



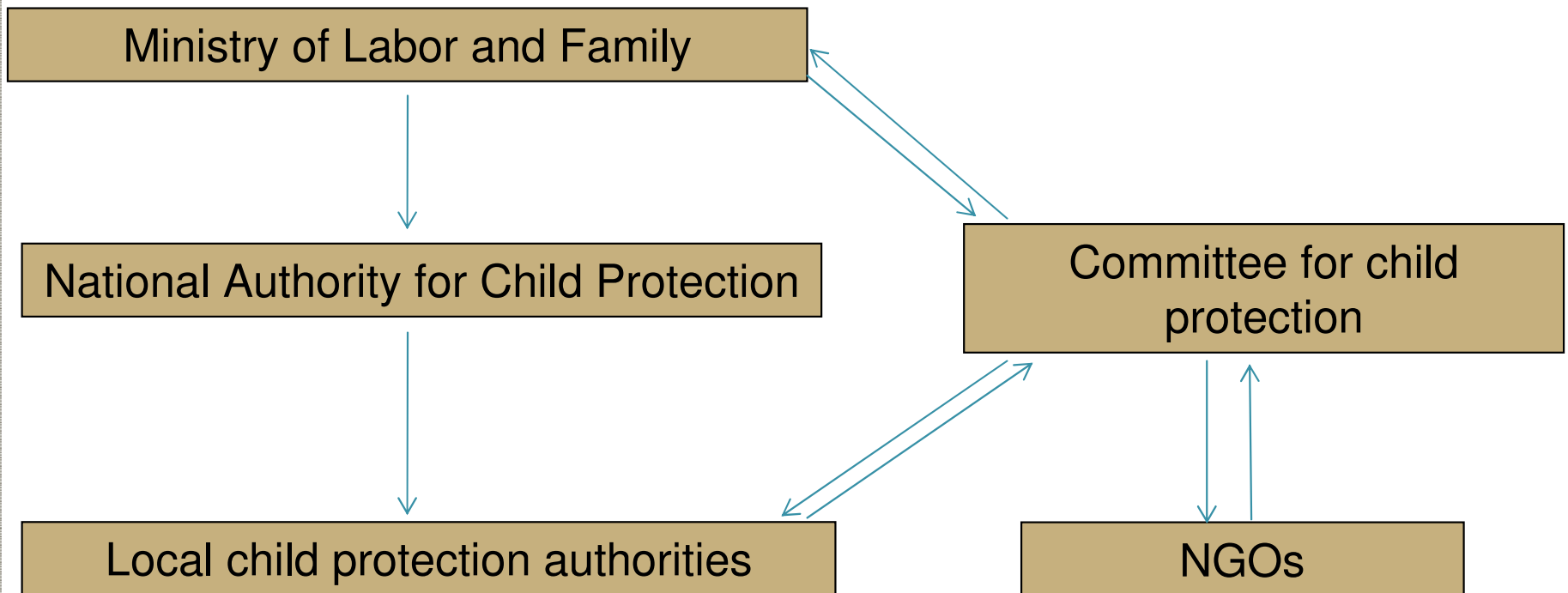
De-institutionalisation of children living with HIV/AIDS in Romania

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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 a 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 enterprise 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)