De-institutionalisation of children living with HIV/AIDS in Romania

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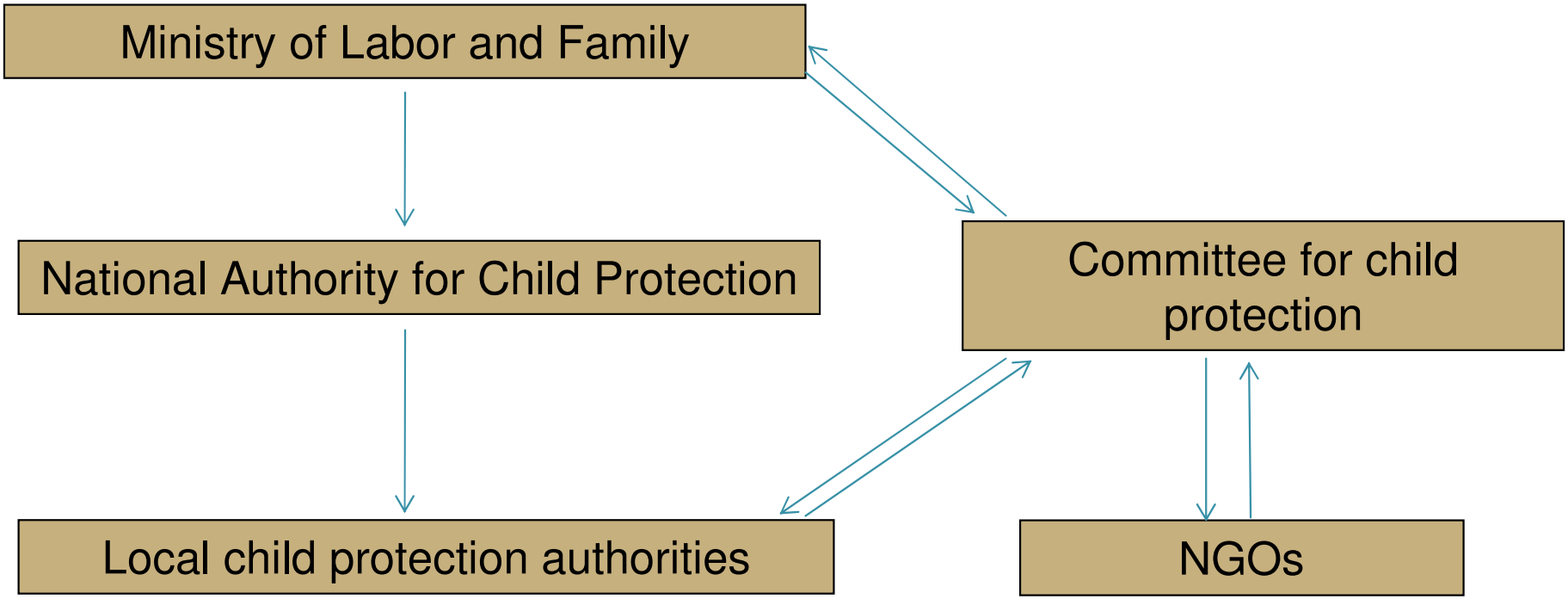
Situation in Romania

- In 90's aprox. 2000 children living with HIV abandoned within the hospitals and orphanages
- In 2009, only 42 children living with HIV were living in orphanages
- Most of them aged 2-5, or children with mental disabilities
- De-institutionalisation was al long term process (some of the hospitals kept abandoned children for 7-8 years)
- De-institutionalisation through:
  - Reintegration of child in family
  - Family type homes
  - Foster families

Institutions responsible with child protection



Reintegration in family

- Reintegration in natural family (with parents) or in extended family
- Family receive a monthly allowance for taking care of the child
  - **Advantages**
  - The child lives with his relatives
  - Good emotional environment for child development
  - **Disadvantages**
  - Some families refuse to reintegrate the child (especially when the reintegration is made after few years)
  - Families could not have good conditions for taking care of the child
  - Sometimes the only reason the family accept child reintegration is the money they receive
  - Sometimes families felt constrained by the local child protection authorities to reintegrate the child

Family type homes

- Qualified staff is hired to take care of the children. Staff is paid by local child protection authorities.
- Staff is paid to take care of children under 18.

- **Advantages:**

– Good quality of the services
– Qualified staff
– Staff is periodically trained and supervised
– Socializing activities for children

- **Disadvantages:**

– Very expensive and low sustainable
– Lack of a good emotional environment for child development
– Children are not motivate to live independent after they turn 18.

Foster families

- Foster parents are paid for taking care of the child
  - **Advantages**
  - Foster family is financially motivated to take care of the child
  - Many children remained with the foster parents after they turned 18, even if the foster parents were not paid anymore for taking care of the child
  - Some of the HIV+ children were taken by families who already had an HIV+ child
  - Social integration, the closest environment to a family, developing skills for independent living
  - **Disadvantages**
  - Is difficult to find proper families for children

Foster families (cont.)

- Foster parents
  - Recruited by child protection authorities and/or by NGOs
  - Medical and psychological evaluation
  - Training
  - Certify as professional child care specialist
- Children
  - Psychosocial evaluation
  - Matching with the proper foster parents

Sustainability

- Education for independent life: implemented mostly by NGOs
- Young people living in family type homes are difficult to motivate to live independently because they have a lot of facilities
- Protected homes for young people after 18 – first step to an independent life

Sustainability (cont.)

- Family type homes: protected workshops and social entreprise could be solutions for financial sustainability of the services
- Foster parents for HIV+ children with first degree disability could hire as personal assistant after the child turns 18

Evaluation of the services

- Continuing training for the staff (professional care specialists)
- Periodical evaluation of the staff by social workers from local child protection authorities
- Monitoring of the child
  - by local child protection authorities
  - indirectly by the social and medical staff from the day clinics (ref: adherence to treatment, health condition, emotional development etc)