

# Social Assistance and the Types of Foster Care

**Eva Pal SZILAGYI<sup>1</sup>**

## **Abstract**

*Social assistance aims to achieve a society that is not only prosperous but also inclusive for all its citizens, referring also to those who, for subjective or objective reasons, find themselves in marginal social positions. In a modern, democratic society, social assistance is a necessity for the entire society, but also a civic right. For those involved in the organization, planning, and practice of social protection, it is crucial to clarify: for a state to truly be democratic, social assistance work is equally an essential condition of democracy as is the free-market economy or the parliamentary election system. The mission of social assistance is to ensure access for those individuals who cannot adapt on their own to the society in which they live, those who cannot benefit from the fundamental and basic rights: the right to proper nourishment, to decent shelter, to healthcare services, hygiene, education, a stable source of income, and opportunities for self-realization.*

**Keywords:** *Social assistance; protection; healthcare services; education; poverty; ethnic minorities;*

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<sup>1</sup> Faculty of Psychology, Education Sciences and Social Work, "Petre Andrei" University of Iași, Romania

## **1. Introduction**

If we do not want to live in a society torn apart by social upheavals, the causes of which are linked to problems, it is necessary to develop a social policy focused on human issues, primarily and properly regulated by law. Social institutions must respond to human needs and be sensitive and responsible in addressing social problems, especially in meeting the needs of their clients.

Today, poverty is recognized as a social phenomenon, but we are still not fully aware of its extent, its gravity, its implications, and, moreover, the ways to overcome this condition. There are many categories of people, from different age groups, some of whom are part of ethnic minorities, with poor physical health, who are more or less marginalized in market-based societies depending on their skills and their competitive advantages for labor and social positions.

Those people who cannot compete on the labor market, nor have access to professional qualifications, require the solidarity of the majority, meaning those who can benefit from the advantages of modern society and from the rights guaranteed by democratic societies.

## **2. Conceptual Clarifications on Child Social Protection**

The emergence of professional bodies focused on social care treatment is a relatively recent phenomenon: the first decades of the 20th century witnessed the creation of national social assistance systems and the implicit construction of the identity of the social worker. After the rise of Christianity, over the course of two millennia, the problems of individuals, groups, and communities in problematic situations were initially handled exclusively by the Church, with states only getting involved in social matters through representative functions. The practice of social assistance by institutions and religious orders was mainly driven by support for the poor and other disadvantaged categories. During the medieval and communist periods, social initiatives existed, having the patronage of rich individuals attached to religious values. It must be noted that political power in certain countries manifested an interest in social issues.

The emergence of a profession centered on addressing social issues is a relatively recent development. The first decades of the 20th century witnessed the establishment of national systems of social assistance and, implicitly, the construction of the social worker's professional identity (Neamțu, 2014, p. 108).

After the rise of Christianity, for nearly two millennia, the care of individuals, groups, and communities in problematic situations was the exclusive concern of the Church, with states intervening in the

social domain only through repressive functions. Social assistance practiced by religious institutions and orders was the main source of support for the poor and other disadvantaged categories. In certain periods of the Middle Ages and later during the communist era, there were assistance initiatives promoted by wealthy individuals committed to Christian values of charity. It should also be noted that political authorities in some countries have at times shown a degree of interest in social problems.

It was only after the official recognition of Christianity that, under the protection of Roman emperors - from Constantine the Great to Justinian - it became possible to establish several assistance institutions for individuals affected by various diseases. With the collapse of the feudal system in the Central European economy and the emergence of labor relations characteristic of capitalism - between employer and employee - a rise in population mobility can be observed, as well as the emergence of a new category of the poor: rural inhabitants deprived of land or other material means, seeking employment in cities to ensure their subsistence.

By insisting on the inadequacy and low effectiveness of individual aid actions for the disadvantaged, criticizing forms of assistance that merely maintain the state of misery, and observing that poverty is often associated with vice and immorality, both the Church and the state began to perceive poverty as a social problem and a threat to the established institutional order. In order to respond to the growing pressure from the increasing masses of the poor, the English monarchy enacted in the 16th century a series of laws that required communities to take responsibility for the poor within their jurisdictions. These laws, consolidated in the Elizabethan Act (1601), transformed the appeal to voluntary generosity into a social obligation.

In England, we encounter other forms of combating poverty, such as the so-called Workhouses, the Roundsman system, and the Speenhamland system. At the beginning of the 19th century, the wealthy class exerted pressure for the reintroduction of a harsher form of assistance, through the Poor Law Act of 1834. This law postulated that free assistance was a disaster for the individual as well as for the country, while aid provided through those harsh Workhouses was the only real solution to the problem of poverty.

Once the right to vote was granted to a greater number of citizens and socialist ideas began to spread, poverty came to be regarded as a social problem rooted in the economic system rather than in the moral failings, laziness, or degraded character of individuals. In the first two decades of the 20th century, numerous European countries adopted laws aimed at humanizing the capitalist economic system, which led to a series of benefits in favor of the

elderly, the unemployed, and those who, for health reasons, were unable to work. The social legislation of that time maintained the system of public workshops, but made it less harsh and more humane.

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Once the right to vote was granted to a larger number of citizens and socialist ideas began to spread, poverty started to be treated as a social problem rooted in the economic system, not in the moral decline of individuals, in their laziness, or in their miserable character. In the first two decades of the 20th century, numerous European countries adopted laws through which the capitalist economic system was humanized, leading to a series of benefits for the elderly, the unemployed, and those who, for health reasons, were unable to work. The social legislation of those years maintained the system of public labor workshops, but made it less harsh and inequitable.

Public money was used for the aid granted to retirees, while for other forms of economic support, a system of contributions and compensations was introduced. The first laws aimed at creating a system of social insurance appeared in Germany, starting in 1883. The initial law on insurance in case of illness was supplemented with regulations concerning the risk of accidents, disability, and old age. Romania also introduced, in 1912, among the first countries, legislation on insurance for illness, old age, accidents, disability, and burial, legislation that had been preceded, in 1902, by the Law on the organization of the Insurance Fund in case of illness and death for craftsmen.

The end of the First World War brought with it, along with peace between the involved states, a new concept of social peace (Zamfir & Zamfir, 1995, p. 62). This could be achieved only through a legislative system based on the principle of social justice. In the liberal economy, the role of the state in relation to labor and capital was redefined. Along with this fundamental shift in perspective regarding the analysis of problems in industrial society, social assistance emerged as a distinct field of activity. In parallel with the evolution of Western welfare systems toward the welfare state, in the countries of

the communist bloc a welfare state was built based on a centralized economy and socialist ownership.

The welfare state in socialist countries had the following characteristics: the main source of income for all members of society was the salary; economic uniformity among citizens; the absence of unemployment made the establishment of unemployment aid unnecessary; the generalization of the pension and allowance system; free education and medical care for the entire population. As a result of these practices of achieving social equality through various means, the need for social assistance based on the testing of individual means was very low. If welfare in the socialist state is associated with a strong tendency toward the economic uniformity of citizens, the welfare state based on the market economy does not aim to equalize incomes, but rather to ensure resources for disadvantaged categories and the continuous increase in the level of general social services. The main source of individuals' income is represented by salaries, but also by profit and property. From primary income, the state collects, through taxation, the funds necessary for its social activities.

The development of this network of general services and those targeted at categories of people or individuals led to an unprecedented increase in social spending within the overall public expenditures, reaching in the 1990s approximately 25–30% of the gross domestic product of OECD countries. In the context of the economic crisis triggered at the beginning of the 1970s, the edifice of the general welfare state found itself threatened by the growing pressure on an increasingly fragile public budget. Thus arose the need for a strategic shift in the financing and orientation of the state's social actions. The privatization of the welfare state materialized in the concession of certain public services to private companies, the encouragement of private insurance systems, the shift from a policy of increasing the number of social housing units to one of stimulating home ownership, the empowerment of local communities in the field of social protection, etc. At the same time, a new current of social thinking emerged, emphasizing self-help and the removal of the individual from under the tutelage of state institutions. Currently, macroeconomics and the large-scale social programs specific to the welfare state are yielding to the microeconomics of the information society, based on self-help.

Contemporary society entails a re-evaluation of assistance strategies, the role of the social worker, and their status within communities.

The diversification and specialization of social services require the multiplication of material and human resources involved in

assistance processes. For this reason, the welfare state must transform communities and individuals into partners in the provision of assistance, eliminating the syndrome of dependency and the pressure on the public budget, since experience has shown that increasing social spending does not always lead to an increase in the quality of services in the field. Therefore, the issue arises of shifting the relationship between the state and society from a logic of assistance and substitution to a logic of responsibility.

After the fall of the communist regime, the new political authorities understood that their right to govern would be recognized by the population only to the extent that they committed to a reparative policy in relation to the major injustices committed by the dictatorship.

After the revolutionary euphoria subsided, the responsible actors in the country endeavored to carry out a more realistic assessment of the actual situation in order to design a new economic and social development policy. At the request of the Romanian Government, the economic analysis and forecasting document attempted to reconcile the requirements of the free market and the competitive climate existing globally with the need to provide the population with an acceptable standard of living, as only under such conditions would democracy and the free economy be accepted. Moreover, after years of deprivation in terms of consumption, people regarded it as a moral duty of the state to support an increase in the standard of living. Thus, the essence of the proposed strategy consisted in carrying out the transition to a market economy within the shortest possible timeframe, under the conditions of an effective social protection program for disadvantaged groups.

The objective of social assistance is to support those facing difficulties in obtaining the conditions necessary for a decent life, helping them to develop their own capacities and competences for a more effective social functioning.

The beneficiaries of social assistance are the following categories: poor families; juvenile delinquents and non-integrated youth; disorganized couples; unemployed individuals; persons dependent on drugs or alcohol; persons with health deficiencies; children living in adverse social family environments; abandoned, homeless, or institutionalized children; elderly individuals without support; persons who have suffered as a result of natural or social disasters, persecution, or any form of discrimination; individuals infected with HIV, and others.

Social assistance offers those in need the possibility of gaining knowledge and access to specialized social protection services, guiding them toward understanding and utilizing the legislative

framework of social protection. It provides individuals in need with financial, moral, psychotherapeutic, and counseling support.

In relation to other assistance-oriented professions, the social worker plays an integrative and coordinating role in the efforts to restore normality within social systems and is characterized by courage, dedication, selflessness, as well as theoretical and practical training - traits that complete the moral portrait of the social worker. We can note that the roles of the social worker are complex; therefore, it is necessary for the social worker to be aware that all their activities with beneficiaries must bear the mark of work done with personal commitment. The nature of these tasks reflects the particular and often difficult position that social assistance must assume, as it must decide between individual care and societal control.

Social assistance must represent the individual in relation to society, but also society in relation to the individual. Since social assistance activities must be oriented in multiple directions - toward the individual and toward society - its roles inherently generate a source of tension: the contradiction between care, healing, and control.

### **3. The Phenomenon of Poverty and Social Marginalization of Disadvantaged Children**

Poverty is a current social issue that affects society as a whole through its manifestations and causes suffering to the individuals impacted by it (Dumitrana, 2018, p. 78). Combating poverty is driven both by humanitarian and social justice considerations, as well as by reasons of economic efficiency. The development of human societies at a global level depends on the extent to which those capable of action can respond to one of the greatest challenges facing humanity: the eradication of poverty. Women, children, and the elderly are the most vulnerable social categories, and social policies must prioritize attention toward them. Poverty does not only mean a lack of income. It brings with it a series of serious, sometimes irreversible, social consequences. Most poor individuals live in rural areas, but the phenomenon is increasingly present in urban spaces as well.

At the global level, over 800 million people face hunger, more than 200 million children do not attend school, and the spread of HIV/AIDS threatens social and healthcare systems worldwide.

Poverty is not a new phenomenon; rather, it recurs or takes on different forms or connotations throughout history. At variable intervals, trends or diverse phenomena emerge that generate new types of poverty, which become obstacles to development. Defining poverty from a social perspective may reveal that it represents the

expression of a pronounced imbalance, occurring over a certain period, with profound implications for the lives of the social groups affected by this process - and not only them.

The definition of poverty, both from an economic and socio-cultural perspective, is also found in European Union documents, where as early as 1984 it was specified that people, families, or groups of persons whose material, cultural, and social resources are so limited that they are excluded from the minimum acceptable way of life in the country in which they live are to be considered poor. In this context, we also find the approach formulated by UNICEF and the National Institute of Statistics, which somewhat narrows the explanation to the lack of resources necessary for an adequate standard of living. Therefore, it becomes necessary to delimit what "adequate living" means - especially when referring to certain social standards. These standards change as the living level of the assessed categories rises, which requires both an update of what is considered adequate living and of the standards specific to a given stage of development, varying from one society to another.

As early as 1975, at the European level, concerns regarding the fight against poverty began to take shape, with significant initiatives such as the second Anti-Poverty Program (1988) and the third Anti-Poverty Program for the period 1990-1994. In this context, is offered a complex approach to the phenomena arising from the existence of poverty, showing that society is actually facing what he terms and defines as "new poverty", also known as *social exclusion*. In other words, it is the individual who best assesses the extent of their poverty, depending on how they perceive their access to available resources and whether these are sufficient to meet their needs. The objective measurement of poverty is practically impossible, as it is difficult to operationalize precisely due to the social conditions to which it is subjected.

In this sense, at the level of society, what constitutes decent living conditions is defined in order to outline the criteria that determine the state of poverty. Community poverty is defined by World Bank experts (2002) as the availability of a public service within the community. In recent years, other types of poverty have been specified, with the aim of more accurately assessing the phenomenon as a whole, such as: consumption poverty, nutritional poverty, housing condition poverty, poverty in essential long-term use goods, educational poverty, health poverty, and occupational poverty. These categorizations have enabled Romanian specialists, supported by the World Bank, to deepen and concretize the analysis of these types of

poverty in the context of Romania, which serves as a foundation for the development of social policies specific to our country.

As the phenomenon of poverty expanded or gained in scope, the need arose to identify the causes that led to its existence in multiple communities and beyond. Deviant or simply passive individual behavior, marked by refusal or lack of interest in escaping poverty, can be considered one of the main causes of poverty. Social policies aim to support the poor while simultaneously applying punishments and stigmatization, precisely because the blame is not attributed to society. In such a situation, the individual faces two opportunities: either to intensify efforts to escape poverty, or to accept the label of being poor.

Practice has shown that the aid provided did not have the expected effect, in the sense that it created, on the one hand, dependency, and on the other hand, it was used for purposes other than those for which it was granted. Primary incomes are not equally distributed; certain segments of the population obtain substantial earnings, while others do not have access to such facilities. This determines the need for state intervention in favor of disadvantaged groups, in order to achieve a secondary redistribution of income.

The functionalist approach emphasizes the institutional dysfunctions of society, which are considered to be the cause of poverty. In this sense, two points of view are taken into account. The remuneration of the work performed differs depending on the degree of recognition by society and constitutes an incentive meant to determine the poor to leave their state through their attitude in seeking a better-paid job. It involves an awareness that work provides not only financial but also social support, by establishing a certain system of social stratification. Social exclusion represents a concept increasingly used as an extension of the explanation of the phenomenon of poverty, without intending to replace it. The existence of poverty implies a lack of financial resources, whereas social exclusion is a broader concept, specific to each society, attempting to explain the social consequences in terms of individuals' participation in community life.

Social exclusion represents a concept which, although it first appeared in 1975 in the documents of the Council of Ministers of the European Communities, is considered more recent than that of poverty. Its practical promotion became necessary with the launch of the European Anti-Poverty Programs, when exclusion was defined as the lack of opportunities of more types than just consumption or income. In 1989, the European Charter of Workers' Rights published

by the European Commission stated that combating social exclusion must be imposed. Later, in 1994, the European Council defined exclusion as entire groups of people who are found, partially or totally, outside the effective field of application of human rights. The major importance given to combating poverty and social exclusion at the European level led member states to establish National Plans for Combating Poverty and Social Exclusion. The period 1990–1994 was particularly important for understanding the link between poverty and social exclusion, with the launch of the third anti-poverty program by the European Commission. This represented a decisive moment for the acceptance of social exclusion as a much broader concept than that of poverty, due to its significantly wider scope. Throughout this period, starting from 1975, numerous versions of the definition of social exclusion were launched, which subsequently led to the selection of the one considered most complete.

Exclusion must be defined as the inability or failure of an individual or group to integrate into one or more systems: the democratic and legal system, which implies civic integration; the labor market, which promotes economic integration; the welfare state system, which promotes what can be called social integration; and the family and community system, which promotes interpersonal integration. In this sense, the explanation refers particularly to groups at increased risk of being excluded, for whom the system has not provided sufficient preventive measures given the financial resources available at that time or for that purpose. This is why exclusion is considered to be produced by the configuration of the social system itself. The most relevant example supporting this assertion is that of the majority of young people leaving placement institutions who are supported only occasionally.

Territorial affiliation represents a source of exclusion over which the individual has little influence. The lack of resources in the community is the main reason why both the individual and the group to which they belong are unable to meet certain needs. Unfortunately, this source of exclusion can be diminished only through greater, if not exclusive, involvement of the community.

#### **4. Forms and Expressions of Social Exclusion**

The strategy for combating exclusion and promoting social inclusion in Romania is based on identifying the types and forms of manifestation, as well as the social groups at increased risk of marginalization and, implicitly, with reduced chances of social reintegration.

Elena Zamfir proposes to the study a series of forms of exclusion, such as: economic exclusion; exclusion from education; exclusion from health services; exclusion from social assistance services; exclusion from occupational services; exclusion from housing; exclusion from participation in political life; exclusion resulting from the commission of crimes; exclusion caused by the consumption of and dependence on alcohol and drugs; exclusion caused by dysfunctions in the functioning of justice and police systems; exclusion from opportunities specific to certain areas, with reference to transportation and communications; exclusion due to abandonment by the family or lack thereof; directed exclusion determined by gender; exclusion specific to the Roma population; exclusion specific to abandoned, severely neglected, or abused children.

In order to reduce the phenomenon of poverty, which is manifesting itself, Romania needs to develop public-private partnerships and reform the social assistance system so that support is granted exclusively to individuals who truly need it. At the same time, it is necessary to create a social assistance system that encourages work, in order to change the ingrained idea in Romania that the social system encourages people to live off state aid instead of going to work (Roth-Szamosközi, 2000, pp. 69–82). The groups most affected by the economic crisis are young families with children, but equally affected are people with disabilities, those living in rural areas, as well as elderly individuals surviving on very low pensions. In order to remedy these problems, efficient measures are needed to promote employment, to offer job opportunities to young people, and to address the issue of social exclusion (Buzducea, 2015, p. 17).

The Ministry of Labor and Social Solidarity is the central public authority that develops social assistance policy and establishes the national and sectoral development strategy in the social field, coordinates and monitors their implementation, financially and technically supports social programs, and exercises control over the provision of social services and benefits. In the field of child protection, family, and persons with disabilities, specialized bodies and institutions operate, organized at the level of national authorities or agencies, subordinated to the Ministry of Labor and Social Solidarity and established by law (Neamțu, 2014, p. 120).

The role of social assistance is crucial in the placement process, bearing the responsibility of assessing and managing difficult family situations, providing the necessary support and resources, and monitoring the child's progress during placement (Nistor, 2019).

Social workers must also be sensitive to the needs and wishes of the children and involve them in the decision-making process as much as possible. Every child deserves a safe, stable, and loving environment in which to grow and develop. It is our responsibility as a society to ensure that our social assistance systems are adapted to provide the necessary support both to children and their families, and to promote alternatives that maximize children's long-term well-being and development. Through collaboration between the community, the family, and social work professionals, we can create an environment where every child has the opportunity to reach their full potential.

The placement of a child in a social assistance center, a social apartment, or a family-type home is a crucial decision with a profound impact on the child's life and that of their family. This issue cannot be approached simplistically, as it is filled with nuances and complex social, psychological, and legal implications. Child placement constitutes a special protection measure, of a temporary nature, which may be ordered, under the conditions of the present law, as follows:

- To a person or family
- To a foster caregiver
- To a licensed residential service, in accordance with the law

In Romania, the placement of a child is regulated by Law no. 272/2004, updated in 2024. According to the law, the person or family receiving a child in placement must provide moral guarantees and meet the material conditions necessary to raise, educate, and financially support a child. The placement of a child under the age of 2 may only be arranged within the extended or substitute family, as placement in a residential service is prohibited, except in cases where the child has severe disabilities and requires specialized care.

In the case of establishing the placement measure, the following will be pursued:

- Placing the child, with priority, within the extended family or substitute family
- Keeping siblings together
- To a licensed residential service, in accordance with the law

The placement measure is established by the Court, at the request of the General Directorate of Social Assistance and Child Protection.

The placement of the child in a family-type home involves integrating the child into a substitute family that provides a stable and loving family environment. This option is often considered beneficial for the child's long-term development, as it offers the opportunity to live in an environment as close as possible to that of a biological family.

Advantages of placement in a family-type home: in a family-type home, children benefit from individual attention and emotional support from substitute parents, which can contribute to their healthy development and the healing of previous traumas. It provides children with the opportunity to experience normal life situations and to develop important social and emotional skills.

The placement of the child in a social assistance center, in a social apartment, or in a family-type home represents three distinct options, each with its own advantages and disadvantages. However, it is important to remember that each child and each family situation are unique, and the placement decision should be made carefully and with respect for the child's needs and best interests.

The child's first reaction after being institutionalized and separated from the mother is described as the phase of expressing sadness: the child cries, writhes, calls out for the mother, and waits for her to respond as before (Alexiu, 2011, p. 165). The child shows signs of suffering, which are manifested actively and often noisily: frequently looking at the door through which the mother left, attentively watching those who enter, hoping that the person they are attached to will return for them, desiring to be held, caressed, and shown interest. At this stage, the child's behaviors related to play, eating, and social interaction remain at their initial level.

This is followed by the phase of despair, when the child gradually loses hope of the mother's return, cries less, and withdraws from the surrounding environment. Their behavior becomes disorganized, with frequent crying fits, loss of appetite, sleep disturbances, illnesses, abandonment of play behaviors, and loss of interest in social relationships.

In the resignation phase, the child represses feelings toward the mother and either clings to a caregiver or, in the absence of such a figure, loses social relations and shows increased interest in surrounding objects.

Children with a good capacity for adaptation, or those who have received support from their caregivers, will begin to develop again, even if they evolve at a lower level than at the time of institutionalization. These symptoms also appear as a reaction to the transfer from one institution to another. The absence of reactions to changes in environment between institutions does not always indicate a good capacity for adaptation; on the contrary, it often reveals relational behaviors lacking affectivity.

Regarding the conditions offered to children in residential institutions, the following aspects can be specified: the limitation of children's needs to just a few, ignoring those that support the development of personality, such as the need for attachment, for lasting social relationships, and for stability; uniformity; the child's permanent exposure limits their ability to relax and to engage in activities that release tension. They feel as if they are constantly on stage: subjected to the observation of the staff members, but also to the eyes of their peers, lacking privacy. Overcontrol – the institution tends to structure the children's time and unify their activities. This structuring manifests through strict and detailed scheduling rules that define what the children must do during each time unit, with the emphasis placed predominantly on the group, ignoring individuality, which leads to a deformation of the child's self-identity. On the one hand, stimulation of the formation of personal identity is lacking, and on the other, the positive satisfactions of belonging to a group of institutionalized children, satisfactions that could stimulate the formation of social identity, are also absent. The disturbing character of the social relationship system within protection units is caused by the very large group of children living together, as well as by the lack of professional qualifications of the caregiving staff — a relationship system characterized by a formal leader who lacks authority.

All these factors disrupt the overall development of the child. Thus, the behavioral disorders and difficulties in the social integration of the institutionalized child can be explained, because the norms, values, and ideology of the environment do not encourage the development of individuals' sociability (Balahur, 2011, p. 164). Moreover, this environment depersonalizes through the stereotypical dimensions that characterize the belonging group. There are three characteristics of life within an institution that are responsible for the emergence of most disorders: anonymity, standardization, and authoritarianism.

Among the illnesses that arise due to the definitive separation from parents, we can mention:

- Malnutrition – except for some demonstrable organic causes, it is often encountered in institutionalized children as a result of emotional neglect
- Somatoform disorders – characterized by the presence of somatic suffering not explained by organic diseases, reflecting the somatization of psychic distress
- Digestive disorders – anorexia or loss of appetite, which can degenerate into a complete refusal of food and can cause both organic diseases and psychogenic causes. Rumination is a symptom of severe psychological distress in infants, consisting of the abnormal regurgitation of ingested food from the stomach back into the mouth for re-mastication and re-swallowing
- Elimination disorders and sphincter control issues – enuresis implies involuntary urination during sleep, in the absence of any organic condition

The most harmful effect of long-term institutionalization is the impairment of the child's basic personality structure, forming a type of personality that shares the common traits of a culture, a shared personality among members of the same society, resulting from common experiences. The institutionalized child, with minor variations caused by age, gender, and education level, presents the same basic personality. This basic personality is the most important factor for social integration, as it shapes the individual according to the norms, values, and ideology of the group they belong to. Thus, behavioral disorders and difficulties in social integration among institutionalized children can be explained, as the norms, values, and ideology of their environment do not encourage the development of individual sociability. Instead, this environment depersonalizes through the stereotypical dimensions characterizing the belonging group.

Children admitted into care institutions are not primarily deprived of varied food rich in vitamins or adequate hygiene, but rather of essential emotional nourishment needed for their physical and psychological development. The deprivation syndrome, also called hospitalism or frustration syndrome, presents the following symptoms: delayed intellectual development leading to intellectual disability, apathy, lack of initiative and participation, stereotyped motor behavior, gestures, weak initiative, resignation, rejection of others' attempts at contact, communication difficulties, indifference, and

reduced desire for individual achievement, as well as incapacity to maintain long-term emotional relationships.

Psychic deprivation is a state of the organism arising from life situations where the child is not offered an adequate and sufficiently long opportunity to satisfy necessary psychological needs Nistor (2017). The absence of the mother during early childhood is the cause of persistent personality handicaps. In addition to the behaviors manifested due to affective deprivation, there are other signs indicating emotional imbalance: fleeing and anxiety, hyperactivity, inability to concentrate, and poor school performance.

The conclusions highlight that social deprivation caused by institutionalization leads to an increased need for affiliation, as well as a decrease in the sense of self-worth, both experiences originating from a strong point of anxiety. In the case of institutionalized children and adolescents, flaws in the formation of autonomy and responsibility, deficiencies in life education, the lack of role models and communication with peers and adults, as well as the lack of involvement of adolescents in making important decisions about their own lives, have negative repercussions on their later social integration.

## **5. Legal Framework for Child Social Protection**

The special protection of the child represents the set of measures, services, and provisions intended for the care and development of a child who is temporarily or permanently deprived of parental care, or whose parents are unable to protect the child's interests. The child benefits from the special protection provided by Law no. 272/2004 until the acquisition of full legal capacity (Birch, 2010, p. 195).

At the young person's request, expressed after obtaining full legal capacity, if they continue their studies in a full-time educational program, special protection is granted throughout the duration of the studies, without exceeding the age of 26. A young person who has acquired full legal capacity, has benefited from a special protection measure, but does not continue their studies and cannot return to their family, facing the risk of social exclusion, benefits upon request from special protection for a period of up to 2 years, in order to facilitate their social integration.

If it is proven that the young person was offered a job and/or housing and refused or lost them for imputable reasons, the provisions of the previous paragraph no longer apply. The special protection measures for the child are established and applied based

on the individualized protection plan and are provided by Law no. 272/2004. The plan is drafted and revised in accordance with the methodological norms elaborated and approved by the National Authority for the Protection of Children's Rights and Adoption.

Special protection measures for a child who has reached the age of 14 are established only with the child's consent. In situations where the child refuses to give consent, the protection measures can be established solely by the court, which, in duly justified cases, may override the child's refusal to consent to the proposed measure. The General Directorate of Social Assistance and Child Protection is obliged to draw up the individualized protection plan immediately after receiving the request for the establishment of a special protection measure or immediately after the director of the General Directorate of Social Assistance and Child Protection has ordered emergency placement.

When establishing the objectives of the individualized protection plan, priority is given to the reintegration of the child into the family or, if this is not possible, to placing the child with the extended family. The objectives of the plan are determined with the mandatory consultation of the parents and identified members of the extended family. The individualized protection plan may provide for the placement of the child in a residential-type service only if guardianship could not be established or placement with the extended family, a foster parent, or another person or family could not be arranged, in accordance with the provisions of the present law. For children in difficulty, the Commission for the Protection of the Rights of the Child establishes protection measures and ensures their appropriate implementation through the public specialized child protection service or through an authorized private body.

These measures include: entrusting the child to a family, a person, or an authorized private organization; entrusting the child for adoption; provisional entrusting of the child to the specialized public service; placing the child with a family or person; placing the child with the specialized public service or an authorized private organization; emergency placement of the child; and placing the child in an assisted family. Family placement is a way to ensure a family life for children who cannot be cared for by their biological parents for a certain period of time. It involves the temporary entrusting of a child to a family or person other than their biological parents. In the case of children who are separated from their families for various reasons, the possibility of placing them with relatives up to the fourth degree must be investigated. Social workers and psychologists within the family

placement service handle new cases, evaluate the families willing to receive children into placement within their own families, and periodically reassess each case, intervening if necessary to modify or terminate the placement measure. In most cases, such placements are made within the extended family: grandparents, uncles, aunts, etc.

These measures include: entrusting the child to a family, a person, or an authorized private organization; entrusting the child for the purpose of adoption; provisional entrusting of the child to the specialized public service; placing the child with a family or a person; placing the child with the specialized public service or with an authorized private organization; emergency placement of the child; and placement of the child in a supported family.

Family placement is a way of ensuring a family life for children who, for a certain period of time, cannot be cared for by their biological parents. It involves the temporary entrusting of a child to a family or a person other than their biological parents (Bowlby, 2015, p. 180). In the case of children who, for various reasons, are separated from their families, the possibility of placing them with relatives up to the fourth degree must be explored.

Social workers and psychologists from the family placement service handle new cases, assess the families willing to receive children in placement within their own homes, and periodically re-evaluate each case. If needed, they intervene to modify or terminate the placement measure. In most cases, these placements are carried out within members of the extended family: grandparents, uncles, aunts, etc.

According to international practice, family placement may be:

- Voluntary, when it is carried out with the consent of the biological parents
- Forced, when it is carried out without their expressed will

According to Article 58 of Law no. 272 of June 21, 2004 on the protection and promotion of children's rights, the placement of a child constitutes a special protection measure of a temporary nature, which may be ordered, as appropriate, to: a person or family; a foster caregiver; or a residential-type service. Family-type services are those services through which the upbringing and care of a child separated, temporarily or permanently, from their parents are provided at the home of a natural person or family, as a result of a placement measure established under the conditions of the law.

The following children may be placed in family care: the child whose parents are deceased, unknown, deprived of parental rights, have had their parental rights suspended as a punishment, have been declared legally dead or missing by a court, or when guardianship could not be instituted; the child who, for the protection of their best interests, cannot be left in the care of their parents for reasons not attributable to them; the abused or neglected child; the child found abandoned or the child abandoned by the mother in a medical facility; the child who has committed an act provided for by criminal law but is not criminally liable.

When establishing the placement measure, the following will be pursued: the priority placement of the child with the extended family or a substitute family; maintaining siblings together; facilitating the exercise by the parents of their right to visit the child and to maintain contact with them.

The person or family receiving a child into placement must have their domicile in Romania and must be evaluated by the General Directorate of Social Assistance and Child Protection with regard to the moral guarantees and material conditions they must meet to be eligible to receive a child into placement. Throughout the duration of the placement, the child's domicile will be with the person or family responsible for their care.

The placement of a child who has not reached the age of 2 years can only be ordered with the extended or substitute family, and placement in a residential-type service is prohibited. By exception, the placement of a child under the age of 2 years in a residential-type service may be ordered if the child has severe disabilities and requires care in specialized residential services. The parental rights and obligations towards the child are maintained throughout the entire period of the placement measure ordered by the commission for child protection.

The parental rights and obligations in the case of a child for whom guardianship could not be established and for whom the court has ordered a placement measure are exercised and fulfilled by the president of the county council, or, as the case may be, by the mayor of the district of the Municipality of Bucharest. By exception, parents who have been deprived of parental rights, as well as those whose parental rights have been restricted by a court sentence, retain the right to consent to the adoption of their child.

The Commission for the Protection of Child Rights or, as the case may be, the court that has ordered the child's placement, shall determine, where appropriate, the amount of the parents' monthly

contribution to the maintenance of the child, under the conditions established by the Family Code. The sums thus collected are considered revenue to the county budget or to the budget of the district of the Municipality of Bucharest from which the child originates.

The child benefits from special protection as provided above until acquiring full legal capacity. At the request of the young person, expressed after acquiring full legal capacity, if they continue their studies in a full-time education program, special protection is granted, under the legal conditions, throughout the duration of the studies, but not beyond the age of 26 (Brătianu, 2015).

A young person who has acquired full legal capacity and has benefited from a special protection measure, but who does not continue their studies and has no possibility of returning to their own family, being at risk of social exclusion, may benefit, upon request, from special protection for a period of up to two years, in order to facilitate their social integration. If it is proven that the young person was offered a job and/or housing and they refused it or lost it for reasons attributable to them, this provision shall no longer apply (Cojocaru, 2012, p. 50).

The tasks that social workers have in achieving family placement are summarized in the following key aspects:

- Working with parents and children to decide whether placement is an appropriate solution, recruiting potential caregivers
  - Assessing these caregivers to determine whether they are suitable for this purpose
  - Preparing and developing their competencies, matching, harmonizing, and placing children with caregivers, encouraging good contacts with the biological family
  - Providing support to substitute parents and their families, while developing their sense of responsibility, offering advice, guidance, and adequate support for biological parents, children, and substitute parents
  - Helping children, biological parents, and substitute parents plan and achieve reunification at home, in an independent living arrangement, or in a placement that ensures greater permanence

The advantages of family placement can be summarized in a few main points: prevention of institutionalization – as a major advantage; maintaining the child's connection with the biological family, thus favoring the development or maintenance of attachment

bonds with beneficial effects on the child's identity and return home; offering a real family environment, of safety, stability, affection, and appropriate socialization (Dumitrana, 2018, p. 139).

The placement of the child with the professional foster carer is a family-type protection measure carried out in the best interest of the child in difficulty, through which the child is cared for within a family other than the biological one, by a specially selected and trained person for this purpose.

The professional foster carer is a physical person, certified under the conditions of the law, who, through the activity carried out at their own domicile, ensures the upbringing, care, and education necessary for the harmonious development of the children placed or entrusted to them.

Only persons who have full legal capacity can be certified as professional foster carers; through their behavior in society, their health status, and their psychological profile, they must provide guarantees for the correct fulfillment of the obligations incumbent upon a parent, regarding the upbringing, care, and education of their children; they must have at their disposal a dwelling that meets the needs for food preparation, hygiene, education, and rest for its users, including the needs of the children who will be placed or entrusted; they must have completed the professional training courses organized by the public service specialized in child protection or by the authorized private organization conducting the evaluation for granting the certification as a professional foster carer.

The professional foster carer has the following obligations regarding the children placed or entrusted to them: to ensure the upbringing, care, and education of the children, aiming to provide a harmonious physical, psychological, intellectual, and emotional development; to integrate the children into their own family, treating them equally with other family members; to integrate the children into social life; to contribute to the preparation of the reintegration of the children into their natural family or their integration into an adoptive family, as the case may be; to allow specialists from the public service specialized in child protection or the authorized private organization to supervise their professional activity and evaluate the development of the children; to ensure continuity of the activities carried out, even during the legal leave period, except when separation from the placed or entrusted children during this period is authorized by the employer; to maintain the confidentiality of the information received regarding the children; to immediately inform the public service specialized in child protection or the authorized private organization supervising

their activity about any changes in their personal, family, or social situation that could influence their professional activity; to participate in the training courses organized by the employer; to annually present, together with the persons they live with, to the Child Protection Commission, a medical certificate proving that their health status allows the continuation of their activity.

The public service specialized in child protection or the authorized private organization supervising the activity of professional foster carers is required to present quarterly reports to the Child Protection Commission regarding the development of the children entrusted to or placed with professional foster carers. In exercising the duties of supervision and support of the activities of professional foster carers assigned to the public service specialized in child protection or the authorized private organization, they are required to conduct periodic visits and meetings, as well as an annual evaluation of each professional foster carer's activities. Representatives of the Child Protection Commission have the right to control the activities of professional foster carers (Preda, 2009, p. 27).

The elaboration and implementation of social policies under current conditions requires the application of new mechanisms focused on providing a range of social assistance services addressed to various categories of individuals. In today's society, the fundamental issue to which social assistance must respond is conceptually defined by the term social exclusion of those who do not reach sufficient resources necessary for a decent survival.

In Romania, there is currently an ongoing process of building a social protection system and service network, whose use is expected to become a citizen's right. This system must offer individuals and groups in difficult situations the right to adequate social assistance—support that is not humiliating, but one that respects individual dignity, is offered systematically, and takes into account essential human values. The social assistance network, which currently functions like a small lifebuoy with limited reach and mainly remedial value for dysfunctions in the social sphere, needs to be significantly improved and renewed. The network of services is expected to expand continuously, particularly in the direction of preventive services. These preventive services will be targeted at population categories with increased risk and will aim to prevent or reduce the frequency of specific social problems. The development of a preventive network is a modern field of social assistance worldwide, which is beginning to gain ground in Eastern European countries as well.

In Romania, the implementing body of the program is the Ministry of Labor and Social Solidarity. The national programs are financed 50% from European funds and 50% from the governments of the member states. Globally, the social work profession is not a new one; it has a history of over one hundred years. Currently, this profession has become an inalienable part of social life in all civilized countries. Within social work, all dimensions that define a human being are considered: psychological, social, spiritual, and economic, in order to achieve the individual's integration into the network of social relationships.

The Law of Social Work (292/2011) aligns with the principles and policies of the European Union regarding social protection, based on respect for human beings and their rights.

With Romania's accession to the European Union, Romanian society began to understand the necessity of focusing on the child and his or her needs. Social work supports people in difficulty, helping them to obtain the necessary conditions for a decent life and to develop their own capacities and skills for appropriate social functioning. Through social work, social solidarity is promoted, contributing to maintaining the unity and specificity of society. Thus, access is allowed for those individuals who cannot adapt by their own means to the society they live in and who cannot enjoy fundamental rights and freedoms.

## **6. Necessary Changes to Be Implemented**

There should be clear provisions regarding the allocation of sufficient funds to ensure the necessary resources for the proper functioning of social assistance services. Reducing reporting requirements would allow social workers to focus more on their direct work with beneficiaries. Stricter measures are needed to protect social workers from abuse and to ensure the effective enforcement of penalties for harassment or intimidation. The introduction of incentives for social workers who participate in continuing education programs is necessary to ensure the constant updating of their knowledge and skills. The creation of support structures for social workers, such as professional support networks and counseling services, is needed to help them manage stress and professional challenges.

The laws made for social workers should be implemented with their input, from the smallest communities to large centers. People who do not work directly with beneficiaries have no idea of the complexity of the problems, which start with functional illiteracy and end with "infanticide" caused by domestic violence. By improving

prevention and supplementing existing legislation, we can contribute to increasing the efficiency and quality of social assistance services, while also ensuring a safer and more effective working environment for social workers.

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