Chapter 2
Institutional Neglect in Romania's Long-Term Residential Centers in the 1990s from the Perspective of Children's Rights

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> *In determining the scope of children's rights, ultimately, there are just two questions. First, are children persons deserving of respect? The answer to this question is unequivocally yes … Second, what interests must be protected for a child to be (as a child) and become (as an adult) a meaningful participant in community life and, in so doing, to develop and express her or his unique personality?*
>
> Melton (2008), pp. 913–914)

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1 Introduction

The World Health Organization (WHO, 1999) adopted a comprehensive definition of neglect, describing it as "*the failure to provide for the development of the child in all spheres: health, education, emotional development, nutrition, shelter, and safe living conditions, in the context of resources reasonably available to the family or caretakers and causes or has a high probability of causing harm to the child's health or physical, mental, spiritual, moral, or social development. This includes the failure to properly supervise and protect children from harm as much as is feasible*" (p. 15). It is not uncommon to see the terms *neglect*, *privation*, and/or *deprivation* used interchangeably without any delineation as to differences that may or may not be inferred by the use of these terms. Neglect is considered chronic if one or more needs basic to a child's healthy development are not met, it is perpetrated by a parent or caregiver, or it happens on a recurring or enduring basis (Child Welfare Information Gateway, 2013).

Institutional structural neglect has been described as a very harsh living condition that "*includes minimum physical resources, unfavourable and unstable staffing patterns, and socially and emotionally inadequate caregiver-child interactions*" (van IJzendoorn et al., 2011, p. 8). In the same vein, Gunnar (2001) proposed four categories of developmental needs and four levels of neglect that correspond with how these needs are, or are not, met in institutional settings: (1) health and nutrition; (2) physical and mental stimulation which support sensorimotor, cognitive, and language development; (3) adult-child and child-child social stimulation; and (4) stable and consistent relationships in which emotional attachments could form (adequate physical and mental stimulation cannot take place without social stimulation or consistent relationships). Subsequently, three levels of privation were delineated within institutions. First, *global privation/deprivation* occurred in institutions when the entire range of needs were not met (Gunnar, 2001; Rutter & the ERA Study Team, 1998). Second, most of the institutions presented in published literature (*psychologically depriving institutions*) provided acceptable health, nutrition, safety, and toys, but failed to provide stimulation. Third, some institutions met all of the children's developmental needs except for the need for long-term relationships with consistent caregivers (Gunnar, 2001). Regarding such relationships, it was proposed that *quality institutions* could provide stable and consistent caregiving, yet there would still be deprivation of a regular family life embedded in a regular social environment (van IJzendoorn et al., 2011). Even though Gunnar's model of the developmental needs of institutionalized children and, subsequently, the three levels of institutional privation have merit, they do not present all needs or challenges experienced by institutionalized children. Additionally, Gil (1982) expands the origins of the institutional maltreatment of children to the social system in its entirety and defines it "*as involving … any system, programme, policy or procedure or individual interaction with a child in placement that abuses, neglects or is detrimental to the child's health, safety or emotional and physical well-being, or in any way exploits or violates the child's basic rights*" (p. 458).

In the 1990s, Romania had a negative reputation abroad for how children were cared for in long-term residential institutions, and shocking images presented in the media highlighted serious neglect of their needs. The consequences of neglect on children's development were highlighted in scientific literature as well, especially through the study of children adopted from Romanian care institutions in the early 1990s (Ames & Carter, 1992; Groze & Ileana, 1996; Johnson et al., 1992). However, by 1999 there were not any empirical studies that measured children's quality of life in Romanian institutions. Consequently, in this chapter we present:

1. Relatively recent studies of international institutional neglect
2. Background about the caregiving context in Romania
3. Data collected during the cross-sectional Survey on Child Abuse in Residential Care Institutions in Romania (SCARCIR; Stativa, Anghelescu, Palicari, Stanescu, & Nanu, 2002), which helped to design a scale to evaluate institutionalized children's rearing conditions in accordance with the United Nations Convention on the Rights of the Child (UNCRC; UN General Assembly, 1989)
4. The extent of how well children's rights were upheld within four types of Romanian long-term residential centers in late 1990s (i.e., nurseries, centers for preschool, school-aged, and severely handicapped/disabled children)

1.1 Institutional Neglect

1.1.1 International Empirical Assessments of the Quality of Institutional Care

Even though various studies have tried to provide a description of children's life in residential care institutions, as a heterogeneous phenomenon, institutional neglect incorporates different facets making it quite difficult to define conceptually and to measure. However, relatively recent attempts were made to empirically measure institutional rearing conditions, following different theoretical approaches in various places and showing variability in the quality of institutional settings when compared with family environments.

As anticipated, some relatively recent empirical assessments of children's rearing, including their physical and relational environment, showed that institutions had lower-quality conditions than family settings in countries like Romania, Greece, and Ukraine (Dobrova-Krol, van IJzendoorn, Bakermans-Kranenburg, & Juffer, 2010; Smyke et al., 2007; Vorria et al., 2003). A similar picture was offered by Groark and colleagues (Groark, McCall, & Fish, 2011) who studied the characteristics of three Central American orphanages and found them to be sparse (very limited amount of furniture and toys), with specified playtimes and a limited amount of organized activities beyond routine care. While caregivers talked and listened to children, with occasional displays of warmth and affection, this occurred mainly during routine caregiving activities. At other times, caregivers' behavior toward

children demonstrated lack of availability, responsiveness, support, and empathy. In short, children experienced very little warm, sensitive, responsive, and contingent caregiver-child interaction (Groark et al., 2011).

Alternatively, other studies found that institutional settings had better quality care when compared with family care. In Kenya, Embleton et al. (2014) compared different models of care (i.e., institutional care, family-based care, community-based care, and self-care) with respect to their ability to uphold children's rights (according to the United Nations Convention on the Rights of the Child framework) and provide basic material needs. The authors found that children in institutional care had more of their basic material needs met (provided an adequate standard of living) in comparison to those in family-based care. In Israel's residential care facilities, children's quality of life was assessed (Davidson-Arad, Dekel, & Wozner, 2004) by residents and staff from the perspective of the systemic life quality model (Shye, 1989). Even though some similarities of perception of quality of life between residents and staff were found (e.g., residents' compatibility with the cultural expectations of the facility, their integrity and values, and possession of cultural roots, ability to get along with the staff and their sense of belonging, ability to organize their physical environment as they wished), this study showed that resident's perceptions of their quality of life were higher with respect to their cultural (e.g., such as writing, music, and art) and social expressiveness (e.g., social influence and status and to their having close friends), physical conditions (e.g., food, clothing, living quarters), sense of physical health, and their sense of security from physical harm. As reported by the authors (Davidson-Arad et al., 2004), the higher evaluation of residents' quality of life may be attributed to the fact that children came from lower socioeconomic backgrounds, and, therefore, their lives in residential care were significantly improved regarding these features. Similarly, orphanages in the Russian Federation were shown (St. Petersburg–USA Orphanage Research Team, 2005, 2008) to have good physical environments, toys, and equipment as well as acceptable medical care, sanitation, and nutrition. However, these settings were of lesser quality than US early care and education environments.

Comparing the quality of children's life placed in institutional settings across the globe with a different socioeconomic, politic, cultural, or religious background can be difficult because of different criteria for defining the quality of life or various methodologies for measuring it.

1.1.2 Caregiving Context in Romanian Long-Term Residential Centers in the 1990s

Until 1966, Romania did not face the problem of the unwanted abandoned child as abortion and birth control methods were liberalized so that every woman/family could decide on the size of their family as they wished. Abortion was practiced on a large scale and was most important means of fertility control. After the implementation of the 1966 pronatalist decree (770/1966), children began to be abandoned in maternities and pediatric hospitals. Since the old system for the protection of minors

was regulated under the Government Decision no. 809/1954 on the protection of children without parents or lacking the possibility to be raised by the family and could not cover the new issues that appeared following the pronatalist decree, in 1970, the government passed Law 3 on the protection of certain categories of minors. This law allowed parents to leave their children in state care without any sanctions for such abandonment, if the parents decided that they could not provide proper conditions to raise them at home.

During this period of the communist regime, 1966–1989, very little was known to the general public about institutionalized children, including the number or children's quality of life in those long-term residential centers (or orphanages). Professionals working within the health system (maternities wards and pediatric hospitals) were in part aware of the phenomenon of abandonment of children at their birth or in their infancy, and the abandonment was blamed on the extremely unpopular pronatalist policies of Ceausescu's communist regime (for more information about this, see Chap. 5). This policy created a situation in which many unwanted children were abandoned and left in the care of the state, especially if they were born with low weight or had health problems. Thus, since there were no social services available, because the communist state denied the existence of the social problems and implicitly the necessity of such social services, the maternity wards and pediatric hospitals took the responsibility of taking care of newborn abandoned children. The medical staff of these health units facilitated the placement of abandoned children in residential institutions created under Law 3/1970. During this time, Romania gathered in its institutions thousands of very young children without anyone considering the major risks to which children were exposed by early institutionalization.

For abandoned children under 3 years of age, who were placed within *nurseries*, which were subordinated to the Health Ministry, the standards of care were only related to food support (quantity and quality) and hygiene rules to prevent disease outbreaks that would lead to any deaths. Infant mortality was very closely monitored from the perspective of attaining the targets of pronatalist policy. Nurseries were identical to pediatric hospitals not only in terms of the physical appearance but also in terms of the routine activities. The children in the nurseries were medically examined every day even if they were healthy, but they did not enjoy nurturing interactions that were vital for their cognitive or emotional development. These children were simple objects of work for the employed staff made up of physicians, nurses, and medical support personal. In 1997, there were 58 nurseries in the Romanian child protection system which housed 9309 children (DPC & EU/PHARE, 1997).

For older children placed in long-term residential institutions for *preschool-* and *school-aged* children ("case de copii"), the care standards highlighted the importance of food safety regulations and children's enrollment in various forms of mass and special education (i.e., kindergarten and school). That is why there was no difference between a school boarding house and a residential institution for school-aged children. In 1997, a large number of children over 3 years of age (35,165) lived in 267 long-term residential institutions (DPC & EU/PHARE, 1997). The personnel

of these institutions were made up of teachers as these institutions were subordinated to the Ministry of Education and the school inspectorates, and just like the medical personnel in the nurseries, they had no special training to deal with the emotional need of the institutionalized children. Thus, these children lived their lives without security and affection in an institutional culture dominated by violence and abuses administered by peers and caregivers. This organizational culture was facilitated by the abolishment of social work (1969), sociology, psychology, and pedagogy (1977) as academic disciplines across all Romanian universities by the communist regime due to political and ideological reasons until 1989 (Universitatea Bucuresti, Facultatea de Sociologie si Asistenta Sociala, n.d.; Universitatea Babes-Bolyai, Facultatea de Psychologie si Stiinte ale Educatiei, n.d.).

Residential institutions for children with *disabilities* were units for the protection of children 3 years of age and up with chronic diseases and severe "irrecoverable" handicaps (which functioned under the Law 3/1970). In 1997, there were 33 such centers accommodating 4473 children (DPC & EU/PHARE, 1997). The staff was made of physicians, nurses, and medical support personnel.

As specified above, the Romanian public knew very little about the institutionalized children during the communist regime and shortly after. A proof of that is also the fact that although the abolition of the pronatalist decree was the second legislative measure adopted by the revolutionary government after the fall of Ceausescu's regime in December 1989, the population was not informed about the large number of unwanted children placed in institutions, but people learned about the approximately 10,000 women who died following a clandestine abortion (Stephenson, Wagner, Badea, & Serbanescu, 1992). Shedding light on the image and the life conditions of these institutionalized children, even after 1990, cannot be fully understood because the historical information is incomplete. The December 1989 revolution in Romania was broadcast "live" to the whole world via television. The wave of sympathy Romania enjoyed from countries in different parts of the world garnered immediate material and humanitarian support. During the very first days of the revolution, numerous convoys brought food, medicines, and other strictly necessary products which had been scarce in the country for a long time. The Romanian authorities guided most of these goods to the pediatric hospitals and residential institutions where children lived, especially to the centers for children with severe disabilities and chronic diseases. The foreigners accompanying such convoys entered these institutions and were shocked by the conditions in which children were living, and so they widely publicized them. Touching images came from the settings where children with chronic diseases and severe handicaps labeled as "irrecoverable" in the communist years lived. Mention must be made of the fact that the images of children in these residential settings were incorrectly projected and generalized for all the children in all types of long-term residential institutions in Romania where, although children had modest life conditions, these could not be compared to the deeply inhuman conditions of those placed in institutions for severe chronic diseases and handicaps.

Given the fact that these children were presented as abandoned in the foreign media, a great interest for their adoption emerged. The national legislation on

international adoption was unclear after the fall of the communist regime, and the state authority exercised via its institutions was weak because it was still attributed to a provisional government. Consequently, children could be easily adopted as illegal Romanian, and foreign networks for adoption had already developed within a couple of weeks after the collapse of the communist regime. There was no control of the adoption process, and there was nobody to protect children's interests (Zugravescu & Sandell, 1991). The first law regulating adoption after 1989 was Law 11 of June 30, 1990. This law provided that adoption must be made in the child's interest and that it must be decided in the court in the presence of two judges and one prosecutor. The Law 11/1990 emerged after a wave of international adoptions had already been performed without much regulation and without observing some relevant international conventions. In 1990, about 3000 Romanian children were adopted, and in the first 2 months of 1991, about 1300 more children were adopted (Denechere & Scutaru, 2010). In the first quarter of 1991, a total of 2000 children left the country for adoption purposes. This figure represents more than a third of the global number of all international adoptions for that period (Jaffe, 1995). In this context, we must mention the idea that, although the dramatic images of the institutionalized children were real, there was also the hunch that this excessive publicity sometimes served to manipulate sentiment through images and facilitate public pressure for promoting international adoptions. In Romania, hundreds of organizations dealing with international adoptions were set up, and there was always the suspicion that many of these are performed without respecting international agreements. This idea was also reiterated by the baroness Emma Nicholson, Special Rapporteur for Romania's EU accession 1999–2004, who recommended that the Romanian government institute a moratorium on international adoptions, which was implemented on October 2001 (Iusmen, 2014).

Under the same auspices of doubt, many persons who knew the situation of Romanian institutionalized children wondered why only the Romanian children had been so publicized, whereas the institutionalized children of Ukraine, Belarus, or Russia were in very similar if not identical situations. The images of the Romanian institutionalized children impressed the entire world by focusing on the precariousness of the material conditions in which children were living. There were also other numerous aspects less "spectacular" but with very serious consequences for all the children in the protection residential system. One of the serious issues was the very protection system that allowed the placement of young children in residential institutions for unlimited period of times. As statistics show, 80% of the children placed in nurseries came from among the children abandoned upon birth in maternities (DPC & EU/PHARE, 1997), and their development was compromised by the total lack of caregiver-child interaction. In fact, these were the most serious problems of the Romanian protection system, and their importance exceeded the precariousness of material conditions. They also proved to be difficult to solve; successive waves of reforms were necessary to create new institutions, services, laws, procedures, and standards so that these conditions could be changed fundamentally. Despite all that, while conditions are much better, they are still not perfect today.

Early institutionalization and inadequate models of care, especially in terms of caregiver-child interaction, deeply affected the development of these children. The first who identified this problem were the parents from different foreign countries who adopted children. They encountered "unexpected" mental and behavioral problems among the children and resorted to specialists in order to understand them. This spurred an interest for taking a scientific approach to problems related to chronic neglect at early ages, especially regarding Romanian institutionalized children. Following their studies, researchers had evidence that early institutionalization had extremely serious consequences on children's development (Nelson, Fox, & Zeanah, 2014). Studies on the causes of children's institutionalization were conducted in 1991 and 1996 in Romania as well, focusing on the problems of children from the perspective of finding solutions that would facilitate the removal of children from the residential system and prevent the perpetuation of long-term institutionalization from an early age (Ministry of Health, Institute for Mother and Child Care & UNICEF, 1991; Stephenson, Anghelescu, Stativa, & Pasti, 1997).

The signing of the UN Convention on children's rights had a special importance for the improvement of life of the Romanian children because it was the first step toward later efforts to progressively implement all the provisions of the convention into the national legislation and to observe children's rights. The rights strictly pertaining to institutionalized children referred to the protection against abuses and neglect. But changes did not occur immediately. The UNICEF representative in Romania, USAID, the European Union Funds (Phare technical assistance for the Romanian government for the institutional reform in the field of protection of children's rights 1993–1997), and nongovernmental organizations invested many resources so that the Romanian state might, through the ratification of the Convention, take steps for the improvement of the condition of institutionalized children. Thus, ever since the beginning of the 1990s, important resources have been allocated for the training of the personnel working in the protection institutions.

The basic concepts defining quality of care had to be turned into practices and implemented by care workers. In addition, generally accepted practices in the social services fields for meeting children's developmental needs were almost unknown to the Romanian protection institutions' personnel. That is why institutional staff did not perceive the need for such training. For instance, a study conducted in 1992 in nurseries, in relation to the training needs of nursery personnel, found that most professionals wanted to train in the medical field and less perceived the need to train in domains focusing on the care and development of institutionalized children (Stephenson et al., 1993).

Despite the fact that the communist regime was abolished in 1989 and that Romania had ratified the UN Convention on children's rights (1989), the quality of children's life had changed very little due to the Romanian state ignoring and even denying the extremely serious problems of the children living in its protection institutions and preserving them under the Law 3/1970. An essential legislative regulation portraying in spirit the rights of children as provided in the UN Convention emerged for the first time 7 years after the fall of communism and the ratification of

the Convention. These are the Emergency Ordinances 25 and 26/1997. Their implementation represented the first profound structural reform in the field of protection of children's rights. This regulation repealed Law 3/1970 on the protection of certain categories of minors. Two years after the beginning of the structural reform in the field of protection of children's rights, the life quality of institutionalized children was still in deficit from the perspective of child's rights even if some things had changed, especially at the level of infrastructure of the protection institutions. Most children were still living in the same conditions in terms of the relationships with their caregivers and peers as there were not any internal mechanisms or mechanisms at the level of competent authorities by which neglect or abuses might have been identified and sanctioned. These conditions were affirmed by the two country reports that Romania had to send to the UN Committee for the period 1992–1997 as a signatory state of the Convention, as well as by the Committee recommendations and by the numerous inquiries of some NGO and foreign press agencies (NACPA & UNICEF, 2004).

1.2 Background and Objectives of the Current Study

The data for the present study were collected in 1999 (see the study Survey on Child Abuse in Residential Care Institutions in Romania; SCARCIR; Stativa et al., 2002), 2 years after the reforms had begun in the field of protection of children's rights in Romania. The study was strongly supported by the government installed in 1996; by the Director of DPC EU/Phare Bridging Programme, 1998–1999; and UNICEF. This is the first Romanian study analyzing institutional neglect and abuses in institutions by using the only authentic and available reference at that moment in Romania, namely, the UN Convention on children's rights.

In this period, following the Government Ordinances 25 and 26/1997, child protection institutions were decentralized, and special legislation was adopted to create alternatives to institutionalization and regulate adoption procedures. Measures were also taken to prevent institutionalization by providing support to families and closing the large institutions (Government Ordinance 25/1997, Government Ordinance 26/1997, Law 108/1998, Law 87/1998). However, despite these reforms, at the time data were collected, long-term residential centers were places where children's physical, psychological, and emotional needs were still not fully addressed and many children continued to experience some form of neglect and abuse (Gavrilovici & Groza, 2007; Rus et al., 2013; Rus et al., in press; Stativa et al., 2002). The delay in obtaining positive results can be explained by the fact that the standards of care in institutions were created only after Law 272/2004 was promulgated. Using as a reference the UN Convention on children's rights (UN General Assembly, 1989), this study is a more thorough analysis of the extent to which children's basic human rights were upheld within Romanian long-term residential centers. Consequently, our research had two objectives, namely, to (1) assess how well the items asked in SCARCIR grouped together and matched up with the UNCRC criteria (UN General

Assembly, 1989) using exploratory factor analysis and (2) measure how well children's rights (i.e., identity, personal history, free expression, information, periodic review, protective measures and legal status, have a family, health, education, personalized care, and quality care) were defended across each of four types of long-term residential centers (i.e., nurseries, residential centers for preschool-aged and school-aged children, and centers for children with severe disabilities).

2 Method

2.1 Participants

We performed a secondary analysis of data used for the SCARCIR (Stativa et al., 2002). The data for the sampling base was acquired from the Directorate for Child Protection – EU/Phare – Bridging Programme for 1999 (data for long-term residential centers for preschool- and school-aged children) and the State Secretariat for Persons with Disabilities (SSPH, data for residential institutions for children with disabilities). According to this data, in 1999 there were 267 long-term residential centers for preschool- and school-aged children with 37,000 children and 35 residential institutions for children with disabilities with 3455 children out of 5.6 million children in Romania between 0 and 18 years old.

The original dataset included a national representative sample of 3164 (1701 boys and 1463 girls) children in residential care institutions between 0 and 19 years of age ($M = 9.45$; $SD = 5.39$), representing 7.8% of the entire population of institutionalized Romanian children in 1999. Specifically, 739 (23.4%) children resided in 16 *nurseries* (cradles); 414 (13.1%) children resided in 13 long-term residential centers for *preschool-aged* children; 1703 (53.8%) children resided in 43 long-term residential centers for *school-aged* children; and 308 (9.7%) children resided in 8 residential institutions for children with *disabilities* which were commonly located in isolated places (see Table 2.1). Children in long-term residential centers for preschool- and school-aged children were those determined to be "normal" or without severe neuropsychiatric or physical problems, and residential institutions for children with disabilities housed mainly children with intellectual deficiencies, as well as those with psychiatric, physical, and sensory problems (Stativa et al., 2002) (for a complete description of these types of Romanian institutions and their internal organization, see Rus et al., 2013).

Mean age at child's first placement within an institution was 48.92 months ($SD = 50.85$) which ranged from 0 to 218 months. Children had siblings residing either in the same institution (30.8%) or in another long-term residential center (5.6%), and many reported having at least some contact with their parents (68.6%) during the year when data were collected (see Table 2.1). Most of the children (42.2%) resided in the institution where they were received directly from their biological families, 38.8% were transferred from another long-term residential center, and

Table 2.1 Frequencies and percentages of child and institution characteristics

	Overall		Type of long-term residential center							
			Nursery		Preschool aged		School aged		Disabled	
	N	%	*n*	%	*n*	%	*n*	%	*n*	%
Child level[a]										
Number of children	3164	100	739	23.4	414	13.1	1703	53.8	308	9.7
Gender										
Male	1701	53.8	395	53.5	230	55.6	913	53.6	163	52.9
Female	1463	46.2	344	46.5	184	44.4	790	46.4	145	47.1
Sibling(s)										
Placed in the same center	976	30.8	88	11.9	139	33.6	736	43.2	13	4.2
Placed in another center	177	5.6	40	5.4	23	5.6	104	6.1	10	3.2
No sibling	1537	48.6	423	57.2	203	49.0	698	41.0	213	69.2
No information	474	15.0	188	25.4	49	11.8	165	9.7	72	23.4
Visited by parents this year										
Yes	1972	68.6	376	56.0	265	70.7	1173	75.4	158	57.5
No	904	31.4	295	44.0	110	29.3	382	24.6	117	42.5
Provenience of the child										
From family	1343	42.4	202	27.3	183	44.2	885	52.0	73	23.7
From a different center	1228	38.8	43	5.8	197	47.6	779	45.7	209	67.9
From a center for disabled	33	1.0	10	1.4	6	1.4	1	0.1	16	5.2
From a medical institution	518	16.4	470	63.6	18	4.3	22	1.3	8	2.6
From street	17	0.5	6	0.8	5	1.2	5	0.3	1	0.3
Other	5	0.2	4	0.5	1	0.2	0	0	0	0
Unknown	20	0.6	4	0.5	4	1.0	11	0.6	1	0.3
Institution size										
Small (1–100 children)	637	20.1	126	17.1	164	39.6	300	17.6	47	15.3
Medium (101–200 children)	1476	46.6	409	55.3	78	18.8	788	46.3	201	65.3
Large (201–300 children)	553	17.5	88	11.9	172	41.5	233	13.7	60	19.5
Very large (301–400 and more children)	498	15.7	116	15.7	0	0	384	22.4	0	0
Institution level[b]										
Number of residential centers	80	100	16	20.0	13	16.2	43	53.8	8	10

[a]Child level shows the number of children in each type of institution

[b]Institution level shows the number of long-term residential centers corresponding to the type of institution

16.4% were received from a medical institution (see Table 2.1). The ratio of children for each caregiver during the daytime ranged from 3 to 32 children ($M = 9.89$, $SD = 4.81$). Institutions (see Table 2.1) were grouped as (a) small (up to 100 children, 20.1% of children), (b) medium (101–200 children, 46.6% of children), (c) large (201–300 children, 17.5% of children), and very large (301 to over 400 children, 15.7% of children). Further descriptions of the purpose of SCARCIR, as well as the sampling methods, data collection procedure, participants, and the characteristics of the resultant dataset, are presented elsewhere (for a complete review, see Rus et al., 2013; Stativa et al., 2002).

2.2 Procedures

Data for the SCARCIR study was collected in October and November of 1999, approximately 2 years after the national child protection system began reforms. The sample was designed and stratified with independent samples for the eight regions of Romania. The distribution of the samples by region was calculated by weighting the number of institutionalized children in a particular region against the total sample size. These numbers were structured by the types of institutions in each region. The total sample, weighted by region and type of institution, was also structured and distributed according to age groups and gender within the sample. Consequently, each regional group, or type of institution, was weighted by age group and gender within each age group. An institution's size determined whether one or several institutions of the same type were included in the sample. All of these factors were considered in the construction of an appropriately structured total sample.

Fourteen researchers collected data for this study. All researchers had extensive experience collecting data and interviewing children in residential care institutions. For the purpose of the SCARCIR study, the researchers received an additional 4 days of training. To produce a sample appropriately weighted by age group and gender, two researchers per institution made random selections from the personal files that were kept for all institutionalized children. All files were arranged alphabetically and kept within locked cabinets at each institution. The researchers chose randomly from these files until they had obtained the appropriate structure of the sample for that particular institution. Data was then extracted from the documents in each file, and interviews were conducted with the children whose files were selected.

2.3 Measures

All quantitative data were collected through an original instrument created by one of the authors (Stativa et al., 2002) after visiting numerous long-term residential centers where maltreatment was noticed. Consequently, the measure of

maltreatment became not only important for revealing the magnitude of abuse and neglect across residential care institutions but also as a tool for policy-makers in their effort to prevent and reduce these incidences. At the time (late 1990s), Romanian centers lacked standards, regulations, or specific laws that could ensure quality care for children (e.g., institutional guidelines did not specifically require that caregivers interact with children or provide an enriched environment for them). Because there was no instrument to measure maltreatment (i.e., abuse and neglect) of institutionalized children, the benchmark used to assess maltreatment in Romanian long-term residential centers was the UNCRC (UN General Assembly, 1989). As noted earlier, the Romanian government had agreed to abide by these rights, and they became the foundation for many changes in the Romanian child welfare system. Thus, the SCARCIR consisted of two sections that captured information about the life experiences of institutionalized Romanian children. The second section consisted of survey questions for children over 7 years of age, about their experiences regarding acts of neglect and physical, emotional, and sexual abuse in institutions (this information was not assessed for the present study). Most importantly, the first section was designed to collect information about respect for children's rights. Thus, articles from the UNCRC (UN General Assembly, 1989) were considered meaningful within the context of institutionalized children and were adapted into various rights and items in order to quantify how well they were respected within the institutional care system.

2.3.1 The Right to Legal Identity

This right was adopted by considering Article 7 of the UN Convention, stating "*the child shall be registered immediately after birth and shall have the right from birth to a name…*" (UN General Assembly, 1989, p. 3) and was measured by the absence or presence (no vs. yes) of a valid identification document such as a birth certificate or identity card (for children over 14) within the child's files (see Table 2.2). Ensuring this right became a priority of the authorities in the late 1990s after a high number of abandoned children were found to have no identification documents in the early 1990s. A common reason for this often stemmed from the difficult and sometimes impossible task of identifying or locating the children's parents.

2.3.2 The Right to Personal History

This right (see Table 2.2) was measured by an item that assessed the possibility of retracing the child's personal history (where child lived from birth until data were collected) and is linked with Article 8 stating "*…the right of the child to preserve his or her identity…*" (UN General Assembly, p. 3). The possibility (no vs. yes) of retracing each child's personal history was evaluated in our survey through analysis of the documents in their personal file (e.g., identity documents, medical records, a summary social investigation record concerning the living conditions of the family,

Table 2.2 Factor loadings and Cronbach's alpha for the items indicating children's rights

UN rights of the child[a]	The name of the right and the item(s) associated with it	*N* Total	*n* Yes	%	Factor loading	Cronbach's alpha
Article 7	**The right to legal identity**					
	The child's identification document	3164	3084	97.5	(na)	(na)
Article 8	**The right to personal history**					
	The possibility of retracing the child's personal history (where child lived from birth until when data were collected)	3164	1771	56.0	(na)	(na)
Article 12	**The right to free expression of opinions**[b]					
	The child's opinion on the protective measure was recorded	1453	95	6.5	(na)	(na)
Article 17	**The right for information**[b]					
	The child received a written text about his protection measure	1395	294	17.3	(na)	(na)
Article 25	**The right for a periodic review of the protective measure**					
	The child received a reevaluation during the current year	3164	872	27.6	(na)	(na)
Article 8, 20	**The right for protective measure and legal status**					**0.797**
	The child currently has protective measure	3164	3110	98.3	0.834	
	The child had protective measure when placed in institution	3164	3108	98.2	0.814	
	The child currently has legal status	3164	3097	97.9	0.793	
	The child had legal status when placed in institution	3164	3069	97.0	0.737	
Article 8 & 9	**The right to have a family**					**0.617**
	In this institution, there are records of relatives' visits	3121	2945	94.4	0.654	
	There is an accommodation space for parents during nighttime	3120	941	30.2	0.606	
	In this institution, there are records of correspondence between parent/institution	3118	950	30.5	0.596	
	In this institution, there is an accommodation space for parents during daytime	3122	2308	73.9	0.587	
	In this institution, there are records of parents' visits	3122	3025	96.9	0.564	
	In this institution, there are records of phone calls between parent/institution	3050	659	21.6	0.552	

(continued)

Table 2.2 (continued)

UN rights of the child[a]	The name of the right and the item(s) associated with it	*N* Total	*n* Yes	%	Factor loading	Cronbach's alpha
Article 24	**The right to health**					**0.610**
	The treatment and rehabilitation needs are written in child's medical file	1363	1141	83.7	0.738	
	The child receives general medical assistance	3069	2993	97.5	0.699	
	The child's record showed that a general medical examination was done	2900	1506	51.9	0.611	
	The child receives the treatment written in his/her medical file	1300	941	72.4	0.606	
	The child had the anthropometric measurements done	2909	1934	66.5	0.591	
Article 28	**The right to education**					**0.592**
	The child has free access to the library	2833	1394	49.2	0.841	
	The child has personal space for doing homework/study	3062	1850	60.4	0.831	
	The child is included in a form of education	2248	2081	92.6	0.515	

[a]This column shows the United Nations Convention on the Rights of the Child (UN General Assembly, 1989) which can be related with the items constructed in this study
[b]Only school-aged children's information was reported

decisions by authorities concerning protective measures implemented, etc.). Previous studies (Ministry of Health, Institute for Mother and Child Care & UNICEF, 1991; Stephenson et al., 1997) highlighted the lack of documentation in children's personal files; thus, retracing children's origins, their life along with biological parents, or their routes through child protection services were very difficult tasks. This situation was worsened by the fact that when children were transferred to a different center, the child's file (or a copy of it) was not transferred to the new institution; thus, many of institutionalized children grew up not knowing their personal history. Later, this issue was addressed by two laws (Governmental Ordinances 69/2004 and 288/2006) which established minimum standards regarding case management in the child protection system.

2.3.3 The Right to Free Expression of Opinions

In order to evaluate the observance of this right (see Table 2.2), we checked whether (no vs. yes) the opinions of children ages 7 years and older were recorded in the report on their protective measure. This is linked with Article 12 stating that the child "*…is capable of forming his or her own views and the right to express those views freely in all matters affecting the child…*" (UN General Assembly, p. 4).

2.3.4 The Right for Information

Children over 10 years old had the right to be informed (see Table 2.2) in written form about the protection measure concerning their own person that was implemented (no vs. yes) by the Committee for Child Protection, and the observance of this right was mandatory. It is linked with Article 17 stating that "*…the child has access to information and material from a diversity of national and international sources, especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health*" (UN General Assembly, p. 5).

2.3.5 The Right to Periodic Review of the Protective Measure

This measure is linked with Article 25 of the UNCRC which recognizes the right of a child "*… to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement*" (UN General Assembly, 1989, p. 8), and it was measured by an item regarding whether the child received (no vs. yes) a reevaluation during the year when the study was conducted (see Table 2.2). The obligation to review the protection measures concerning children in difficulty was first introduced in Romania by Emergency Ordinance no. 26/1997. According to the provisions in that ordinance, the protection measures need to be reviewed at least every 3 months, and they had to either be revoked or replaced in order to serve the best interests of each child. The protective measure review was done by an interdisciplinary team. Children may have benefited from the review, for example, by a change in placement to an extended or different family or improved access to medical or educational services. Reviewing is one of the key elements of the reform initiated in 1997, because its implementation triggered significant changes in the child protection system, including a reduction of the number of children in residential care institutions, as well as the time spent by the children in those institutions.

2.3.6 The Right of the Protective Measure and Legal Status

This right is linked with Articles 8 and 20 of the UNCRC and was measured by four items (see Table 2.2). Two items assessed whether (no vs. yes) there was a protection measure (e.g., placement, custody, educational measure, emergency placement, placement with termination of parental rights, etc.) decided by a governmental authority regarding admission of the child to the institution. The other two items assessed whether (no vs. yes) the child had a legal status (e.g., child having parent/s, guardians, etc.). Importantly, the protection measure and legal status were measured both at the time of placement within the institution and when data were collected because the SCARCIR study sought to evaluate whether the interest of the child was addressed by the child's protective measure.

2.3.7 The Right to Have a Family

In order to evaluate how institutional settings respected this right, six items (see Table 2.2) measured whether or not institutions had records of relatives and parents' visits, accommodation space for parents during night- and daytime visits, and records of written correspondence and phone calls between parents and the institution. This right is linked with Articles 8 and 9 of the UNCRC stating that the child has the right to preserve his/her relationship with the family on a regular basis (UN General Assembly, 1989 p. 3).

2.3.8 The Right to Health

This measure is linked with Article 24 of the UNCRC which recognizes"*… the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health…*" (UN General Assembly, 1989, p. 7), and as shown in Table 2.2, it was measured by five related items measuring whether or not the child (a) had treatment and rehabilitation needs recorded in his/her medical file, (b) received general medical assistance, (c) had records of general medical examinations, (d) received the treatment written in medical file, and (e) had anthropometric measures (i.e., height and weight) completed.

2.3.9 The Right to Education

This measure is linked with Article 28 of the UNCRC (UN General Assembly, 1989) and was measured by three items (see Table 2.2) to determine whether or not the child had free access to the library, personal space for doing homework or study, and was included in an age-appropriate form of education.

2.3.10 The Right to Personalized Care

This measure is linked with Articles 20, 23, 25, and 39 of the UNCRC (UN General Assembly, 1989) and was measured by five items (see Table 2.3) assessing whether or not the child had a written personalized plan and whether or not the plan contained information about the institution/s where the child lived, a personalized education/socialization program, a personalized development program, and information about time spent in the current institution.

2.3.11 The Right to Quality Care

This measure (see Table 2.3) is linked with article 27 of the UNCRC, "*… the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development…*" (UN General Assembly, 1989, p. 8) and was

Table 2.3 Factor loadings and Cronbach's alpha for the items indicating children's rights (continued)

UN rights of the child[a]	The name of the right and the item(s) associated with it	*N* Total	*n* Yes	%	Factor loading	Cronbach's alpha
Article 20, 23, 25, and 39	**The right for personalized care**					**0.761**
	The personalized plan contains information about other institution(s) where child has resided	3164	219	6.9	0.747	
	There is a written personalized drafted plan for the child	3164	634	20.0	0.747	
	The personalized plan contains a personalized educational/ socialization program	3164	1154	36.5	0.723	
	The personalized plan contains a personalized development program	3164	1136	35.9	0.714	
	The personalized plan contains information about time spent in the current institution	3164	454	14.3	0.696	
Article 27	**The right for quality care**					
	(a) Child appearance					**0.596**
	The child is unkempt/sloppy	3029	320	10.6	0.633	
	The child is dirty	3026	186	6.1	0.625	
	The child's hair is shaved/closely cut (lack of individualization)	3025	26	0.9	0.625	
	The child is barefoot	3028	44	1.5	0.619	
	The child does not have appropriate clothing according to his/her gender	3012	241	8.0	0.543	
	Difficult to distinguish child's gender by his/her physiognomy (lack of individualization)	2993	226	7.6	0.538	
	(b) Child personal items					**0.633**
	The child has his/her own cabinet	3087	2008	65.0	0.861	
	The child has his/her own personal items	3085	2633	85.3	0.861	
	(c) Child hygiene					**0.701**
	The child uses fully functional toilets[b]	3015	796	26.4	0.880	
	The child uses unsanitary toilets	2972	483	16.3	0.880	
	(d) Child recreation					**0.678**
	The child has free access to the club/playroom	2987	2376	79.5	0.882	

(continued)

Table 2.3 (continued)

UN rights of the child[a]	The name of the right and the item(s) associated with it	*N* Total	*n* Yes	%	Factor loading	Cronbach's alpha
	The child has free access to the gym/playground	2995	2041	68.1	0.842	
	The child has a personal space for play and/or recreation in dormitory	3087	1898	61.5	0.623	
	(e) Child relationships					**0.746**
	The children are placed in the same room according to personal affinity	3036	1208	39.8	0.869	
	The children are placed in the same room according to their age[c]	3018	1301	43.1	0.813	
	The children are placed in the same room with siblings (brothers together, sisters together)	3048	2156	70.7	0.758	
	(f) Optimal child-staff ratio					**0.689**
	The optimal child-staff ratio is met during morning	3164	1768	55.9	0.872	
	The optimal child-staff ratio is met during daytime	3164	1901	60.1	0.870	
	The optimal child-staff ratio is met during night	3164	410	13.0	0.577	

[a]This column shows the United Nations Convention on the Rights of the Child (UN General Assembly, 1989) which can be related with the items constructed in this study
[b,c]The items were reverse coded

measured by six subscales, each containing a couple of items (see Table 2.3). Specifically, the quality of care was measured through items that were related with:

(a) Child's appearance (i.e., six items measured whether or not at the time of assessment the child was found unkempt/sloppy, dirty, having his/her hair shaved/closely cut as expression of the lack of individualization, barefooted, and not having appropriate clothing according to his/her gender and whether or not the evaluator had difficulties distinguishing child's gender by his/her physiognomy which showed a lack of individualization)
(b) Possessions of personal items (i.e., two items measuring whether the child did or did not have a cabinet and/or personal items such as clothes, books, or personal hygiene items)
(c) Child's hygiene (i.e., two items measuring whether the child had access to fully functional and/or unsanitary toilets)
(d) Child's recreation (i.e., three items measuring whether or not the child had free access to the club/playroom, gym/playground, and a personal space for play and/or recreation within dormitory)

(e) Child's relationships (i.e., three items measuring whether or not children were placed in the same room according to personal affinity, their age, or with their siblings)
(f) Child-staff ratio (i.e., three items determining whether or not the optimal child-staff ratio was met during morning, daytime, and nighttime). For more information about these standards, see AAP, APHA, and NRCHSCCEE, 2011.

To complete this section, information was obtained from children's social files, medical records, and other records available in the institutions or made available by either the management or the educational, social, and medical personnel. The instrument was piloted with a sample of 120 children in five institutions within three Romanian counties. The final version was completed based on information gathered during the pilot study. Children included in the pilot study were not included in the SCARCIR sample. In addition to the quantitative data collected through this instrument, qualitative data were collected from 18 case studies, 9 focus group sessions with institutional staff (totaling 66 educational staff and caregivers), 5 interviews with managers of the specialized public services, and 7 focus group sessions with children in residential care (totaling 48 children). However, the information obtained from case studies, interviews, and focus groups were not analyzed for the current study. Importantly, the measurement of all items related with children's rights had a binary distribution (*no = 0* versus *yes = 1*).

2.4 Data Analysis Plan

Data were analyzed using IBM SPSS version 19 (IBM, 2010). Items that were considered for analysis were from children's records. No data from children's interviews were used in the current analysis. All item responses were in a yes or no format. Some records contained missing items and analysis was done on available data. Scores were computed using person-mean imputation (Bono, Ried, Kimberlin, & Vogel, 2007; Downey & King, 1998). Statistical analysis included principal exploratory factor analysis, reliability analysis, descriptive analysis in the form of frequencies and percentages, and cross tabulations.

3 Results

3.1 Exploratory Factor Analyses

A series of exploratory factor analyses were conducted separately on each set of items identified to represent the various rights of children. For each factor analysis, items with factor loadings below 0.50 were removed, one at a time, with the

item with the lowest loading removed first. Items were removed one at a time to allow for the adjustment of item loading values with the reduced number of items. Once a set of items with loadings above 0.50 was identified for each right, the reliability coefficient was computed for each right. The factor loadings and Cronbach's alphas are presented in Tables 2.2 and 2.3. The reliability coefficients range from 0.592 to 0.797. All items were measured on a yes or no scale. Due to the dichotomous nature of each of the individual items, the reliability coefficients were deemed acceptable (Cortina, 1993). The total number of responses, number of yes responses, and percent of yes responses are shown for each of the items in each factor.

3.2 Children's Rights Across Institutional Settings

Next, sum scores were computed for each right. Prior to the sum computation, recoding was conducted as needed so that items within the same factor were positively correlated. An examination of the distribution of the sum scores indicated severe skewness of most of the rights. Thus, scores for each of the rights were dichotomized into low vs. high scores. Missingness was addressed using person-mean imputation such that scores were given if children had at least half of the items making up the scale score. Thus, if the child had at least half of the items, the mean of the items was computed and then multiplied by the total number of items in the scale to derive a sum score (Bono et al., 2007; Downey & King, 1998).

The first two columns of Table 2.4 show the frequencies and percentages of children with high and low scores for each of the rights. The remaining columns show the results of a series of cross tabulations of children's rights.

3.2.1 Nurseries

The descriptive analysis (see Table 2.4) revealed that 99.5% of children placed in nurseries had their right to identity respected. The same very high percentage was observed regarding the rights to protective measure (97.2%) and health (94.2%). Additionally, a high percentage of children (67%) had their right to quality care/recreation respected. Furthermore, a relatively high proportion of children had their rights upheld (institution respected more their rights) regarding personalized care (47.4%), personal history (45.7%), personal items (36.8%), have a family (30.7%), and periodic review (27.6%). A relatively small percentage of children had their rights regarding quality care respected in nurseries, such as relationships (16.5%), appearance (14%), child-staff ratio (11.5%), and hygiene (10.8%), and a very low proportion of children had their right to education (2.8%) respected.

Table 2.4 Frequencies and percentages of children's rights by type of institution

	Overall		Type of institutional organization							
			Nursery		Preschool aged		School aged		Disabled	
The right to	*N*	%	*n*	%	*n*	%	*n*	%	*n*	%
Legal identity										
No (0)	80	2.5	4	0.5	21	5.1	53	3.1	2	0.6
Yes (1)	3084	97.5	735	99.5	393	94.9	1650	96.9	306	99.4
Personal history										
No (0)	1393	44.0	401	54.3	142	34.3	696	40.9	154	50
Yes (1)	1771	56.0	338	45.7	272	65.7	1007	59.1	154	50
Periodic review										
No (0)	2292	72.4	535	72.4	252	60.9	1205	70.8	300	97.4
Yes (1)	872	27.6	204	27.6	162	39.1	498	29.2	8	2.6
Protective measures										
Low (0–3)	141	4.5	21	2.8	25	6.0	71	4.2	24	7.8
High (4)	3023	95.5	718	97.2	389	94.0	1632	95.8	284	92.2
Have a family										
Low (0–3)	1754	55.8	512	69.3	129	31.2	806	47.8	307	99.7
High (4–6)	1392	44.2	227	30.7	285	68.8	879	52.2	1	0.3
Health										
Low (0–3)	1071	37.1	43	5.8	181	49.6	722	49.0	125	40.6
High (4–5)	1812	62.9	694	94.2	184	50.4	751	51.0	183	59.4
Education										
Low (0–1)	1311	43.1	706	97.2	133	32.3	217	13.5	255	86.4
High (2–3)	1728	56.9	20	2.8	279	67.7	1389	86.5	40	13.6
Personalized care										
Low (0)	1739	55.0	389	52.6	254	61.4	828	48.6	268	87.0
High (1–5)	1425	45.0	350	47.4	160	38.6	875	51.4	40	13.0
Appearance										
Low (0)	2412	79.7	635	86.0	272	66.7	1305	82.3	200	67.6
High (1–6)	616	20.3	103	14.0	136	33.3	281	17.7	96	32.4
Personal items										
Low (0)	1122	36.3	467	63.2	186	45.0	312	19.1	157	51.3
High (1–2)	1967	63.7	272	36.8	227	55.0	1319	80.9	149	48.7
Hygiene										
Low (0)	2138	70.7	659	89.2	372	83.8	946	59.5	206	67.1
High (1–2)	887	29.3	80	10.8	63	16.2	643	40.5	101	32.9
Recreation										
Low (0–1)	808	26.5	244	33.0	28	6.8	367	22.8	169	58.1
High (2–3)	2245	73.5	495	67.0	385	93.2	1243	77.2	122	41.9
Relationships										
Low (0–1)	1582	51.9	617	83.5	137	33.2	650	40.4	178	61.6
High (2–3)	1466	48.1	122	16.5	276	66.8	957	59.6	111	38.4
Optimal child-staff ratio										
Low (0–1)	1548	48.9	654	88.5	138	33.3	645	37.9	111	36.0
High (2–3)	1616	51.1	85	11.5	276	66.7	1058	62.1	197	64.0

Notes: Because of how missing was dealt with, decimals were possible. Everything 0.5 and lower was rounded down. Above 0.5 was rounded up

3.2.2 Centers for Preschool-Aged Children

As shown in Table 2.4, more than 93% of children placed in long-term residential centers for preschool-aged children had their rights to identity, protective measure, and quality care/recreation respected. Additionally, regarding the rights to personal history, have a family, health, education, and some quality care subscale items (i.e., personal items, relationships, and child-staff ratio), more than 50% of children had these rights respected or had high scores for these rights (institution respected more their rights). Less than 50% of children had their rights to periodic review, personalized care, and some quality care subscale items (i.e., appearance and hygiene) respected.

3.2.3 Centers for School-Aged Children

Regarding the children placed in long-term residential centers for school-aged children, the results (see Table 2.4) showed that more than 80% had their right to identity, protective measures, education, and quality care (i.e., personal items) respected or had high scores for these rights (institution respected more their rights). Additionally, between 51% and 77.2% of children had their right to personal history, have a family, health, personalized care, and quality care (i.e., recreation, relationships, and child-staff ratio) respected or had high scores for these rights. For two aspects of the right to quality care (i.e., appearance and hygiene), only 17.7% and 40.5% of children had high scores for these rights. Finally, 29.2% percent of children had their right for periodic review respected.

3.2.4 Centers for Disabled Children

As shown in Table 2.4, 92.2% and 99.4% of children placed in long-term residential centers for children with disabilities had their rights to identity and protective measures respected. Furthermore, between 50% and 64% of children had their rights to personal history, health, and quality care (i.e., child-staff ratio) respected. Additionally, a relatively high proportion of children had their rights upheld or had high scores for these rights regarding personal items (48.7%), recreation (41.9%), hygiene (32.9%), appearance (32.4%), and relationships (38.4%). A low or very low percentage of children had their rights to education (13.6%), personalized care (13%), periodic review (2.6%), and have a family (0.3%) respected or had high scores for these rights.

The rights to free expression of opinions and for information were not included in Table 2.4 because they measured only older children (placed mainly in centers for school aged).

4 Discussion

The results (see Table 2.4) were mixed showing that each type of institution respected children's rights, with some rights being better respected, meaning that these rights covered a larger number of children. Each type of institution (i.e., nurseries, centers for preschool- and school-aged and disabled children) had its own strengths and weaknesses that manifested in how well they respected the most basic human rights of institutionalized children. Many of these differences within each type of institution could be attributed to characteristics of children (e.g., age, provenience, closeness of biological parents, etc.) and institutions (e.g., organizational structure, staff qualification, size, location, etc.). Thus, the outcomes should be interpreted taking in account institutions' structural differences which focused on taking care of a specific demographic section of institutionalized children and, consequently, had specific challenges when data was collected. Hence, future studies could investigate the effects of individual and institutional characteristics on the extent and types of respect given to children's basic human rights in each of these types of institutions. Instead of testing the differences within each across all four types of institutions using the *z*-test of proportions, we chose only to report the percentage of respect for children's rights in each type of institution as seen below.

4.1 Right to Legal Identity

In the 1990s there had been much talk about the fact that in Romania many abandoned children did not have any identity documents. This was true, but it did not refer only to the children in residential centers but also to those abandoned in maternities and pediatric hospitals. The lack of identity documents for these children was also the reason they spent much time in these hospitals before being placed in protection residential centers. The Law 119/1996 facilitated the drawing up of civil status documents making direct reference to the children abandoned in maternities and the procedures and terms that had to be observed in such cases. Even under Law 3/1970, no child could be admitted to a protection residential center without having a birth certificate. Institutionalized children not having identity documents were generally those placed in residential centers following a judgment delivered as a matter of urgency, due to their risk of being abused in their biological families or because they were abandoned. However, child's legal identity documentation had to be clarified in about 30 days after the initial emergency placement. In the case of children over 14, having identity documents also meant to have an identity card besides the birth certificate. In some cases, the issuing of the identity card was postponed as being conditioned on finding the child's parents and their domicile without which the law in force at that time did not allow the issuing of an identity card. Mention must be made of the fact that the residential centers did not have any

authority in facilitating or procuring children's identity documents (birth certificates or identity cards). This authority belonged to the county directorates for child protection.

4.2 Right to Personal History

The right to personal history was one of the most ignored rights of institutionalized children. The percentage of children for whom personal history was impossible to retrace based on documents existing in their files was very high in all types of institutions. For example, we found that for many children in our sample, the place where the child came from was not mentioned in their files. As for children in nurseries, about 80% came from maternities and hospitals. This was rarely mentioned in their files, although the time spent in hospitals was often weeks or even months (Stephenson et al., 1997). According to a study carried out in 2003–2004, more than 50% of the children abandoned in maternities spent more than 50 days in such units until the first protective measure was taken (Stativa, Anghelescu, Mitulescu, Nanu, & Stanciu, 2005). Another aspect contributing to the impossibility to retrace personal history is the manner in which children were transferred from one unit to another. Each transfer was made following a decision of the Commission for the Protection of Child Rights, and this document was sufficient for the child to be admitted to a particular institution. These documents typically remained in the institution and were subsequently archived. There were no procedures for the transfer of documents, leading to institutions determining individually how to proceed. For this reason and as it has already been specified in other studies, it is very difficult to retrace children's pathways from documents (Stephenson et al., 1997).

4.3 The Right to Periodic Review

This right began to be respected in 1997, after Government Ordinance 26/1997 was approved. The observance of this right was crucial in order to give institutionalized children the chance for normal development. After approval of this ordinance, any protective measure established for a child had to be reviewed at least once every 3 months. This review was made on the basis of a complex assessment of the child by a multidisciplinary committee. If they noticed that the protective measure was not in favor of the child, it had to be changed. At least this is what the law specified. In practice, the protective measure was reevaluated, but in order to change the protective measure, it was necessary to create alternatives to the protective measures. This process started only after 2004, following the Law 272/2004 on the protection and promotion of child rights.

4.4 The Right to Protective Measure

The right to protective measure was observed in all types of institutions. The few exceptions were probably due to an administrative issue related to the process of institution takeover in which they were transferred from the ministries to the new county authorities. On this occasion, the protective measures taken under the Law 3/1970 were canceled, and the new decisional bodies enacted protective measures bearing other names.

4.5 The Right to Family

The right to family represents one of the fundamental rights providing the child with the environment considered to be the best for their normal development. Ever since the early 1990s, it was considered that the breaking of relationships between children and their biological parents was the result of administrative deficiencies that did not encourage parents' visits to institutions. Thus, the absence of an arranged space for such meetings or the possibility to accommodate parents overnight and the lack of procedures for the recording of visits, telephone calls, or mail discouraged the relationships between parents and children. The most dramatic situation was in residential institutions for children with disabilities because parents were told for decades that their children were irrecoverable, and they were not told that such children had the same needs as all human beings.

Before Government Ordinance 26/1997 came into effect, many institutions took steps to arrange such spaces. Thus, 80% of nurseries, 60% of residential institutions for children with disabilities, and 57% of residential institutions for preschool and school children had such spaces in place at the beginning of 1997. According to the 1997 Census data, 50% of the children in nurseries, 26% of the children in residential institutions for preschool and school children, and 25% of the children in residential institutions for children with disabilities were visited by their parents at least once every 6 months (DPC & EU/PHARE, 1997). Mention must also be made of the fact that most of the children in these residential institutions had parents who were alive and enjoying their full parental rights. In nurseries, 8% of children had only one parent and 0.9% lost both their parents. In residential institutions for preschool and school children, 20% of children had only one parent, and 0.2% lost both their parents. In the in residential institutions for children with disabilities, 14% of children had only one parent and 3% lost their both parents (DPC & EU/PHARE, 1997).

4.6 The Right to Health

The right to health was differentiated for children according to the type of institution. In nurseries, almost all children had the right to health observed at several levels. This may be due to the medical character of the nurseries through its long

appurtenance to the Ministry of Health. On the other hand, the situation with the residential institutions for children with disabilities was precarious, although the health needs were high. Following the reforms that began in 1997, the development of some needed rehabilitation treatments and procedures in these institutions took place. But this happened slowly due to the absence of financing and personnel, as well as the absence of the mentality that these children had rehabilitation potential. Undoubtedly, the right to health could have also been measured by other indicators that may have provided other interpretations for this right in the institutional context. Specifically, we refer to healthcare quality indicators with measurable impact on children's development. These would have been useful to capture those models of care/recovery of which have been profoundly wrong or deficient and that probably caused a very high prevalence of growth disorders, emotional, or cognitive in children (e.g., see Chap. 5) or even the policies that led to such models of care. We refer to those policies that allowed young children to be indefinitely institutionalized in long-term residential centers, which decisively contributed to worsening or altering their health. Solid scientific evidence has revealed that only an early exit from the institutional environment can give young children a chance to a recover from their delayed development; otherwise, recovery may be almost impossible despite subsequent recovery strategies (Johnson et al., 2010).

4.7 The Right to Education

Children were included very successfully in different forms of education. This was a big gain mainly for children over the age of 2 from nurseries and for those in residential institutions for children with disabilities, as their inclusion in a form of education before the 1997 reform was difficult to conceive for the authorities managing those institutions. But in this case, as in the case of the right to health, despite the fact that most children were enrolled in various forms of education, their later social and professional integration was problematic after leaving the institutions. Their schooling did not address real-life demands, and consequently in reality their right to education was not fulfilled adequately. Lack of concern for developing the life skills of institutionalized children made their socio-professional integration and the ability to have an independent, productive life extremely difficult (Hope and Homes for Children & Organizatia "Salvati Copiii", 2006; Mitulescu, Mitulescu, & Stativa, 2005; Onica-Chipea, Baltatescu, Chipea, & Oprea, 2008).

4.8 The Right to Personalized Care

The right to personalized care was a new concept introduced by the legislation of the 1997 reform. This is a fundamental right of the institutionalized child especially in a system that was recently separated from a protection system conceived to be

rough, uniform, and impersonal and which did not take into account the needs of every child. The percentage of children who enjoyed customized care in 1999 was relatively decent, except for residential institutions for children with disabilities. Personalized care relied on a customized plan. It was a new instrument in the culture of institutional care, and even if the highest percentage of beneficiaries of such care barely exceeded 50% (in the residential institutions for school-aged children), it must be considered as a glass half full. Despite that, the percentage of children who enjoyed this right in nurseries was surprisingly low. It must be said that orphanage managers and personnel received the most training courses during the ninth decade of the past century, including issues such as the customized plan and care.

4.9 The Right to Quality Care

The right to quality care was assessed in this study by a couple of items (see Tables 2.3 and 2.4). These describe elementary aspects of a normal life that most children could not enjoy until 1999 in Romanian care settings. The practice of cutting children's hair very short for fear of parasites or of not taking into account their clothing preferences was not related to material resources but to the lack of respect toward these children. The high percentages of children who did not have this right respected across institutions confirmed the lack of interest of institutional staff for children's wishes. The same is true for the observance of their right to have or to keep personal items. It was a big gain for children to have personal lockers, and 81% of school-aged children had this need met.

The right to recreational activities for institutionalized children meant having the opportunity to enter their rooms to relax at any time. Most of the institutions had the custom that children were allowed to go to their rooms only after dinner. They would enter the room in an orderly line, and they would go out of the room in the same way without being allowed to freely use the dormitory. In the 1990s, many institutions set up clubs where children could meet and play games or indoor activities. Our study revealed that this right was protected especially for children in nurseries and long-term residential centers for preschool- and school-aged children and less for children in residential centers for the disabled.

As for hygiene, the situation was precarious in almost all protection institutions. Very few restrooms were fully functional. Investments had not been made in their maintenance, and most institutions had more than a hundred children.

In addition, the quality of care depended a lot on the child-staff ratio. The worst situation was that of nurseries where hospital care standards were still being used, and these settings also put little importance on child-caregiver interaction, especially for the young children. The results showed that most of the children, except for those placed in nurseries, had this right respected. Overall, the ratio was better during the daytime, whereas during the nighttime, institutions lacked enough personnel to take care of children. During nighttime shifts, usually, children released their frustrations accumulated during the day and could become aggressive toward

others. During this shift, children were supervised by the night guards and supervisors. Most often, these institutional personnel had a low educational attainment (e.g., primary school) and lacked any psycho-pedagogical training. In general, each supervisor had in their care as many bedrooms as were on one floor of a building. In order to manage a large number of bedrooms in institutions for school-aged children, supervisors "delegated" some of their tasks and responsibilities to the older children, a context in which the later used this power to abuse and exploit younger children. This practice seemed to be very generalized across Romanian institutional settings. Within nurseries the child-staff ratios were determined by the requirements of hospitals and taking into account the rhythms of feeding, hygiene, and care of young children, whereas ratios in centers for school-aged children were specific for school systems. School-aged children, after attending school in the morning or afternoon, were supervised and helped with their homework by teachers. We highlight that the child-staff ratio can be seen as a true indicator of quality care only if the caregivers are able to understand and meet institutionalized children's needs.

In conclusion, the goal of defending children's basic rights was ultimately to respect children's human dignity and, consequently, to reduce the disadvantages institutionalized children experienced outside of their biological families. Romania has gradually reformed the whole child protection system, trying to change or abolish the laws and practices that have proved devastating to children's development. These include the prohibition of placing children under 3 years of age in long-term residential institutions, with the alternative being foster families.

Also, preventing children's institutionalization for economic reasons stood central in the protection policies, and social services were set up in all administrative-territorial units (communes, towns). More details about care reform are found in Chap. 5. However, the media in Romania, following journalistic investigations, reveals from time to time abuses to which children are exposed in currently existing residential centers, especially from the staff. This suggests that it is still difficult to prevent abuses even though the reformed child protection system has in place various institutions and mechanisms designed to deal with this phenomenon. Therefore, in our opinion, especially for a country like Romania, which is currently classified as an upper middle-income country (World Bank, 2017), the best residential institution will be one that no longer exists.

5 Strengths and Limitations

Our study is the only comprehensive investigation of institutional neglect experienced by Romanian children placed in long-term residential centers, and it expands the measurement of institutional neglect by highlighting specific areas where children were vulnerable according to the United Nations Convention on the Rights of the Child (UN General Assembly, 1989). By using a nationally representative sample of children and institutions across all eight developmental regions of Romania in rural and urban areas, this study offered a fairly accurate image of the extent of

adherence to children's basic rights by residential care institutions. Additionally, for the first time in Romania, children's rights were measured using an empirical tool grounded on the United Nations Convention on the Rights of the Child (UN General Assembly, 1989).

Still, the present study has some limitations. First, we admit that this study examined only 14 different facets of children's rights placed within institutional settings, but the list could be much longer (e.g., nutritional, cultural, or other facets of neglect were not analyzed in this study). Second, our data only allowed us to examine the association between basic human rights of children across various types of institutions (i.e., nurseries, centers for preschool- and school-aged and disabled children), and, therefore, the cross-sectional design does not allow us to infer a causal relationship between these variables. Third, the yes/no nature of the items was also a statistical limitation. Greater variance in the item responses would allow for more precise grouping of the items in the exploratory factor analysis and more precise reliability assessment. However, the collection of more detailed information regarding the children was not possible due to the constraints of the original study. Thus, analysis was conducted using the available data, and descriptive statistics of each item are presented to provide additional detail.

6 Implications for Improving Children's Care

It is important to realize that the data reported here were collected after an extensive governmental effort to scientifically measure the prevalence and forms of maltreatment (i.e., abuse and neglect) within institutions. The first governmental measurement of children's rights was approved in 1997 (approximately 7 years after the collapse of the communist regime that triggered massive social, political, and economic changes) and covered the period 1997–2000 although Romania ratified the UNCRC (UN General Assembly, 1989) in September 1990 and adopted its own national plan of action regarding child protection based on the World Summit for Children (UNICEF, 1990) in the mid-1990s. The implementation of this governmental measurement in 1997 marked the beginning of the major reform of the Romanian child protection system. Specifically, it triggered the first steps in the direction of reform of the regulatory framework regarding child protection, restructuring and diversification of child care institutions, development of an alternative type of care (i.e., familial) from the traditional residential care (typical orphanages), as well as prevention of child abandonment ("Protecția drepturilor copilului – experiența României," n.d.). Fortunately, the effort to improve the quality of institutional care continued after the study was done, and the Romanian child protection system has been drastically changed to include smaller public and residential care facilities and new standards of care and safety (Bejenaru & Tucker, 2014).

We hope that this snapshot of children's quality of life in Romanian institutions, taken during a period when institutions were undergoing immense changes, will help other authorities across the globe responsible for the residential care of chil-

dren to identify the most basic human rights and build good quality and efficient standards of care for abandoned or orphaned children.

7 Summary

Romanian institutionalized children experienced one of the most severe forms of institutional structural neglect during the communist era, but such conditions continued even after the collapse of the communist regime in December 1989. After ratifying the United Nations Convention on the Rights of the Child and adoption of its own national plan of action regarding child protection, Romanian authorities implemented a massive change of its child protection system, and new standards of care were put in place over a period of many years. These reforms gradually improved the quality of life as fundamental children's rights began to be upheld by long-term residential centers. However, at the end of 1999 when our data was collected, it was clear that the change was not homogenous, and there was variability in the extent of how well children's needs and basic rights were met.

Questions for Discussion

1. Read the United Nations Convention on the Rights of the Child (UNCRC; UN General Assembly, 1989) by accessing the following web link http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf, and delineate how children's rights could be measured within long-term residential centers in your region or country taking into account the socioeconomic, historical, political, and cultural characteristics.
2. The quote at the beginning of this chapter comes from an article by Gary Melton (2008) titled "Beyond Balancing: Toward an Integrated Approach to Children's Rights." On page 917 of this article, Melton asks, "Under what circumstances do children feel like people? When do they feel that they are meaningful participants in settings of which they are a part?" Provide your own response to these questions within the context of institutionalization.
3. Name two areas of concern that make, or may make, implementation of rights for children more difficult than rights granted to adults. What measures can be taken to ensure that these areas of concern are addressed so that implementation of children's rights is not impeded?

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