mother of child placed at MA	Child placed at MA 2 years ago	single
22.	F (43)	Natural mother of child placed at MA	-	married
23.	F (44)	Natural mother of child placed at MA	Child placed at MA 5 years ago	divorced
24.	F (32)	Natural mother of child placed at MA	Child placed at MA 1.5 years ago	single
25.	M (37)	Natural father	Child placed at MA 5 years ago	widower
26.	F (16)	Natural mother	Child placed at MA for one and a half years	single

In presenting their accounts, we chose to focus on the three types of narratives (of biological mothers, of foster parents and of social services) which were analyzed starting from the interview guides for each instance. Relevant additional themes that emerged from the participants' accounts are discussed as well.

## 1. BIOLOGICAL FAMILIES

### **1. 1 Personal experience**

Personal experiences of participants from families of origin with foster are very diverse. Biological parents' age ranges between 32 and 44 years old and one of the participants is the foster care children's grandmother.

With respect to parents' current status, most of them are not married or separated / divorced. They generally don't have a job, nor a home to stay in, but they are looking for one. Just one of them has a partner who doesn't have a job neither (F2). There are cases of mothers who have more than one child in foster care, for example F2 who has a pair of twins and F5 who also has her 2 granddaughters in foster care. The time period of participants' children being in foster care ranges from 7 months to 5 years.





When asked about the reasons that determined them to choose familial placement as a solution, the participants displayed mainly the same reasons. Namely, these were: financial problems, the lack of a place to stay (staying on the streets), and the lack of a job.

*"I: So, how have you decided after all? You said you didn't have a place to stay..."*

*P: Well, no, I really got mad that time. I was ready to sleep on the train railway with my daughter. And then I said: "Wait a minute, why would I kill myself and also kill my child... I better go, talk, I give her to the foster mother and, when she grows up, if, I don't know, if she still wants to come back to me...." (F3)*

But, there are 2 cases in which mother did not give their children away willingly; this was imposed by the authorities. In one case, the children were taken away because the family had been thrown out of the house and didn't have the proper space to take care of them anymore. In the other situation, the child was given to foster care because the mother was imprisoned.

*P: I got arrested. My daughter, who... I have an older daughter, who is arrested, she also has her daughters in foster care. She was announced, they came to the penitentiary, they asked her if she agrees to give her children to foster care. She said yes, but she doesn't want them to be separated, to be together.(F5)*

Similarly, in one of the cases, according to the natural mother, she was not even informed regarding the child's situation. This led to significant distress, as she remembers:

*While they didn't even announced me. (...) So I have just known absolutely nothing about him for 6-7 months. I was shouting and crying at the penitentiary continuously. I kept on going to madam commander to say: „Please, call to Bucharest to Child Care, let me know, I want to know what's happening to my child..." (F5)*

Most of the respondents, who agreed with placing the child in foster care, think that this is the best solution for their children for the moment, until they manage to solve their financial problems (looking for a job) and living arrangements. Foster placement is widely seen as a temporary solution rather than as a permanent „diagnosis". So, eventually, most of them want to reunite with their children.





*P: Yes, because here, until I solve my problems, there is someone who can take care of him. He's not wandering on the streets or starting using, even if he's just 7 years old, to start doing stuff, and I want him to become a smart kid, to learn... to listen to me... to be bright, to listen to his teachers, classmates, at school...". (F1)*

With respect to the relationship with the social services and their support, participants declare that they are pleased with their support, that they get along well with them and that they are well informed. Generally, they feel that the social services are trying to reunite them with their children, helping them to improve their mother-child relationship.

*„I: So you felt that the social services support you?*

*P: Yes, yes. And they love her, I've seen. (...)*

*I: (...) Have you felt that the social services and the foster mother work in such way that you will eventually be reunited with your daughter?*

*P: Yes, and you know why? I really felt this, because I have had talks with her now that she's grown, and I didn't expect this from the little one, she said „Mama I., I know that you are my mother that gave birth to me and mother F. Is the mother that raises me. And I say: „Yes? So you love me?“ „ I love you very much, that's what you didn't understand.“ (F2)*

*“We have a very good relationship...even today, it's hard for me to believe that my relationship with the services is so good...And I didn't think they will take so much care of the child, I really didn't.“ (F6)*

But, the beginning of the relationship hasn't been in all cases a good one. Problems stem from the fact that the role of the foster parent is not clear in the biological mother's mind. The fear of a competing mother is doubled by the fear of legal repercussions or of a sort of punishment for abandoning the child in the first place.

*„I: But how do you get along with the social services (...)?*

*P: (...) Before I had a fear when I came. Meaning, when I come, I sit on the bench, I wait for the little boy. I am afraid of them, because one day they might tell me that they will arrest me... that's why I'm afraid.*

Even though the general opinion is that the social care personnel is helpful and well intended, there are some complaints. One of the participants said that the relationship





with the services is „so and so“ (F4). Another one was dissatisfied with the fact that social services refuse to give her the child for one whole week and that he was moved to a different family after one and a half years.

*„P: When I came to visit, when they brought my children, it seemed to me that they help me, that they try to help me in a way. (...) They told me they can't give him to me for a week because he has homework to do. Maybe I could have helped him with his homework, too. (...)“ (F5)*

*„Yes. And now he is in a different family. You realise this is absurd. He's a child who is suffering. He lives for a year, for one and a half years with that person. And then you separate them like that, they move them from here to there... I think this is very absurd. (...) Now I've seen him that he's suffering. They should have let him back where he first stayed.“ (F5)*

## **1.2. Participation**

With regards to participation in the decision making process and the planning, biological mothers were not very well informed or involved. It is not very clear if this is because the social services do not involve them in the care plan, or because they are not interested in getting involved. Some of the answers were very vague.

*„I: At one point, a plan has been established in order to reunite you and E.... it's E. her name, right?*

*P: Yes, yes, E. T.*

*I: Have you participated at the thinking of that plan, or has it been at least given to you to read it, do you know it?*

*P: Uhhhh.... in what way, do you mean?*

*I: They make a sort of plans...*

*P: Yes, yes.*

*I: About what has to be done, which are the steps, what needs to be done with E., and what else can be done for her, for you and E. to be reunited, sooner or later.*

*P: Yes, yes, yes. No, they didn't give me the plan yet. No because, so I told them, for now I don't have any possibility and it's useless to... I would take the child, I would make her suffer... I would be ok, but she would be miserable.“ (F4)*







Some of them do know, though, about the plan and they think it is a realistic one (2 mothers). However, one of the mothers, which lost her boy because of being imprisoned, wasn't informed nor asked for approval for her child to be given in foster care, thus she wasn't involved in the decision making process at all.

*I: So, you said that they didn't tell you he was going to go to a family?*

*P: No, so they didn't come to announce me about anything at all. And in the same penitentiary was also my daughter. So they could have come in the same day when they came to ask my daughter if she agrees with her daughters to be given in foster care, they could have told me too: "Don't worry, your boy is o.k., we promise that we will bring him to you next month to visit. Do you agree with us taking him?". But I wasn't announced about anything. If it wasn't for my screaming and shouting there at the penitentiary..." (F5)*

### 1.3 The purpose of the foster care system

Participants' view about the purpose of the foster care system is rather homogeneous: to take care of children until mothers solve their financial problems, to raise their children and to give them a proper education, to keep them away from getting into drugs, staying on the streets and ending up badly.

*"Generally, I say that it is for everybody who doesn't have the necessary conditions for taking care, for raising, for educating, it matters a lot, 'cause, after all, you create some opportunities for the child, but education is very important." (F2)*

With respect to the type of children that should go to foster care, the answers were more heterogeneous. That is, one of the participants thinks foster care is for children who don't have a father, who don't listen to adults, who don't have parents, or whose parents have problems. This perspective tells an intriguing story: foster care is sometimes seen as a sort of punishment for children who fail to meet their parents' requirements.

*I: What type of children should go to foster care, in your opinion?(...)*

*P: Children who don't have a father, children who don't listen to their mothers, who talk back..." (F1)*





On the other hand, other mothers think that financial problems of the children's parents are the main reason why children should go to foster care. Otherwise, it doesn't matter what kind of problems the child has, if the parents or the mother can afford raising him/her.

*"In my opinion.... Well, I don't know how to answer to you... I'm thinking, so really, children without a good situation, so if you have the possibility to be able to raise him, to educate him, even without a father, let's say, it doesn't matter, if it's the mother with the grandparents, or I don't know, but... that's what I think, so it doesn't matter if he or she has or doesn't have any disabilities, or... it really doesn't matter, it matters to have the possibility to raise them and to educate them..."(F2)*

When asked about how long the children should stay in foster care, one of the positions is that they should remain there until the parents solve their financial problems. Some parents think it's better for the children to stay in foster care as long as it takes, instead of returning to poverty (3 parents).

On the opposite, another opinion is that the children should be given back to their natural mothers as soon as possible, even though the material conditions are not the best or the living space is smaller, as long as it is a clean one. The most important argument is that the child belongs to the mother, argument which seems more important than all other pragmatic aspects.

*P: I don't know, my opinion is that it should have been done right after I got out of prison. My child should be given back to me right away. As long as he is my child, it doesn't matter, even if I have only one room, there are conditions, it's clean." (F5)*

#### **1.4 Adoption by the foster family**

With respect to the possibility of adoption by the foster family, the mothers were somewhat ambivalent towards it. Two of them said they would agree, and another one does see it as a better option for a child than being in a centre. But, there are another two persons who are definitely against the idea of adoption.

*"I: What do you think about the possibility that the foster mother can adopt the child that she has raised? Of course, if the biological parent agrees, of course.*





*P: Well that's what I'm saying, I don't have much words to say now about adoption... Firstly I want to see, if I consider that the girl doesn't want me anymore, it's no offence. She raised her, she took care of her, I have no reason to be upset, or... But I've told you that I didn't want to give her away like that, the girl, before..." (F3)*

*"P: I don't agree with adoption, under no circumstances!*

*"I: You don't agree... under no circumstances... But ok, it's not the case of E., but in other cases, I don't know..."*

*P: Even in other cases (I don't agree)." (F2)*

### **1.5 Discrimination**

Regarding discrimination participants had different experiences. That is, one of them felt much discriminated by the authorities, being insulted, because she abandoned her children. She had many negative experiences with respect to this issue. This is why she hides the fact that her son is in foster care, so that he doesn't get discriminated and offended as well.

*„(...) and I called Child Care.... and they insulted me, that I'm not ashamed of myself, on the phone, and if they screamed and shouted, I didn't go... I said it's better this way, for them to stay there where they are. (...) We spoke on the phone and... „You are a mother, you abandoned him..." and more... And I apologize, but I say it's better this way, where they are, for the girls to stay there, both..." (F1)*

*„(...) A lot of people called me lots of names, I ran from one sector to another, because it's not ok... But no.. I let them talk... I considered now.... „Let them talk, 'couse just a stupid person talks like that... (...) I'm minding my own business also with the ones that try to tell me „But don't you try to get married? You abandoned you child... Don't you want to build a family?" So I have around me a lot of... I tried to get up and leave. I don't fight, I get up and leave. I let them talk." (F1)*

On the opposite, the other participants do not feel discriminated in any way. One of them even says that people around her agree with her decision, they understand and support her. Although the child is gipsy, she isn't discriminated either because of being in foster care. The child feels like being a part of the foster family.

*"I: Have you felt treated differently by the others because you gave her to foster care?"*





*P: I haven't, you know what, so nobody really accused me of that, because they knew what my problems were (...)*

*I: But, from what E. told you, or the foster mother, were there situations in which E. was treated differently because she is in foster care?*

*P: No, no, no... She feels there like being part of the family..." (F2)*

## 2. FOSTER PARENTS (MAS)

### **2.1 The purpose and motivation of becoming a foster parent**

The purpose of placing the child in foster care as depicted by MAs (MAs) is not very different from the accounts of biological parents. Providing a family environment for children who are at risk for maltreatment or whose parents are not able to take care of them indefinitely or temporary, are the main ideas raised in this respect. Also, there seems to be an agreement about the fact that foster care is a temporary measure until a permanent solution is found for that child. It is temporary, in the sense that the child will be taken back by the parents when they solve their personal and financial issues, or is a necessary step for the child in order to be accommodate with a family life, if he/she gets adopted. Another common account, for both parents and MAs refers to the preventive character of foster placement. One parent believes that this solution prevents children ending up "badly", in the streets, while maternal MAs think that it is a way of preventing traumas and cognitive deficits associated with prolonged staying in institutions.

*„ (In family) the child receives affection, well...it depends on who it giving it (ironical laugh)...it is not like in a placement centre, where nobody has time for anybody, and you've probably heard how things are going there...In a family, the child grows differently, he/she grows in a society and...This is the best thing, I think. The child grows up normally both psychological and physical...and I think that children who are misdiagnosed as ADHD or autistic...these children are healthy, they recover in the family, and they have neither ADHD nor autism." (MA6)*





This type of account relates to another topic that emerged during the interviews, namely, the motivation to become a professional parent. Some narratives concentrate around the idea that providing a family environment for the child is the noblest thing; acknowledging this noble profession by providing a salary is also motivating. Becoming a foster parent is seen as a chance to become better „trained“ as a parent for your own children, to supervise both your own children and children placed in foster more closely and somehow to ensure a safe future in times of professional difficulties. The professionalization of the parent’s „job“ was described in positive terms by interviewees: *„When I first heard about this job, I couldn’t believe my ears. It was hard to imagine that the profession of being a parent could be recognized on the salary sheet.“ (MA1)*

However, at the beginning, it was difficult for some foster mothers to accommodate the idea that being „a parent“ requires specific training, although this was seen as very useful. Transferring „good parenting practices from training to raising ones’ own children“ was not an isolated account.

*„I’ve learned a lot, I thought that I’m a proficient mother with three children...who dares teaching me about how to raise a child? And I’ve come to learn so many new things (...) it really helped me with my own children. As I realized that I had done so many things the wrong way.“(MA1)*

The motivation to become a foster parent should transcend, however, the need to secure a job, to become well-trained in childcare or to try a new experience. One foster mother talked about taking children in care as a way to absolve herself from the old sin of aborting her own child. Another narrative tells the story of taking children in family care as a way to get rid of the loneliness and of the uselessness of seeing your children mature and no longer in need of your support. Above all lays, however, the genuine interest for that child’s well being and the genuine “love of children” as most of the foster mother described it.

The first experience as a foster parent as reflected in some of the narratives was a very delicate and emotional moment. Theoretically, all foster parents were prepared for “special” children; practically, the actual encounter proved itself more emotionally loaded than expected. Also, in some situations, it was the unprepared “acquaintance” with the real dimensions of the children’s suffering.





*"We went there to see the child. They knew we were coming so they somehow cleaned the baby. They put him into my arms. He had no reactions. I always wear jewelries, many of them, with big stones and stuff, because I like them. And I was wearing some stones around my neck. He looked right into my eyes and put a hand around my neck, on the stones and he came closer to me. I think that it all lasted for half an hour or so. I said...that's it. I left the place, he couldn't separate himself from me, he had no reaction...I tried to talk to him, to test him somehow...still no reaction. He didn't react to any sort of stimulus." (AM9)*

## **2.2. Foster system and legislation**

MAs talked about problems in foster care system and in the legislation supporting it, with reference to two problem areas: one is represented by some parts of the legislation itself, and the other one refers to the implementation and interpretation of legislation by sometimes problematic procedures.

A very worrying narrative talked about problems with violence and abuse in the child protection system although so many years of reform have now passed. Children neglected or tied into cribs were still a disturbing reality just some four years ago, according to the account of one MA.

*"When we took the girl from the placement center, she was four years old and had an IQ of a two years old. We took her from here, from Bucharest; she grew up in a beautiful center, built with Phare funds. But you know what they say "at the outside, the fence is nicely painted but on the inside, the Leo governs things"<sup>11</sup>, and I thought that everything was OK, and I used to say <thank God that the times have changed> and the children in the center, they weren't many, my girl was the youngest. But the moment I brought her home, she started talking and telling me that she had been beaten on her bare feet, that they had used to tie her up by the bed, they had soaked her so many times with hoes with cold water...and I couldn't figure it out why she kept getting out of bed and sleeping on the floor...they had used to sleep on the floor. And of course, she had severe traumas, because after 2 weeks, I didn't know whether to give up or..." (MA6)*

---

<sup>11</sup> Untranslatable Romanian folk saying referring to the fact that sometimes nice appearances hide very bad realities





### 2.2.1 The legal status of MA profession

Another category of problems mentioned by MAs refer to the laws themselves, which are not very clear, especially regarding the status of this profession. The first problem is that, according to the law 679/2003, the MA has a work contract only for the duration of his/her certificate, which has to be renewed every three years, meaning that, the individual contract should be renewed every 3 years. The second problem, mentioned by MAs stems from the fact that although is a full time job 24h/day, the foster parent is paid only for eight hours, five days a week, with no paid weekends or extra working hours. The leave is also limited: usually, MAs take the child placed in foster in holidays too. Lastly, the foster parent is not allowed to have any other job besides that of being a MA. These problems wouldn't be so serious if this job would be more valued by other social workers and the civil society itself. But this "restriction" in rights, as it was called is doubled by a poor status of fosters among workers in Child Protection, as one MA describes:

*"The legislation is somehow sterile and useless, in some regards. Parts of our rights are simply put aside. We don't have them. At some point, we were even told that we are not employees neither of the General Direction nor...we are a special category to be left aside. And this is what they literally tell us. <You don't have any rights. You stay home and do nothing>. Or something like that. They even tell us that we leave on the expenses of children in care and if it weren't for these children...we would starve or something. Or by the time I was certificated, the conditions were pretty hard. Anyway I had to prove some other incomes besides this. It wasn't the salary from here at the basis; you had to rely on something else. So they really didn't take us from the streets (...) But anyway, this is how they decided to treat us, this is a job equivalent to being the cleaning lady because...well, everybody can change a diaper" (MA7)*

### 2.2.2 Establishing the superior interest of the child

The biggest concern of this foster parent is not the law itself and the way it changed but the fear that changes are only formal. "The deepest layers" may still be imbued with the same old abusive practices that not many people might be aware of. The same account refers to some other aspects that were formally changed, by law, but badly interpreted and put into practice, still at the costs of the child's well being. For instance,





the fundamental act regarding the care of children in and outside their families, Law 272/2004 states that the child has the right and should be encouraged to build meaningful relationship with his/her natural family unless his/her superior interest dictates otherwise. When looking at the Minimal Compulsory Standards for placing children at MAs (GO 35/2003), there is also a strong emphasis on encouraging the child to maintain significant relationships with the family of origin. In this respect, priority is given to place the child at a MA who is inside the child's community of origin: "The child's social assistant takes into account the possibility of placing the child outside his community of origin **only in cases when local MAs are not suitable for fulfilling the child's needs**" (GO 35/2003, Part 1, chapter 4, paragraph 9). However, there are situations, as the one below, when replacing the child at a MA in his community of origin might not reflect the child's superior interest. The connection with the attachment figure of the old MA is broken apparently without reason and on the child's expense. Also, breaking the ties with a community in which a child grew up and placing him/her in the community he/she was born represent the trauma rather than the cure. The child is provided with no explanation and no insight on what is happening to her: she is simply taken out of her community and put in another community with no familiar figures, friends, reference person or some sort of perceived support. The ties with the old MA are abruptly broken which makes the situation almost unbearable for both the child and MA:

*"We received a phone call informing us that the child will leave us the following day. I could have suffered a shock or something but...I focused on preparing her for the break up, knowing that she was going to leave us (...) People from school were shocked when they heard the news :< but transfers are done between semesters not during semesters>. Not to mention that we were preparing for the Christmas celebration...it was painful for all of us...she left, I wasn't allowed to contact her, but I had the address of the lady who took her, I kept calling her, asking about the girl, sending her small gifts, telling her that these are from Santa, also on her birthday...things like that. One month ago, her MA from Targu Jiu called me and asked me to talk to the girl :< Don't you wish to talk with G.? She has some issues, she has a regressive behavior. So after a year, we were back in touch. And I talked to her and she asked me about everything, she remembered everyone, even the dog in the neighborhood. I asked her :< please be good, the lady loves you and wants to help you, be nice at school> and she told me <but I don't love her, I love you, you took me from the placement center>. She asked me to send her some toy cars from my husband, he has a collection <to have*







*something to remind me of my dad>, that's what she told me. I didn't understand it, not even today. The child is placed from one MA to another...if she were adopted, taken back by her family, you cannot oppose...But why ruining the child's psyche? (...)The child was born here, her mother wonders around Bucharest without legal documents...just because her address is in Targu-Jiu ...so the child is there while the mother wonders around here. Everybody told me, the psychiatrist, the psychologist:< Lady, if the child goes away she will suffer a serious trauma. Talk to the Child Protection, it cannot be...the child will be devastated> I cannot figure it out, all the laws saying that the first comes the superior interest of the child. Why hadn't they taken into account the opinion of the specialists, not mine, but theirs...the psychologist, the psychiatrist, they were neutral...Nobody took into account anything.”(MA6)*

Establishing the superior interest of the child is maybe the hardest job for the Child Protection System. It raises many controversies, even among MAs who are sometimes scandalized by the painful decisions taken by the case management team. Placing the child back in the family of origin is not always the best solution, as one MAs thinks: once abandoned, it is hard to conceive that the family will take back the child for any other reason than money only. Money is also the main reason for which the state looks for any relatives to whom the child could be left in care:

*“I: Let's talk about the legislation surrounding foster care. Are there any things you think are good or bad regarding legislation?”*

*R: It is beyond any comment...including the laws of MAs, social workers...it's a very poor legislation (...) First of all, I have to look for the 10<sup>th</sup> relative, to bring her to Social Services and beg her to take the child home. Just to spare the State from spending money...but the State spends even more money. The person only takes the child for financial reasons. After a while, the child ends up in the street, with psychological trauma. He's not going to grow like a normal person. You provoke that kind of trauma to a child. It's beyond words...” (MA9)*

The difficulties encountered by some MAs can be accounted also by sometimes an insufficient understanding of the specific features that the job as a foster parent might have. Letting go to children and accepting that foster care is only a temporary solution, until parents recover some parental skills or the child becomes adoptable are central to what the professional parent should be able to do.





A possible way to ensure that the child's best interests are taken into consideration is to move from considering children simply statistics to considering them truly different cases, with different life stories. The decisions should be taken accordingly and should focus on the motivation and degree of preparation of natural families to take children back. Also, social workers from child protection system should put stronger emphasis on the assessment and preparation of the natural families. The key seems is to ensure a truly individualized care for each child, instead of choosing to find a right decision for everybody:

*"Honestly, from what I've seen...the conclusion is: these children are a statistic. A number of X children were placed in their families, X were sent back to their towns of origin...these children are figures only. This is what I noticed. Somebody should look on their story, their evolution...there should be a law...I don't know...parents should be monitored, assessed, trained, encouraged to assume responsibility (...) if the parent is responsible, comes to talk to you and so on, it might be a clue that he cares for the child" (MA5)*

The procedure of declaring the child adoptable is seen with the same distrust: listening to the child's opinion and bringing him in front of the Court, to declare that he/she wishes to have a family, to be adopted, is seen as a cruel and cynical act by another foster parent. Older children, especially older Roma, have lower chances to be adopted therefore asking them about wanting a real family is like giving them false hopes and ripping them of, for the second time, of the right to have a family:

*"The only thing that made me think and really upset me, at the same time, was the fact that we had to go to the Court to start the adoption procedure. The children are asked if they want a family, if they want a mother, a father and so on. Of course, all children dream about this...and they cling to the idea afterwards. It is not realistic to tell a 13 years old Roma girl that you will find her a family to go to, and will have a mother and a father. One year she haunted, she drove everybody crazy, at school, everywhere, however we met, if we talked to somebody on the street, she immediately :<Do you know that the lady from the Court will find me a mother and a little brother?>. And the moment people got tired with the story...somebody told her to shut up, so she started cursing <let your mother and your sister and father die tormented!> (AM3)*





## 2.3 Upbringing the child in maternal assistance

### 2.3.1 The child in foster care

The accounts that focus on the description of the child in foster are somehow opposed. On one hand, there are the narratives that depict a perfectly average child, fully integrated in the new family which becomes, more or less his/her own. These accounts put an emphasis on the “normalization” of the child’s image and assimilation of the child with the foster family. On the other hand, there are accounts that put an emphasis on differences (rather than similarities) of the child in foster with children coming from average families. The latter focus on the child’s peculiarities, traumas and life history. One narrative concentrates on describing the process of “standardizing” the family life, of making it part of institutional procedures thing which contribute to the child’s strain and feeling of being “special” in some way, as opposed to the feeling of being an integral, natural part of the family:

*“Caring towards this child is a much bigger responsibility than caring for your own children...it’s the same story with the attention because all day long, there is someone around him, every day somebody drops a visit (...) Too much attention was devoted and I didn’t particularly like it...the child was surrounded by too many people, thing which made him more aware, and now it is the same...and the child feels right away that he is somehow special: <why do I have to go there?>, <why is everybody coming to visit me?>, <why is everybody asking questions about me or looking at me that way>, <why nobody asks questions about A., V. or C.<sup>12</sup> but they ask questions about me?> . And now we are at the point of creating a “story” surrounding these procedures. Because he is asking questions and I have to provide him with proper answers.” (MA1)*

A complex picture emerged from the narratives of foster parents regarding the children in care. Generally, both children and parents needed time to adjust to each other and to deal with the health problems (either psychological or physical) of the child. What seems to be, at the beginning, an easy task in terms of taking care of the child, as one foster parent described it, becomes a real challenge for the foster. The constant need for attention and affection, the fear of being abandoned again together with a somehow poorer capacity to express feelings, lies at the core of most descriptions made

---

<sup>12</sup> The natural children of the maternal assistant  
Romanian Association of  
Health Psychology





by caregivers. The theme of the second abandonment by the foster parent is also poignant in the narrative of one MA:

*"...these children are very affectionate. They are in so much need of affection that you feel suffocated at some point. They always have doubts...but the moment they feel some security and stability they start growing and living normally. But if you take them as I took the girl from another MA, they say: <Are you going to give me away if I don't behave well?> (MA6)*

Another account focuses on the fact that the child take in foster care becomes attached to the MA after a long process. Attachment is not a natural process because the child feels that he/she develops bonds with a different person than his/her natural mother. The "voice of blood" is the most durable barrier in the relationship between the MA and the child.

*"The majority...you may say that they know that ...even if they're so small and they couldn't figure it out, they seem to be aware, and you are aware of it yourself that the child likes you, comes towards you but no...<you're not the voice of my blood, that voice that I heard when I was in somebody else's womb>" (AM1)*

Some children have problems accepting their ethnical origins. However, this is easier to overcome by MAs and children themselves rather than overcoming prejudices and misjudgments of civil society and other institution. Probably some of the problems with accepting own ethnicity might stem from perceiving discriminative attitudes on the side of civil society or educators from residential placements. This issue of discrimination will be tackled on section 2.4, in detail. However, the problem of self-identity remains a delicate issue for the child, who searches a way to resemble and to identify himself/herself more to the foster parents than to the natural ones. Also, a deep fear is that being a gypsy make a person unlovable and unworthy of respect.

*"She asked me: <Why am I a gypsy? Nobody will ever love me>. And I told her <If you are a gypsy, so what?> You cannot tell her that she's French if she's not...and I told her < If you have good grades in school, you behave nicely, you're clean , you're a witty gypsy, everybody respects you, Romanian or others, but if you don't behave, nobody will respect you>. But eventually, we ended up in therapy, to get rid of everything that happened, to get rid of these obsessions...because she was washing and rubbing herself to bleach her skin..." (MA6)*





Efforts to understand one's ethnical roots, is doubled sometimes to the effort of understanding one's identity in a broader way. The child needs to have a story about his/her own past, about the childhood and needs to know that he/she still belongs and belonged to somebody also in the past:

*"She asked me so many questions already, although she's only 9. But she asked me questions of a child that normally, somebody will say is your own: <Did I have a landau?> <Did I have a pacifier?>, <Did you breastfed me?>...so she was curious, she needed to know those things. And afterwards, they talked at school about their personal numeric code, so she told me that she wants to know her code...I showed her the birth certificate and she was very happy about being able to learn her code" (MA4)*

Children in foster care are not only a responsibility for foster parents but they might be also sources of support in times of need. One MA recalls all the moments when the child tried filling the void and healing the wounds left by the death of MA's husband, trying to compensate his help and support and praying to grow older and acquiring the "magic" of healing the suffering of her foster mother: *"She was for me a sort of...she helped me with everything: housing, trying to get good grades in school. When we lost him, M. felt broken, but I overcame the loss thanks to M. (...) She always stood besides me and encouraged me, she used to tell me : <there now...it's OK, I'm going to grow and then everything will disappear...calm down" (MA4)*

### **2.3.2 Getting acquainted with the child's records and past**

Another aspect mentioned by law, but hardly put into practice, as another MA says, refers to the need of MA to be familiar with the personal and medical records of the child, in order to offer him/her a proper care. One paragraph from the already mentioned quality standards, refer to exactly this issue: "the social assistant of the MA informs the MA with respect to all the relevant information about the child, in order to ensure a safe care and the safety of all the other children in the care of that MA" (GO 35/2003, Part 1, chapter 7, paragraph 6).

In the same category of insufficient information regarding the child's record a situation of incorrect ID papers (with wrong personal code) was mentioned. The lack of ID papers





and apparently a sudden mistake with the personal code posed some serious issues for one MA:

*"Suddenly, his personal code was declared invalid. A very nasty thing, I still don't know what happened. His personal code was given to somebody else...how and in what way? This child was born a while ago (...) but this happened only recently, in February. So first, we only had a paper, that the child was born. After a "long suffering", with "tremendous pain", a birth certificate came to the stage, from the Civil Records. After even bigger pains, the birth certificate was put into our hands (she laughs). And now it is invalid. We went to the pharmacy to take some medicine, the personal code was fine. After two weeks, we went to the hospital, for some investigations, all was well. When we needed to hospitalize the child, things were not that well, his personal code became invalid."* (AM8)

*a) Medical problems of children*

Almost all MAs (with one exception only) stated that children brought in their care had some sort of medical problems either psychiatric or physical. The most commonly mentioned mental conditions were: autism (1), ADHD (2), mental retardation (2) and symptoms of posttraumatic stress disorder (3). Among the physical conditions, MAs mentioned conditions like: hip dysplasia (1), chronic pneumopathy (1), allergies (1), anemia (1), physical injuries like burns, cuts, bruises which suggested some sort of physical abuse (2). Some of the problems are dealt with in the first few month of placement in foster; some others are chronic and need permanent care. However, a worrying account refers to the fact that some of these children were declared healthy, so the medical problems have been discovered only afterwards. Sometimes it takes a work of detective to trace the real problems of the child, as the files the MA received were inconsistent, uninformative and with many ambiguities. The problems begin to reveal, at their true scale, only after the child was taken in foster, as one MA recalls:

*"On the paper, his medical record was so elusive, only some papers...I started a scandal. It was the first time when I really had a nasty interaction with the director, with the doctor from the center and with everybody (...) I though I had taken a deaf and paralytic child. It was hard. He had completely different problems like hip dysplasia, and a bunch of other problems which I only found out when I took him to our personal doctor. Scars that were still there after a year, many things...they even took his pampers when they gave him to me...I though it was inhuman, awful..."* (MA7)





*"Health problems? The moment you take them from an institution...it's like a sine qua non truth. They all have health problems...So the social workers give them to you as "healthy" and afterwards you discover all kinds of...meaning that when they enter a family and get close supervision, you discover all sorts of symptoms. I discovered very, very serious health problems, which were dealt with, in the first 6 months or so..." (MA3)*

Tracing the medical records of the child or trying to get new medical investigations seems, sometimes a road full of obstacles. Without the proper support or information from Social Services, some MAs were left to take care of the situation on their own.

*"We were very scared because normally, the child should have had all the medical examinations...hepatitis, HIV and all, he had nothing. Because the child was without an ID, the doctors were more or less interested on his situation...I had my own children, the boy was vomiting, used to claw himself and the others, bite etc...whatever I got really scared. When we received him, we didn't know he didn't have an ID. They only gave me this paper that the child is in the records of Social Protection. Of course, I was thrown out from each medical center I went to." (MA3)*

### 2.3.3 Matching the child with the foster family

Almost all foster parents stated that there was a matching process between the child and the MA, even if, sometimes it was short and comprised only one visit. Even for emergency placement procedure, some MAs still had some time to adjust to the particular child and vice versa. A typical matching procedure is described by one MA, as follows:

*"The lady first came, at our home with the child, then we paid her a visit ourselves, in order to become friends with the child. We went out together here<sup>13</sup> in the park, and step by step...the visits became more and more frequent, and she started to like*

<sup>13</sup> Sector 1 General Direction for Social Services and Protection of the Child (GDSSPC) offices  
Romanian Association of Health Psychology





*us...she saw that I was coming with my husband while the lady was alone, so she started to like us. We became friends quickly, so at the beginning she wasn't allowed to call us "mommy", for instance, my husband was called "granny" or something like this. With time, they allow her to call us "mommy" and "daddy" and I'm a mommy since then"* (MA4)

However, the matching procedure is not always necessary, as one MA argues. It is not always ethical to choose the child preferentially, based on some ideal criteria, since the purpose of foster care is to ensure a safe environment for any child, not only for some of them. All children in this situation are in equal need of care. Being aware of this is a sign of maturity and professionalism on the side of the foster parent:

*"Meanwhile I grew up somehow, so I'm not as I used to be at the beginning. I used to be more selective, demanding...I had a large pool where to choose from...but now, the children need help, first of all, so you don't look whether the child is white or black or beautiful, or nice....no, all of them need to be taken out from there."* (MA1)

However, the majority of MAs (7) expressed their preference for younger, healthy children instead of children who are older or with disabilities, under the argument that their training is not suitable for taking children with disabilities in care, they don't have enough space or it will be difficult for older children to adjust to the new family life.

### **2.3.4 Establishing the duration of foster placement**

The legislation refers to the foster placements as to a temporary solution for placing the child, until a permanent or a better solution is found in that particular case. MAs were asked a) how long did they expect foster placement to last (what was their information when they took the child in care) and b) how long foster placement should last. Regarding the first question, some MAs admitted not knowing, at the beginning, how long is the child due to stay in their care. Moreover, most of the narratives refer to the foster placement as some kind of semi-permanent solution of the child, even if MAs admit the idea that children in their care might leave them at some point. Indeed, when analyzing how long have children stayed in foster care, we saw that for our group of interviewees, children were placed in the care of MAs for 4- 9 years (and were still in care). Some of them were brought home as babies and are raised in the same family,







at the moment. Also, when asked about how long should the placement last respondent said that either it should last until a really feasible solution (mostly adoption) is found for the child or, it should last indefinitely:

*"As far as I can see, children placed at MAs should stay there, until they come at age, unless the parents are really looking forward to take them back into the family. But I'm talking about my child...my case. Let's say, in the absurd situation in which they would want her, they would take her. This is a huge drawback for this child. She would have a nervous break down immediately. She was raised with my family; she saw all our habits, right? A parent that abandons his child...when he take him home, he takes him for money and he wouldn't even spare a look for the child. "(MA9)*

Indeed, the child becomes a natural part of the family and the separation bears suffering on both the maternal assistant and the child. Things become even more complicated, as the MA should view the whole process of raising with the eyes of a professional and not with the eyes of a parent. This leads to more confusion on the part of MAs, as their suffering is an "expression" for their lack of "professionalism":

*" You cannot tell me: < Lady, if you have a break down after the child leaves, it means you're not very professional. You simply cannot do that>. Maybe there are persons that only feed the child or just wait for the salary day...I've heard that too, especially at the countryside. The truth is that you cannot BUT get overinvolved, as in my case...and as I am alone, you cannot take two children in placement, even if you don't have children of your ow. You cannot attach and nurture as you should, two children at the same time." (MA6)*

Therefore, adopting the child placed in foster is not at all, an uncommon practice and it is viewed positively by both MAs and other professionals dealing with foster parents. Moreover, there are cases when becoming a foster parent is a shortcut for adoption: usually, these professionals have priority in adopting the child, compared with other families. There are also cases when, confronted with the possibility that the child will leave the foster family, MAs choose to adopt the child instead of letting him/her leave. However, a strong impediment for the adoption of the child by the foster parent is represented by the material/financial situation of the family. Four MAs told us that they were seriously considering adopting the children in their care but due to limited financial resources this was not possible in the near future:





*"My financial situation didn't allow me (to adopt her), so I abandoned the idea, meaning that you have to be able to provide the child with something more other than affection, and I couldn't...but you know, the two children I had, that went back to their families...I wanted to adopt them, but I didn't have the material possibility...I couldn't cope with the idea that I will have to abandon them...no, no, no." (MA2)*

### 2.3.5 Perceived support from the social services

Generally, MAs felt that the social services supported them in most of the issues related to the child upbringing. Also, they described the relationship with social workers and psychologists from the services as the relationship between members of the same team, interested equally in providing the child with the best care. Support is given to MAs in different forms: most of them perceive monitoring visits as a sign of support and genuine interest on the side of social services towards the child. Also, providing money for the child's needs, ensuring counseling for both the child and the MA are equally considered as being valuable sources of support.

*"Besides the material support with the salary and all that... each professional figure offers you a different type of support. So the social assistant asks you if you need something specific, how the child is behaving, how we see his problems. We communicate permanently and they're interested to see how, what sort of problems we have and so on. Even the psychologist helps you, if you have a nervous breakdown, or you feel you cannot continue or something. He's there to encourage you, to give you moral support and this means a lot. Even for your own children if you have a problem, we discussed them last year at the psychological assessment...she really helped me with my natural son." (MA5)*

Besides the formal support received from social services, one MA talks about the usefulness of informal networks of support, which sometimes prove themselves of a real help for the fosters. The formal, institutional discourse is softened in these contexts and the relationships are more fluid and natural. This friendly context is valued more, by one participant, than the formal help comprising materials, money or other kind of support:

*"There is an NGO....I received some material support but mainly emotional support. The interaction with these people was and still is far more natural...Here, at the state*





*services, people are tough, like everywhere, you cannot get too close...and I feel the need to get closer to people, more than professionally...I don't know if this is always good, but I like it, especially when we have to collaborate...it's easier for me to..” (MA1)*

#### a) Payments and financial support for the child and MAs

The financial help received for rising the child (placement allowance, child's allocation, financial support for clothing and food) are the same throughout the country and regulated by law. In this respect, the perception regarding the sufficiency of these funds was somehow uniform: the interviewees believed that the allowances were generally sufficient for covering basic expenses for the child. However, extra costs, like hobbies, sports or vocational training cannot always be covered by this amount of money, so MAs have to put money from their own pockets:

*“The monthly food allowance is 370 lei<sup>14</sup> and 26 lei<sup>15</sup> which represent pocket money, Monthly. And we have to buy only the minimum necessities for the child, from this money. We are now allowed (we weren't allowed before) to buy school materials, like a pen and whatever he needs at school, because he has a lot of classes and you need notebooks and pens and correctors and all...The food allowance, I think it is enough, so it is not up to the services. And there is also the placement allowance which is 97 lei<sup>16</sup> and his personal allowance which is 42 lei<sup>17</sup>” (MA5)*

*“Money is never enough, but compared to other situations...I would say that it is a sufficient amount of money. For instance, all the food allowance goes to the kindergarten, and I pay her all the extracurricular activities, English, painting classes, whatever she chose. So, in a way, I'm working for free, but I'm supported by my natural daughter, so I'm a bit afraid that the salary will not be enough in the future.” (MA6)*

### 2.3.7 Relationship with the family of origin

---

<sup>14</sup> 80.7 EUR

<sup>15</sup> 6.20 EUR

<sup>16</sup> 22 EUR

<sup>17</sup> 9.7 EUR





Almost all the children placed at foster parents (with one exception) had contacts with their natural parents, according to the MAs. In all situations, MAs told that they strongly supported the connection between the child and his/her family of origin, by all means, even if they weren't always convinced that this was in the child's best interest. Some foster parents remember the first encounter between the child and the natural parent as a highly emotional episode, especially for the child.

*"It was very disturbing to see them...their first meeting so to say. I kept looking at them, they all had tears in their eyes, and the girl was embracing her father tightly. They are a short family...like pygmies and she is tall- she grew taller in my care...and she held him tight, they had the same height, with tears running down their cheeks...he looked old, I read in her records that they were both over 40 years old."* (MA3)

Another MA talks about becoming friends with the natural mother, who had no financial possibilities to raise the child, although she loved her very much. After overcoming the initial barriers, stemmed from the fears of the natural mother, they get close and build a solid relationship, in the benefit of the child:

*"The mother couldn't take her home so we said...let's transfer her at a MA. I had a hard time convincing the mother, because she heard all kinds of rumors and stories like the fact that children are abused by MAs, and it's better for them to stay in a placement center, where she could come and visit her...anyway, we got very close, and I loved her so much, because she was illiterate, she didn't know how to read and write but she managed everyday tasks so well...that I really became attached to her. We are very close now, she never gave her child up and she never will, she still has 7 or 8 children at home, all like swans. All clean, all dressed up...I loved her very much for this reasons."* (MA1)

However, not in all cases, maternal visits are equally beneficial for the child. Although the "blood bond" is very powerful and the child really wishes to see his/her mother, sometimes maternal visits have paradoxical effects on the child, by triggering emotional disturbances, especially if the visits are paid irregularly.

*"The mother comes when she can afford. And he is very emotional, very agitated, afterwards we have a period, longer or shorter, in which the child regresses behaviorally. We have to start it all over, we go back to where we were three weeks, 1 month, 2 weeks, it depends (...) I have a sort of credibility in front of the mother and I sometimes*





*manage to calm her down. We have an agreement that says, each time she doesn't feel well emotionally, she won't insist in seeing him. So now she understands this, and she calls me, asking to postpone the visit."* (MA3)

Sometimes, natural parents are reluctant to see their children, as they feel that they cannot compete financially with the MA. The ability and patience of MAs to explain to the children who is their natural family and why it is different from the family they know and grow up in maybe one of the keys to the success of the relationship between natural parents and children. *"I told her...your mother is going through a difficult time, that's why she doesn't visit you that often. Maybe she cannot afford it, she doesn't have the money to. I told her stories: she has nothing. And I explained him why he shouldn't expect for presents from her, because he emotionally blackmailed her at some point, if she wanted him to behave nicely towards her, or to answer her respectfully...his mother had to offer him a present. A big, shiny, extravagant present."* (MA8)

### 2.3.8 Children after foster care

At the time of the interview, no child placed at MA reached the age of 18, and started an independent life. Also, according to MAs most of children who left foster care, were either adopted or brought back to their families, with some relative success. Some children went back to the placement centers, being unable to adjust to the new family life or in cases of failure of family placement. This causes tremendous suffering for the child, as he/she sees himself/herself unfit for the family of origin and incapable to adapt to a new foster family.

*"Only two children were adopted, because I worked about 8 years for the Irene Foundation, and two children were adopted by some Spanish citizens in Canard Islands...I always get photos with their evolution after the adoption...so the first two were taken back to their family.. But one of the cases was a failure, because I saw the boy, one year afterwards, he was with his mother, begging in Dorobanti station...I barely recognized him, and my heart was broken. I announced them at the foundation. They made another social investigation, tried to help the mother to avoid these problems and the girl too because she had some mental retardation. Since I'm certified for only*





*one child with handicap, I prepared her and the girl was taken by a colleague of mine who couldn't handle the situation for more than 6 months. So the girl ended up in a placement center. We go there every week to take her for the weekends." (MA2)*

Some other foster parents couldn't keep in touch with the children, after they left foster care for two reasons: two MAs claim that they weren't allowed by social services, while one MA says she wasn't allowed to do that by the new adoptive family. This leads to suffering and anxiety for MAs who have to cope with the uncertainties of the child's situation. In these situations, when the connection is abruptly broken and children and MAs become separated, the biggest concern is that the child will have difficulties in integrating a coherent story about himself/herself and about the past.

*"I had an experience, we accidentally met<sup>18</sup> after one year...they changed their phone number, their address, everything, they even change their name and the child's name...they even moved into a new building to appear like they recently moved with their own child. They don't want, under any circumstance others to know that the child was adopted. They don't want him to know that he was adopted (...) and they didn't want to...the child was in my care for three years, and the adoptive parents suddenly decided that those three years should simply vanish from the child's life. I begged them to take the case with his memories<sup>19</sup>, this is HIS case, this is HIS story, and nobody has the right to take it away from him. These are three years of his life that nobody should take away...They are his! I don't know how you do it, but the moment he digs up in there...and these are times that we capture with photos and other things, this is a period of our life and he as to be allowed to go in there, to know that those were his years!" (MA1)*

The future of these children is regarded with worry and anxiety by MAs. Adoption seems one solution that everybody at least thought about. The idea of taking the child back in institutions for people with disabilities, in the case of children with handicap, or ending up in a bad situation is almost unbearable for some participants. The lack of precise answers and solutions from social services make the anxiety of MAs even greater:

---

<sup>18</sup> Adoptive family with the MA

<sup>19</sup> This MA made a case with relevant belongings of the child. In order for him to have a "story" of his early childhood. The case contained things like photos, baby clothes, titty etc.





*"I don't know, I cannot see any future for this child. We don't receive any sort of answers, I kept telling them: <People, I have nightmares. I think about my efforts to do something with them. To take the children somewhere> because in the placement centres they are kept like little animals. Maybe it is a secret: I really don't know, I kept begging them: <Please tell me, I need to know because I'm thinking and tormenting during the night on what is going to happen to them, how they will end up>. She has a moderate disability, this is what her certificate says, so she has a mental age of 14 years old and she will stay that way...this is her full potential, this is what the psychiatrist told me...so how will I be able to let her go? Where is she going to go, what is she going to do?" (AM3)*

#### **2.4 Foster care as seen by civil society: support, barriers and discrimination**

Only two MAs mentioned the support received in the community (medical staff, neighbors, and teachers) as unconditional and directed in the child's best interest. The worrying aspect is that all MAs, without exception, talked about some sort of barriers or discrimination at school, hospitals or in the neighborhood. Both the child and the MAs (by association) were depicted as "second hand children" and "second hand professionals" in the narratives of MAs. The law of children, depicting their fundamental rights to medical care, education, socialization and so on as well as their equal rights to access them, seem forgotten even by the most visible and influential professionals like doctors or educators.

*"I had serious problems with discrimination...it was so noticeable. So I took my natural child and the other child to the family doctor. She really talked to her differently when I was there. She behaved differently with my own child, just because he was mine compared to the way she talked to the other. It was visible, as the light of day. (...) And again, issues with enrolling her to kindergarten ...because she has problems, what if the natural parents come after her, what if they kidnap the child. I explained them again and again that these children are raised in foster care since they were babies, they don't have serious issues, developmental lacks or problems to adapt to the environment...no, she is NOR-MAL. Let's get over it people...but if she has the skin a bit colored, they dismiss her from the door...first they look at the way she is dressed, afterwards they examine the color of her skin...and I'm so mad, all my senses are sharp,*





*to see what they're doing, how they look at her, how they touch her...They're BAD"*  
(MA1)

Some professionals complain about the fact that issues like the privacy of personal data of the child is not kept by either doctors or teachers. This stems from the same prejudices that children in foster care are somehow inferior to other children, so the personal history is brought as an evidence for this. The diagnostic "child from the orphanage" is a sufficient reason to limit the child's access to education, medical care or socialization with children from the same neighborhood.

*"There are differences at school, at the medical checkups, even at kindergarten...although the privacy, the confidentiality of child's data should be kept. It's not normal for an educator and an adult to say "well, you come from an orphanage", it's not fair, especially since we talked about the child's situation from the very beginning and we asked them to be discrete, especially regarding the other parents (...) It's weird, it's like going with a billboard with "child from the orphanage" written on it. And it is especially weird for an educator or a doctor to have problems with privacy, especially since we discussed this beforehand."* (MA2)

Ethnic discrimination was another issue tackled by MAs. Being a Roma child is not always helpful in terms of finding a suitable substitute family and is not beneficial either in everyday contexts or in educational settings, as one MA points out:

*"I have a girl...she's coming from an ethnical minority. They called me saying that they have a small girl but <She's small, black and ugly she's...and no MA wants her". So I told them I would take her if nobody else wants her (...) And I even had to deal with a strange situation in the park, something like a grandmother telling her nephew <eat all your sandwich, otherwise that gypsy girl will come and eat it all>. So I took a stance and she defended saying that she didn't know she was with me, but <it doesn't matter who is with her> (...) Also, I preached to all the parents at the kindergarten because children used to tell her <go back to your gypsy camp>. So she asked me what is that a gypsy camp"* (AM6)







### 3. THE VOICE OF RELEVANT ACTORS IN SOCIAL SERVICES

#### 3.1. Foster system

Professionals (psychologists, social workers, the head of services) were asked, in the first place, what was their opinion regarding the purpose of foster care. According to some views, foster placement is a means to ensure the child with individualized care and the chance to acquire emotional stability, educational growth. Normality, in its broad sense and the belonging to a family are the most important benefits for the child, and similar to the accounts of MAs have a preventive character: they prevent the child from ending up in a traumatizing environment. A stable environment for the child represents the right start for personal growth and a good premise for social integration, as one psychologist describes it:

*"The purpose of foster care, from my view, is acquiring a sort of emotional balance for the child, it helps him/her to accept his/her condition. To accept the fact that maybe his parents are Roma, or poor or he will never see them again. The purpose of foster care is to offer the child a model of normal life, so to say. Normality, in its broad sense. We offer him a family model, so as to know what to do when she/he starts a new family. By acquiring an emotional balance, he/she can start growing and learning new things"*  
(P3)

Another psychologist states that foster care represents *"his/her chance to an individualized and tailored care"* (P3), aspect which was highlighted a couple of times in the narratives of the participants.

However, the foster care is not what it was designed to be, in the first place, as one professional points out. What it should have been a short term care alternative for children, at first, transformed in a semi-permanent solution for children whose natural parents cannot or will not take them back into the family, or children who weren't adopted for various reasons.

*"Maternal assistance was designed in a way, but practice proved somehow different. So maternal assistance is a temporary protection measure. But it transformed in protection a la long. I cannot say whether this is right or wrong, I don't know if it's for the best to place the child for one year and a half, or two or four at a MA. It would be good...and this thing happens fortunately, it would be good to place the child in his/her*





*extended family, and only place the child at MAs when this possibility is not feasible.”*  
(P5)

### 3.2. Legislation

#### 3.2.1 Lengthy Court decisions for placing the child at MAs

With regards to legislation, most of the problems that were signaled referred to lengthy procedures of placing the child at a MA. When the parents are against the placement decision, the case has to go to the Court of Law, and it takes weeks, sometimes months before the Court makes a decision. Meanwhile, there are no viable solutions for the child and precious time is wasted on waiting a decision. Problems are even more serious, since there is no Court for Minors in Romania and few professionals are specialized for dealing with minors only.

*“(Modifications) should be brought for the law 272, not so much for the maternal assistance but on areas like procedures, Court decisions regarding the child, establishing the protection measure and so on. Because the procedure is very laborious, the Court was not prepared and it is still not prepared for this kind of legislation for child protection. We know that the Court for minors is inexistent throughout the country and it lasts a lifetime before a protection measure is established and the decision is taken...months and months of wasted time.”* (P2)

These problems make social workers and stakeholders to take more “unorthodox” measures, working almost daily at the boundaries of laws. Case managers issue a “decision for assistance” so that the child will be able to go to the foster family earlier. They also use it when social workers have to move a child from one MA to another. Another strategy that is used, and it is not regulated within any law or procedure is to allow children to go to the husband or the extended family of the MA, when the MA is not able to take care of the child for a short time period.





Another issue raised by professionals refers to the fact that the quality standards for MA services and procedures are not aligned to the new legislation of foster care. Also, the quality standards are only made in general terms, for instance, they don't say anything about the documents that need to be prepared when placing the child at MAs. Meanwhile, the new fundamental law for the protection of children's rights was issued in 2004, while the standards for placing children at MAs and for the documents that need to be comprised in the child's file date back to 2003. So, the old standards have to be updated and brought in line with the new legislation in use.

### 3.2.2 The profession of MAs as stated by law

Similarly with the accounts of MAs, the other categories of professionals state that the MA status as regulated by law is still unbalanced especially when it comes to the rights of MAs.

*"The work contract of the MA is still a problem. And I'm talking here about the working time in the work contract. We all know that a MA doesn't work 8 hours a day but 24 hours a day. It's a unique profession in Romania, and there should be a special regulation in this respect"* (P5).

The retribution for MAs who have children with disabilities in care is not at all just, in terms of payment a right for different categories of fosters, as one professional told us:

*"As you know, the fundamental laws in this respect are the Decision 679 and Order 35, which ensure the co-ordination of all these services. I would be especially interested if we can modify the chapters regarding disability allowances for MAs because they are given non differentially. So the MA receives 25 % for taking care of a child with disabilities, regardless of the severity and nature of the disability. This is a bit unfair for the MA who takes care of a child with severe disabilities and who benefits from the same allowance as a MA who takes care of a child with a mild disability."* (P7)

### 3.2.3 The team





Another problem signaled by professionals refers to the fact that there are two different teams who work with the child and the MAs. This is not the best solution in terms of communication of decisions and coherent services for all parties involved. The two teams have frequently different objectives and different strategies when working with families, children and MAs with poor results.

*“At the moment, there are two separate teams that work with MAs and children in placement. There is one social assistant and one psychologist allocated for each MS and another social assistant and psychologist allocated for the child. One psychologist intervenes in a certain way on one side, the other one acts differently on the other side. Both use different methods and techniques.” (P4)*

Creating a unique team of professionals to deal with the child, the family and MAs would significantly reduce the costs of services, plus it would ensure a more coherent information flow:

*“The only improvement I could think of is...the same social worker should deal with both the child and the MA. The actual division, as stated by law, with different people responsible for different instances is not justifiable.(...). The advantages would be that the social worker would know that particular situation better; the information would not be somehow truncated. Plus, the costs would be significantly lower. Because now, both the social assistant of the AM and the child’s have to pay regular visits at the same house.” (P5)*

### **3.3. Placing the child in foster care**

#### **3.3.1 Motivation to become a foster parent**

In a previous section, we analyzed briefly the accounts of MAs on what motivated them to become foster caregivers. Usually, their narratives referred to a real preoccupation for these children upbringing, the need to gain meaning in life by helping and raising them, and only afterwards, they talked about the need to secure a job and receive a constant salary.

On the other hand, when asked about the drives and motivation of people to become professional parents, other actors (psychologists, social workers etc.) referred mainly to





financial motives as main drives of foster. One psychologist identified several types of reasons/motives to become a foster parent, which she usually noticed in her work with MAs (P4):

- a) first of all, financial reasons, it is a job like any other, they have a work contract and accumulate experience
- b) most of them would tell that they really love children, besides having a work contract
- c) they undergo training, psychological assessment and so on; most of them didn't have these experiences before
- d) there is a category of mothers who lost their natural children and try to find a substitute for them
- e) there are cases of MAs with a really good financial situation, who want to adopt children and take this job as a shortcut for adoption

According to the same professional, the last two categories don't have a good reason to become foster parents and shouldn't be allowed to do that. The main argument is that MA is a profession above all, and all MAs should take children in care with the purpose of giving them back to either their natural families or to the adoptive ones. Sooner or later, these motives interfere with a proper care of the child and make this profession a less credible one.

Also, either younger or older, some MAs find it convenient to take care of the child at their residence. Whether they have children of their own to take care of, in the same time, or not, having children in care, at their own residence is an appealing idea.

*"Usually, there are persons over 40, but we also have some younger MAs, which have small children of their own. And in this situation, the job allows you to stay home, take care of your child, take him to school and still look after somebody else's child. And it becomes easier, especially for younger persons."* (P7)

### 3.3.2 Duration of foster care

Establishing duration for foster care is a difficult task and requires taking into consideration many factors like: child's age, ethnicity, natural family's situation, the





material situation of foster parents and the child's medical and psychiatric records. Placing a child to a MA is usually a long-term measure, as discussed previously, but younger children have better chances to become adopted or placed into their natural families so, for them foster care is somehow shorter. The picture becomes more complicated for older children placed in foster for a long time: they usually have small chances to be adopted by somebody else other than the MA himself/herself and usually, by this age, no solutions are found in the natural or the extended family of the child.

*"It is hard to approximate a duration, it depends on the case. If we are talking about older children of let's say 6, 7, 8, 9, 10 years old, they have been in foster for already 4-5 years and the chances to leave the protection system are weak, because there are no solutions available for them. They are too old for adoption so nobody wants them, we cannot find solutions neither in the natural nor in the extended family, so they will probably stay in the system for a long while. For the younger ones, the solutions are more at hand. In cases where we cannot reintegrate them back to their natural families, if the parents approve, we give them for adoption, so we manage to find a permanent solution for them."* (P2)

Also, there seems to be a general agreement on the fact that foster care is more appropriate, and has better result for younger children compared to the older ones who adjust with difficulties to the new family life and challenge the competencies of a MA:

*"From my experience...if the child is of an older age and he stayed in institutions for 12, 13, 14 years, in most of the situations, the MA cannot manage the situation, and the child ends back in the placement center. But if you take him early in the family, I mean foster family, most of the time we get good results; children develop nicely like any other normal children."* (P7)

There are other complications too, associated with prolonged staying of the child at a MA. Both children and foster parents get strongly attached to each other and it is hard for both parties to look at their situation as a temporary one. The separation of the child from the MA can be very traumatic for him/her as it represents again, a second separation from the attachment figure, after the parents abandoned him/her. Therefore, some MAs prefer to adopt the child rather than give him/her away, but there





are even situations when both MAs and natural families claim the child, so usually the child goes back to the family, which is very traumatic for him/her and the MA.

*"It largely depends on the attachment bonds that the children have with the MA and his/her family. Some of them prefer to adopt the child in their placement, even if they cannot afford it financially. But when the natural family claims the child back... We try everything possible to make the transition easier, but we had several cases when we had to give the child back to the family and it was a nightmare for both the child and the MA. At the moment, nobody can oppose to the child's reintegration within the natural family, even if this proves to be the worst solution for the child." (P4)*

a. The initial assessment of MAs

Described assessment procedures of MAs largely correspond to the procedures stated in the Order 63/2003. After the candidate expresses his/her wish to become a foster parent, he/she is registered in a database and gets detailed information about what the job supposes, what is the relevant legislation in the field, common perceptions and misperceptions and so on. Afterwards, the assessment for the suitability of becoming a foster parent is two folded: there is a social inquiry about the financial situation, living conditions, job history etc. and a psychological inquiry of both the candidate and his/her family.

The psychological assessment seems to be a complex a relatively long process which might lead to individual or family counselling sessions in order to approach minor problems revealed during the assessment. The motivation to become a MA is carefully scrutinized, as there might be cases in which candidates wish to become MAs for the wrong reasons (for instance, they want to compensate the loss of their child) or it might be motivated by misperception about what foster care might be. The individual and family assessments, social inquiries and interviews have as a result an individual report with recommendations, after which the candidate might go through some counselling sessions. Only afterwards, MAs undergo the training course and give the certification exams.

*"First of all<sup>20</sup>, we visit them home to see how the person reacts in our company, at her/his place. We look if she is clean and neat, if the things are put in order, which might be a clue for what sort of person she really is. If the person passes the social inquiry we*

---

<sup>20</sup> The fragment depicts a typical procedure of psychological assessment which follows the social inquiry  
Romanian Association of  
Health Psychology





*undergo the clinical interview and the psychological assessment (...) For the next step, we have individual interviews with the children of MAs which might reveal many information that some parents want to keep secret. If, during the assessment, some problems become evident, like depression, hostility etc. we work with the person individually, and after the problems get milder, the candidate can continue with the procedures of certification (...) In counselling, we work either individually, on personal problems or we deal with family problems (we have MAs that lost their children, we have MAs who survived cancer, who dealt with the aggressiveness of the partner etc.). Usually, we work with them for about 3 to 10 individual sessions.” (P4)*

*b. Training*

After passing the initial phase of certification procedures, all candidates must undergo a mandatory training, made by four modules, both theoretical and practical, one week each module, and a total of 60 hours. The sessions comprise a maximum of 12 people, who have to pass an exam after each training module. Only after passing all of the modules, the certificate of MA is issued.

Initial and ongoing training activities are scheduled, taking into consideration also the training needs of the MA and the needs of the children who are in the care of MAs or whom MA is willing to take into care. Accent falls also on the continuous training of MAs according to the specific of the children in care, as one professional describes:

*“R: Tailored training? Yes, it is a good idea. We organize permanently group sessions of ongoing training, after the person is already certified as an AM. I’m talking about differentiated training, meaning that, the MA should be prepared, depending on his/her characteristics, to take children with disabilities or with special needs in care (...) So, in our services, we have professionals specialized on continuous training. So, besides the initial courses, we organize support groups or training for specific problems, which may last a week or so. Depending on the problems met by the ladies or by our men MA, because we also have MAs who are men. And we have trained psychologists for support groups, for oppositional children, for attachment problems, sexual problems ADHD and so on.” (P8)*

Generally, the training sessions of MAs were assessed positively by both MAs themselves and other professionals from social services. Also, the training is not seen as a one time static event but an ongoing process of activities and support from the social services.







However, it takes time and a sustained monitoring and guidance from social services, so as to fill in the gap between theory and the actual practice of raising a child, especially at the beginning:

*"Theoretically, the training courses are very good. So, they cover all the spectrum of disorders that a child might have. Accent is made on the development of attachment. So theoretically, the MA has all the knowledge for raising the child. She/he has a model of legislation, to know what it is about and so on. But I noticed that there is a long and stenuos way from theory to practice, especially for MAs who take care of a child for the first time. But they gradually learn. And the fact that there is always a contact with the social assistant and with the psychologist helps: they are though to contact us for each problem or difficulty, for every small obstacle they meet. "(P3)*

### 3.3.3 Taking the child in care. The matching process

After the foster parents receives the certification of an MA, his/her personal data are entered in the central database, which has to comprise details like the age, sex, type of training received, type of certification (if the MA is certified to receive children with disabilities or certain disorders and the number of children which the MA can take in care). Usually, these are the background data from which social assistants try to identify the right MA for the specific needs of a certain child. The matching process of the MA with the child can be lengthy or very short, depending on the child situation (usually for children who have to be placed in emergency care, the matching lasts less than for the others) and of his/her relationship with the MA at the very first meetings. An example of a matching process is described below, by an interviewee:

*"The matching process takes place here<sup>21</sup> and both the social assistant of the child and the social assistant of the MA take part. The MA is carefully observed, if he/she is available for playing with the child, if he/she knows how to speak to a child, to get close to him and also the reactions of the child are carefully observed. These meetings are regular: one, two, three, four, until we think that a relationship was established. Are they right for each other or not? The only thing is...the MA has to be certified for children with ADHD, for instance, if the child has ADHD. It can also happen to place a child to an MA*

<sup>21</sup> At the General Direction of Social Services and Protection of the Child  
Romanian Associaton of  
Health Psychology





*and to notice problems during the process, the MA to become aware that the child has special needs later on, when the disorder starts or becomes evident.” (P3)*

### 3.3.4 Ongoing monitoring and support for MAs

The process of monitoring the activity of the MA is two-folded. The MA’s social assistant and the psychologist in charge with all foster parents have to evaluate periodically the activity of MAs and the changes in the practice or personal situation of the substitute parent. Also, the child’s psychologist and social assistant monitor the work of MA in terms of progresses made by that particular child in specific developmental/social areas. Monitoring and the evaluation of MAs activity is made monthly by the social assistants and the general assessment of the MA is made once a year and once in three years, when the certificate has to be renewed. All MA have the duty to keep a child’s record in which they have to detail all the important changes in the life and behaviour of the child and the significant events occurred between two visits of social workers and psychologists. Depending on the information from the child’s record and the recent events, social workers and psychologists may decide to speed up the counselling sessions for the child or family or organize them more often or earlier. The conclusions drawn after the visit are summarized in a field report which has to be signed by the MA and the social worker. This report comprises also some recommendations and notes related to the visit of social worker to the MA.

*“There is the child’s record. The MA has to write in all that he/she thinks might be relevant. For instance, <today, the child made the first steps, said his first words, has been very agitated etc.>. If, after reading the report, the social assistant thinks that there is something that has to be tackled right away, he/she announces me<sup>22</sup> and we schedule a meeting with the child earlier than 3 months, depending on the case. There are cases when the child has to come once a week for individual counselling, for instance, if he/she has a regressive behaviour like enuresis. (...) Keeping a child record is the responsibility of the MA, and has to be shown to the social assistant at each visit.” (P3)*

---

<sup>22</sup> The child’s psychologist  
Romanian Association of  
Health Psychology





*“The monitoring is made on a monthly basis. We have a visit report that we make at the MAs home. In the end, the MA reads and signs the report or, when it is the case raises objections to the report. This is the monthly report. In this report, recommendations are also made, based on the visits of MAs social assistant. And then there is the annual evaluation, which is stated by the law and the evaluation for the renewal of the MA’s certification once in three years.” (P2)*

Each time the social worker notices some problems or flaws in the way the MA puts the service plan and the recommendations into practice, the multidisciplinary team tries to support the AM in some way, either by rescheduling meetings with the child’s psychologist, in order to revise the actions that need to be taken or by referring the AM to another relevant figure that could help him/her with that specific problem.

As for the support for foster parents, many professionals think that, besides the salary and the money for the child, a really valuable source of support for fosters is the whole monitoring process and the counselling sessions they benefit of. Also, the ongoing training is tailored to their professional needs and the characteristics of the child, so as to empower them more in upbringing the child.

However, a particular type of support for fosters was mentioned by a interviewee, who said that every MA has the right to access “Relief Centres”, which represent services that keep children placed in foster, for short periods of time, until the MA is able to take them back home

*“Relief centres allow MAs to leave their children for short periods of time in institutions of this type. Thus, the MA has the possibility to solve his/her personal problems. Or, we had a case, where the MA had two children in placement and one of them had to undergo a medical procedure abroad. So she didn’t have a person to leave the other child with, and she brought it her, at the Pause centre, until she came back with the other child. All this time, the child was in contact with the MA (...) Relief centres are not only for children in placement but they are also for children with disabilities, for example, who stay with their own families.” (P5)*

However, other types of support are poorly covered, as some professionals stated. Bellow, we tried to sum up all the suggestions and needs of support which are insufficiently covered by the social services.





- A commonly mentioned problem was that of discrimination of children in foster, which relates to an insufficient understanding of what foster care is, by the general public. Thus, services in support of these children should be more popularized and better explained to the general public, in order to bring some insight into the specific of this profession;
- The services in support of the child and of MAs should be revised and improved in terms of formal relationships with other institutions like schools, hospitals, cultural centers etc.
- The courses for ongoing training should be organized more frequently. At the moment, they are only organized only once a year and are insufficient compared to the training needs of foster parents;
- MAs who have high performances (in terms of children recovery and adjustment) should be rewarded and acknowledged each year;
- The salary of MAs should be increased, as for now, it is still considered a low one. A higher salary would motivate individuals to consider more seriously the profession of MA;
- A supplementary effort should be devoted for the family of the MA in the matching process and in the relationship with the child. This would make the transition smoother and the family and the child will accept each other more easily.
- More efforts should be devoted to supporting the family of MA trough support groups for family members. An interviewee talked about a case in which the child was taken to the natural family and the foster family suffered a lot. The support for families of origin is scarce, according to some views, or "sufficient" according to other interviewees. Families usually benefit from counseling services in areas like job, housing, elaboration of files for different social aids or for the child's social services and rarely, from counseling sessions with the psychologist of the child.

### **3.3.5. The relationship system**

#### *a) Relationship between the child and his/her family of origin*





The relationship between the child and the natural family may differ markedly from one case to another. In some cases, the child was taken to foster since early childhood, because he/she was left by the biological parents who didn't stay in touch with the child. Usually, these parents don't want their child back home, so reintegration in the family is not usually possible. However, problems appear when parents who didn't have any sort of connection with the child up to a point, want to meet him/her after several years. This can be traumatic for the child, who has only known as parents the MA. This is not the only case when natural parents might be rejected: large differences in living conditions, behaviors, family environment between the home of MAs and the home of the family, makes children wish to stay longer, or permanently at the MA while only visit their natural parents. Here too, the support from counseling services, whether it is made by social workers or psychologists, is important for the natural parents, who are though, gradually, to interact positively with their child:

*"The child goes to an entirely different environment from the one he had home, with decent living conditions, and again, at school, they have a different learning atmosphere and they like this. So when the parents come to visit dirty and unshaved, children remember their roots and they don't enjoy the experience. It is a sort of rejection phenomenon because they become aware that the family environment at their natural family' home is totally different from the home of MA. (...) So we encourage parents to talk to the children, we teach them how to built a relationship, most of the time...they were encouraged to visit their children and bring them at least an apple, because the child is really happy to know that he/she got that apple from his natural family. And in this case, although at home he/she doesn't usually eat apples, he/she will eat that one because it is from his/her mother. Every small gesture of the natural parent counts."* (P1)

The intentions of natural parents are not always predictable, and this happens at the expense of the child's well being. It's not easy to convince the parents to visit their children regularly, to find a job or make everything possible to take their children back home. In many cases, it happens that the parent visits the child rarely, which has the effect of cracking, even more, the attachment basis:

*"You leave your children. They are taken away by social services. After a while, you come to the Direction with a big mouth and shout :< you took away my children I want to visit them>. All good, you come to visit them once and afterwards you only come*





*after.....a very long time. You cannot be found because your address is not stable. After 1 year, when we find you, you come again, make a huge scandal that you have the right to see your children...you come and visit them, they barely know who you are. And the story goes on for ever. Parents should visit their children periodically. And then the child gets to know you and has a clear picture: who is the mother, who is the father. You cannot come, leave him/her here, go home, give birth to another 2-3 children, leave them too...and it's a pity, because the child, only the child suffers a great deal. The mother doesn't suffer. She suffers the least."* (P6)

There are also cases when the relationship between the child and the natural family runs smoothly, especially when there is a long-term connection between the two. Parents who gave their children away only because they didn't have financial possibilities to raise them, but who wish to take them back home usually have solid connections with children. In these cases, the roles of each actor are clearly delimited and the child has a thorough understanding of his/her relationships with the MA and with the natural parents.

#### b) Relationship between the natural parents and the foster family

This dyadic relationship too is not without problems. Professionals say that usually, difficulties appear at the beginning, since natural parents are not familiar with the concept of "maternal assistance" and don't know what it is exactly all about. The biggest fear that the child is permanently taken away from them is usually approached by explaining the parents what maternal assistance is really all about.

*"Usually, we have problems at the beginning; right after the decision for the protection measure is issued. This is because many parents don't understand exactly what a MA really is about. They have this image that once placed at a MA, they will loose every right on the child and they won't be able to reintegrate him/her back to the family, or they won't be able to visit him or to keep in touch. But all these fears are discussed, we explain them what maternal assistance is all about and in the end, parents understand it too. Especially when they see that they contact the child, the child is brought to visits. They understand that MA is the Direction employee, just like us."* (P5)

Conflicts are raised in the opposed situation too. Some parents visit their children irregularly or "refuse to take responsibility" for their lives, in order to take the children





back to the family. The unpredictable behavior of parents, together with the irregular visits and promises that are permanently broke lead to the child affective break down. The MA is caught in the middle and has conflicting roles, in the same time. On one hand, he/she has to ensure that the child has a safe environment that he/she grows nicely and the psychological traumas heal steadily, but on the other hand he/she has the obligation to keep the child in contact with the natural parents, who can see him/her however often or rarely they wish to. Also, usually the MA is the one that “delivers” bad or good news to the child or offers him explanations regarding the behavior of the natural parents. This might be a reason why some MAs complained about the psychological burden that this trio brings to the child and to themselves in the same time. This also might be an explanation of why some MAs believe that bringing the child back to the family is almost never a good idea, as this would mean a devastating decision, in terms of the child’s well being.

Some parents develop a “habit” of filing complaints again MAs for all kind of “aberrant reasons”. When asked about this situation, professionals said that it might be because the parents feels threatened, in way, by the MAs who prove they can take better care of the child, offer him/her a nice family environment and good living conditions.

*“At the beginning, we usually have these problems. There are cases where, even though parents abandoned their child, they come and make a huge scandal that the child has been taken away from them. And it can take a half a year, and meanwhile they file complaints for all sorts of things against the MA. Parents see the MA as a direct enemy. The AM is the one that has the child at home. So we have to mediate somehow the whole relationship, establish separate meetings, explain to both sides that they have to cooperate...” (P7).*

*“Of course, some parents are really trouble making, they know their rights very well and file all sorts of aberrant demanding. Just to...and then they calm down and admit that the child is OK, that they can see him. So it is clearly just an inner revolution, stemmed from the fact that they feel incapable of raising their child. They manifest their revolution in this way, this is the only way they know how to do it. ”(P3)*





### **3.4 The role of civil society in foster care. Support and good practices**

The collaboration with civil society in the area of foster care is a multifaceted phenomenon. For instance, at the foundation of what maternal assistance is today, lays the work and the support of many NGOs and organizations that helped the child protection system build family alternatives to the institutional care, in the 90's and at the beginning of 2000. Many of the MAs who were interviewed were among the first MAs in Romania, and their training was conducted under the supervision and with the help on private organizations like World Vision. What was, at the beginning, the main area for actions of NGO's, like training and employment of MAs, has gradually been covered mainly by public services. Nowadays, public services, especially the "Service for the training and monitoring of MAs" are the main actors responsible for the training courses and for the employment and supervision of MAs. Private bodies organize training courses too, which should be in conformity with a national training curricula and should be authorized by the public services specialized in this area. However, only a very small number of MAs are currently working in private organizations that take charge of finding family alternatives for children left without care.

The support of the NGOs significantly differs now of the support that NGOs offered just a few years ago, when the training and employment of MAs was not so much done by public services. For example, some professionals told us that the role of NGOs is mainly to provide youngsters with housing alternatives after they leave care, or, they offer some material support like funding for hobbies, school materials and counseling services for youngsters especially regarding the job market. There are significantly less private bodies specialized in offering support for children without care, compared to the beginning of the protection system reform in 2000. This is partially due to the fact that the child protection system developed specialized services for different areas of child care and involved a high number of professionals, as it developed. On the other hand, NGOs were scarcely supported by the state in their activity: faced with the bureaucracy of the system and with the perspective of paying different taxes, although they are non profit organizations, many NGOs couldn't support their activity further and had to close down. Also, the state funding for NGOs is very poor, and those organizations that survived get their funds from other organizations from abroad or from sponsorships. Today, the activity in the field of child protection is largely the job of the Romanian state while private bodies have only local contributions.







Although the state is relatively good at building a protection system that has more chances to meet the needs of the child and his/her family, much less is done in the area of dissemination of what protection system is really about, who are the children in care, what does adoption versus foster care means. Both MAs and other professionals complained about the fact that discrimination of children and of professional in this field is not at all an isolated phenomenon. The most prominent cases of discrimination are against Roma children in care, children with disabilities and behavioral problems. MAs, social workers and other professionals had problems with enrolling these children in kindergartens and schools, facilitating access to medical treatments or sensitize the neighbors, the parents and other people regarding the real situation of these children and break the myth of the “gypsy orphaned child, a future convict”. No professional could name some public campaigns against discrimination of children in care and no organized, top-down actions meant to prevent social inequalities and prejudices against children. Most of them admitted discrimination as a problem but named only local, personal actions for dealing with it, rather than institutional strategies. This might be a worrisome aspect and it gives us a picture of how helpless professionals might feel when facing these problems.

### 3.5 Good practices

Despite these difficulties, several representatives of NGO’s and civil society still support foster care in Romania, in several key-aspects, namely:

- Financial and material support for MAs, families or children in foster. In Bucharest, “*Touched*” Foundation was mentioned as a good example for how children in foster can be supported, by being provided with food, school materials etc.
- Training and recruiting MAs. In this area, two organizations were mentioned:
  - *International Foundation for Children* promotes, trough its project “A family for myself” the need to find a suitable alternative family for the child until the reunification with the family of origin or adoption become possible. The organization hires and is in charge with the training of MAs and collaborates with GDSSPCs from Bucharest and the country for training, monitoring and hiring MAs.
  - “*Hopes and homes for children in Romania*” Foundation which aims to provide technical assistance and training programs for MAs, social services’ staff and





consultancy in the area of family-type services. Among the aims of this institution are an active participation to closing-down all the remaining large residential institutions, reform of the child care system and development of a national network of training and technical assistance for professionals activating in the field of social care.

- Strengthening family-based care in Romania and creating a Romanian professional network of MAs
  - *International Foster Care Organization*, through its project “Romanian MA Network” took part in consultation and training for the creation of a professional network of foster carers.

#### 4. GENERAL CONCLUSIONS

The general conclusions that could be depicted after the analysis of the interviews with different instances could be sum up as follows:

- All instances (families of origin, social services and MAs) agree on the fact that foster care should be a temporary solution until the family of origin recovers the capacity of taking care of the child or a permanent substitute family is found.
- However, return to the family is still rather rare, so foster care becomes a semi-permanent solution for many children.
- Good co-ordination between different actors of social services: there is a common, shared understanding, of all actors interviewed regarding the procedures required when placing a child in family-care, the training and supervision of professionals and the relationships that should be established between fosters, natural family, social services and the child.
- MAs are generally satisfied with the support offered by social services in terms of periodical monitoring, access to psychological counseling for both





child and MA, informal support, continuous training tailored on the MAs needs.

- Child's transfer, from one MA to another or back in the residential placement are sometimes really abrupt and on a short notice, leaving no space for both the child and the fosters to assimilate the news and leaving psychological marks for both parties.
- There is an insufficient participation of families of origin, MAs and children to drawing the individual care plan. Representatives of social services are the main responsible for the plan, which is later discussed (not always) with MAs and families.
- There are two different teams that work on the same case: one team works with the foster, another works with the biological family. Teams might have different plans and goals, which makes it difficult to establish a joint, shared plan for the child and the family.
- There are some problems with the legislation, as MAs have to renew their certification every 3 years and although the work is permanent and very consuming, the retribution is still low
- Often, the procedures to place a child at the MA (when done against the parents' consent) are lengthy: a Court decision should be waited for, which can last for months.
- Quality standards for MAs' activity are not aligned to the newer specific legislation (dichotomy between the law and the standards that should be regarded when applying the law).
- The issue of the child's adoption by the MA raises some ambivalence: while some of the natural parents are against it, MAs themselves and actors in social services think that this possibility is a good one for the child.





- More efforts should be devoted to creating formal and informal networks of support for MAs and intensive counseling of MAs and their families in order to manage emotional moments (like letting the child go) more effectively.
- The services in support of the child and of MAs should be revised and improved in terms of formal relationships especially with other institutions like schools and hospitals.
- The community and civil society are generally ignorant as to what foster care means, and the profession of MAs doesn't receive too much social recognition.
- Discrimination of children seems a major problem, especially at school and in medical settings.
- Regarding discrimination, older, ethnic minorities or children with disabilities have considerably lower chances to go to foster care compared to other children.
- Once the main actors in Romanian foster care, now the role of NGO's has reduced considerably. Few of them are actively recruiting and training MAs and the support they offer mainly consists in material/financial aids for children and their families.

