SOCIAL VULNERABILITY FACTORS FOR CHILDREN IN AN INSTITUTION IN ROMANIA

Ayla HJORTHOLD [*]

Abstract

This article is a revised version of my bachelor's thesis at the Norwegian University NTNU[1]. The title "Social vulnerability factors for children in an institution in Romania" reflects the research question "Which social vulnerability factors are disabled children who lives in an institution in Romania exposed to?" The theme was chosen based on my last practical training that was carried out in the city of Iaşi, Romania. The methods used are literary studies, observations during my placement at an institution in Romania and theory on the subject. My main conclusion says that the phenomenon "institutionalized children" exists because of many factors such as poverty and cultural legacy and that the scope of those social vulnerability factors are broad and complex challenges children with disabilities in Romania are subjected to.

Keywords: vulnerability, institutionalizing, disabilities, children

Resume

Cet article est une version révisée de ma thèse de licence à l'Université norvégienne NTNU. Le titre « Facteurs de vulnérabilité sociale des enfants dans une institution en Roumanie » reflète la question de recherche « Quels sont les facteurs de vulnérabilité sociale auxquels sont exposés les enfants handicapés vivant dans une institution en Roumanie ? » Le thème a été choisi sur la base de ma dernière formation pratique dans la ville de Iasi, en Roumanie. Les méthodes utilisées sont des études littéraires, des observations pendant mon stage dans une institution en Roumanie et une théorie sur le sujet. Ma conclusion principale dit que le phénomène des « enfants institutionnalisés » existe en raison de nombreux facteurs tels que la pauvreté et l'héritage culturel et que la portée de ces facteurs de vulnérabilité sociale sont des défis larges et complexes auxquels sont confrontés les enfants handicapés en Roumanie.

Mots-clés: vulnérabilité, institutionnalisation, handicap, enfants

Rezumat

Acest articol este o versiune revizuită a tezei mele de licență la Universitatea Norvegiană NTNU. Titlul: "Factori de vulnerabilitate socială pentru copii într-o instituție din România" reflectă întrebarea de cercetare "Ce factori de vulnerabilitate socială sunt activați într-o instituție de îngrijire socială a copiilor cu deficiențe în România?". Metodele utilizate pornesc de la consultarea studiilor de specialitate, observațiile în timpul practicii mele la o instituție din România și teoria cu privire la acest subiect. Concluzia mea

---

[*] Social pedagog. Graduated in 2017 Norwegian University for Science and Technology, Trondheim, Norway; e-mail: ayla.hjorthol@me.com
[1] NTNU – The Norwegian University for Science and Technology. http://www.ntnu.edu/about

principală este că fenomenul "copii instituționalizați" există din cauza multor factori, cum ar fi: sărăcia și moștenirea culturală, iar amploarea acestor factori de vulnerabilitate socială este complexă.

Cuvinte cheie: vulnerabilitate, instituționalizare, dizabilități, copii

Introduction

I chose social vulnerabilities amongst institutionalized children because I spent my last practical training at my education at NTNU to be a social educator[2] placed at a total institution for children with disabilities in Romania. In addition, I discovered a research report during my research period, which discusses the challenges a parent of a disabled child encounters when in contact with bureaucracy and the Health Services in Romania. It seems like Romania is developing when it comes to institutionalizing of children with disabilities, however, the issues surrounding the matter still exists.

Relational competence is an important factor in the Social Educator program where among other things every individual child should have stable caregivers who inhabits the ability to figure things out in interaction with the child. Further on I will explain the terms maternalism and paternalism. As a Norwegian and a social educator I had difficulties with understanding that the states and fates I saw at the orphanage took nowadays.

Focus

I have focused this thesis on disabled children living in institutions. Some of the issues however, are also relevant for children who lives at home with their parents. Therefore, I have chosen to mention this when it is relevant to certain subjects. Compared to International standards Romania have a deviant definition when it comes to the term disabled (Gliga&Popa 2010). I have chosen to comply to the International standard.

Vulnerability factors

Vulnerability factors are factors which can increase the risk of symptoms, diseases, stress or other stresses and strains developing. They can be biological, such as humans born with Downs Syndrome have a higher chance of develop leukaemia and other physiological diseases. Psychological vulnerability factors entail for example that the child's development is inhibited

---

[2] https://www.ntnu.no/studier/hsgveb

by psychosocial environments. Other psychological vulnerability factors may also include mental disorders and low self-cofidence. The social vulnerability factors may be bad economy, poor living conditions and lack of a social network[3] (Soitu 2015). One might say that the vulnerability factors which humans are faced with explains why some people develop physical or mental diseases or other strains and malfunctions of varying degree after small stresses and strains. Others may not show any kind of reactions after the same level of exposure.[4]

Relational competence

According to Per Lorentzen interaction is a process. It is the activities back and forth between the caregiver and the child, the environment and subjects both parties relate to. In these activities the child will discover its own perspective and what others's perspective entail, what one have in common with others and not. Things the child cannot control or understand needs to be explained, shown and made aware of.

It is difficult to re-enact interactions and it is based on this one should be more open to suggestions and suggest some oneself.

Children who learn strict action methods will have a hard time when the circumstances changes. The child is not bearer of established patterns of action, yet it is physically intertwined with existence in the form of objects and activities (Lorentzen 2013).

Relational competence is knowledge about ways of wanting something, understanding something and knowing something. Both parties in interaction needs to be able to understand each other in several and new contexts and a violation of this will cause the person to appear resentful, unconcentrated or incompetent. An interaction is open and needs to be filled with new content which indicates that all psychological functions such as thinking, problem solving and language is open but not feasible. Because of this the children need to learn how to function within open structures which are indefinite and can be filled with new content. Usually one should have expectations to the interactions but with openness (*Ibidem*).

---

[3] https://sml.snl.no/s%C3%A5rbarhetsfaktorer
These factors also include the education and social skills of the guardians, as well as the attitudes and skills of the employees.
[4] https://sml.snl.no/s%C3%A5rbarhetsfaktorer

Maternalism and paternalism

These two terms are certain interpretations of the roles of father and mother. "Pater" is Latin for father and "mater" is Latin for mother. For example, one ties different roles and characteristics to a male gender role which contains use of power, control, elitism and dominance, thereafter attitudes and ways to behave which can be found in hierarchical organizations. Maternalism is less visible, however female dominance and use of power by women can be just as harmful as male dominance (Skau 2009).

By choosing one of these core viewpoints towards someone one assumes the lead position in the relationship. The concept of equality and autonomy are hereunder as opposed to maternalism and paternalism, as they lead to a disempowerment of others. In this context we can use it as a metaphor – the minor ends up in the inferior position of a child. Men may use behaviour patterns such as manipulation, invading propinquity and soft pressure. Similarly, women may choose behaviour patterns such as elitism, control and open use of power.

Paternalism can be defined as a medical-ethical viewpoint in which the medic in charge, e.g. the physician, knows best what the patient needs and therefore can act against the patient's consent. It can in some cases be morally and ethically justifiable, however, the problem with the use of paternalism is how easily it is used outside of the specific legitimate area (Skau 2009).

Choice of research articles and theory

As part of my research I found a research report done by UNICEF. The report is not evaluated professionally, but is a summary report based on data from TRANSmoneè, and is therefore relevant for drawing numbers that can give insight into the issue of institutionalization of children in Romania.

In addition, I have chosen to use an article from 1991 because it clarifies the issue at hand in a social context which explains why and how institutionalizing of children as a phenomenon has occurred. Furthermore, the research article *The caregiving context in institution-reared and family-reared infant and toddlers in Romania* explains the results of children living in an institution. It shows a delayed development of cognitive skills and negative behaviour as a result and a consequence of the stay. The article substantiates some of the issues surrounding placing a child at an institution.

Source criticism

Source criticism is the methods used in order to secure a source as factual information. In other words, characterize and appraise the sources used. The use of source criticism shows an ability to be critical to the source material used in the thesis in addition to the criteria one used when choosing them (Dalland 2010).

I have personal experience with data collection in welfare systems in Romania, when I participated in a research project "CompEd" in collaboration with NTNU and Alexandru Ioan Cuza University in Iasi. My role in this project was to collect data in the form of interviews for comparison of welfare systems in Norway and Romania. In Norway one can easily find data on the Norwegian welfare system by using SSB's database. However, I was informed by the lack of data from Romania.

Experiences from the project taught me that Romania has little insight into the quality and content of their welfare services, especially in rural areas. During the project the students from the Romanian side had to collect the data themselves from different sources related to the number of children and / or elders who received welfare from the government. Because of that I am personally aware of that the data material in these research reports, despite reliable sources, can inhabit faults considering the differences of sources.

I have made some of the terms I found in the articles more politically correct. I do for example use the term "challenging behaviour" instead of "negative behaviour." This because I personally think that behaviour should be read as a language or an expression of discomfort or other feelings. In other words, the behaviour may not be negative even though it is of negative nature for the child or its surroundings.

The research article about the mothers's encounters with the support services in Romania only has eight informants as a source for their research. It might be questioned if this article has enough background to generalize its result. However, it has some elements I can relate to based on my personal experiences.

Experiences during my practical training

During my three months at the orphanage I observed many factors in the children's condition and environment I, based on my educational background, thought could have a negative impact on the children. It can for

instance be based on the parents's choice to let the child live in an institution or how the orphanage and their staff does not have the possibility of facilitating a comprehensive follow-up of each child – both because of lack of space and focus and executive academic perspective which involves including the children in the overall society. The culture of institutions which had its peak during the communist era is sometime still present after the fall of communism and Ceausescu´s death in 1989 and a lot of the problems which appeared then seemed to still have a presence. I also noticed a use of force being applied to the children which I would classify as unnecessary.

During my observations at the orphanage one of the factors were that the caregivers' relational competence did not reach the children. This might not be the only case; however, the impression was that there were more consequences of the culture on the institution itself in addition to it being poorly staffed. The caregivers repeatedly mentioned that the children were there because the alternative was living on the street in -15 degrees, or live in a house with no electricity or water. My first impression was that their perspective and intention was not to promote a relation between the child and its caregiver but to give them a place to sleep, play and eat.

Furthermore, two caregivers had the responsibility of ten-twelve children every shift. In other words, there were a lot of children that needed to be fed and changed during a day. They used the rest of their time to clean the space. However, it might be that the caregivers had been ordered to take advantage of the time the volunteering Americans and I were there. Nevertheless, whenever the caregivers where interacting with the children it usually consisted of learning through play such as counting numbers and learning letters. Most of the children in the group where I was stationed had after my opinion more use for stimulation such as close encounters, being seen and understood in addition to be exposed to other surroundings.

My observations told me that the interactions between the caregivers and the children were not sufficient and where the children's needs in the situation were not met by the caregiver. For example, the children who cried were given a toy in order to distract them instead of comfort. If the child kept crying another toy, mainly one with sound, were put down next to it. This often created more noise for the other children and even more frustration for the crying child.

Use of force, or what I would call an abuse of power as a caregiver towards the children occurred frequently at the institution. The children who did not want to eat had to. There were no patience or time for the child to eat on its own terms. If the children who eat from a bottle did not want to eat

they used a grip around both cheeks and through the teeth so the children had no opportunity to refuse the bottle. Simultaneously, they squeezed the bottle so the children were not able to spit the food out. It seemed to be very uncomfortable for the children.

There was lunch time during the hours I spent at the orphanage and I got to observe both the children who ate from a bottle and the children who ate mashed food from a cup with a spoon. For those who opposed the mashed food in a cup, different techniques were often used to make them eat. E.g. use of yelling, screaming, guilt the child for not eating and lastly force. The children usually cried while they ate.

One of my first impressions was that the social vulnerability factors were eminent in most of the children who lived at the institution because they mostly were born into very poor families who absolutely did not have the resources or ability to take care of a child. The social difficulties the mother experienced could affect the child as early as the fetus stage. There was for instance a frequent occurrence of fetal alcohol syndrome among the children.

The children were also exposed to social vulnerability factors at the institution where they amongst other thing did not have the opportunity to grow up under normal circumstances with a family and stable caregivers who follow their upbringing. The children were also moved from one group to another based on age, which needs they had or which behaviour patterns they developed. They are, in other words, exposed to a lot of new caregivers during their upbringing at the institution.

Discussion

My research question "Which social vulnerability factors are disabled children who lives in an institution in Romania exposed to?" is the basis of my discussion. I will in this section try to highlight the issues based on theory, the chosen research articles with focus on social vulnerability factors and experiences and observations acquired during my practical training.

I will also try to find common denominators and contexts in the research articles and the report I have chosen to use.

A historical perspective

The first article, here by called article 1, discusses Romania's legacy after 24 years as a communist country under dictatorial leadership. The article is

titled *Ceausescu´s legacy: family struggles and institutionalization of children in Romania* and is written by Lynn Morrison in 1991. The article addresses the culture of institutions as a consequence of such communist leadership. That is, the government has given parents an option that may seem to be alluring or seen as necessary by parents who have given birth to children they think they are not able to take care of. The research is as mentioned from 1991, so I need to consider the fact that the research only refers to how the conditions were 26 years ago.

The history of Romania, considering its years as a communist and dictatorial country, led to a culture where women and families in general were pressured to produce children. Brooke R. Johnson et al. writes about how the people with no children had to pay more taxes and that abortion and birth control were prohibited. In order to increase women's motivation to give birth to more children they were given financial benefits for every birth. This was part of Ceausescu's plan to rapidly increase the population so the labour essentially also could grow.

According to article 1, as a result of this the institution arose as a central support service in the care and upbringing of children when the parents either did not have the time or resources. The result of communism's need for labour was that the parents were encouraged and convinced by the government that having their child raised in an institution were a better option than raising them at home. In light of this my impression is that to this day there are still people, mostly the poor, who still thinks sending their child to an institution is a better alternative than keeping it themselves. Specially if the child has a diagnoses/injury/defect. The summary of poverty and institution as a known phenomenon in Romania may lead to the mother/parents looking at raising a child with different needs as a task she/they do not have the resources to complete.

The aftermath of the oppression and the strict communist regime has led to two types of tragedies. One is the high number of children living in orphanages, the other the high number of families struggling to survive at all. In her conclusion, Morrison draws attention to the fact that respect for people with disabilities in Romania is extremely complex and deep in the sociological and economic context of the country.

Number of homeless children in addition to the occurrence of HIV is a result of the communist regime. The children were not recognized as human beings as they were of an unwanted category. The children were not heard and their identity as individuals died, they were therefore prevented from reaching their potentials as fellow humans in the society.

Most of the children I met during my practical training came from poor families. They usually came in dressed in poorly clothing, and in some cases the child had frostbite on its legs after living on the street or in a house with no electricity and heat. However, in many cases the children were taken from their families rather than being delivered or abandoned at the hospital. This may reflect a determination from the parents's side where they despite their challenges decides to not place their child in an institution willingly. It can also reflect a child's need. During my time in Romania I observed children sitting in their poor parents's lap on the street. They were begging for money and often the children did not have a lot of clothes on. Romania has very cold winters.

To be disabled

To be disabled in Romania seemed, based on my possible generalized perceptions, to be a stigma in itself. People with disabilities encounters several challenges in the face of society, which is a social vulnerability. To keep up in school, contribute to different clubs or not being able to read are prerequisites of an individual the society does not fulfil. Our academic society increases the requirements for education and competence. The digital age demands that one needs its cognition in order to understand design and function in all applications, for example on the phone, the computer and in all contexts they are used.

According to a research report published by UNICEF, children born with disabilities represent a major share in institutions than children without disabilities in Romania. This might say something about how the public view disabled people as someone who does not have the possibility to engage in society and maybe especially in the case of children, as a part of a family.

The report also states that the ones who put their child into an institution does so on the basis of social values on an individual level, lack of knowledge and preparations, or because they lack an economic and material support including help to relive and individual personalized services to support the family. It also mentions that mothers or the family feels forced to give their child away because they are encouraged by the government to let it live in an institution. This is clearly a vulnerability.

The support system's attitudes

Attitudes consists of thoughts, feelings and actions. The attitude of an employee in the support system is very important to the recipients. The attitude of the caregivers on an institution has impact on the individual

approach towards the children, which again impacts which relation they choose to establish with each child. Hereunder I will say it is a factor the children at the orphanage is vulnerable to.

Organizatìon of the institution

Besides the caregivers whose job it was to stay with the kids fulltime, the institution had a collection of other healthcare professionals who all had a minimum of a bachelor degree from a university. Amongst others there was physiotherapists, nurses, physicians and speech therapists. These people had no direct contact with the children. The physiotherapist could for instance take a child in for treatment up to several times during a week. My thoughts were that if some of these professionals got to be more included in direct contact with the children and instead used the resources together with the children, they would have gotten a more appropriate follow-up. Instead of take the child out of its everyday environment, the physiotherapists could for example do the rehabilitation while the children were playing in their natural surroundings. This factor is solemnly based on my observations.

Institutionalization – long term effect

The research article *The caregiving context in institution-reared and family reared infants and toddlers in Romania*, hereby called article 2, written by Anna T. Smyke *et all* portrays the damages a child can develop by long term institutionalization. I think they have based this article on children without moderate/serious/severe case of disability. It is stated in the article that children with fetal alcohol syndrome and cerebral parese was excluded from the study. Further on the article argue that the most important discovery disclosed was that the quality of the care the children were exposed to at the institution were connected to cognitive development and competence in the children. If the quality was not good enough, the child's development would not be sufficient.

   The relational competence is a factor which must be basis for children to be able to develop and excel at relations. It requires a certain amount of stability. The institution can be compared with a kindergarten where only the ones who shout the loudest gets attention. I feel it is important to also notice the children who does not have the opportunity to make so much of themselves and see that also they need to be seen, cared for and given attention. The caregivers become experienced in relations which includes a lot of reprimands aimed at the children who craves attention by regulating behaviour. The children who does not, will not even get that.

Willingness to change

The research article *Experiences of Mothers in Romania after Hearing from Medical Professionals That Their Child Has a Disability*, hereby called article 3, is written by Triona Collins and Barry Coughlan and addresses the parents of today and their encounters with the bureaucracy and how difficult it is to achieve understanding for the challenges and needs they have. The parents have to except claims which is not always conceivable for a mother or father to a child with more comprehensive assistance and care needs.

As a parent in Romania today it might be too tempting to send their child to an institution because they feel the challenges they will meet will not make it possible for them to give their child the support and care it needs. A feeling of inadequacy when encountering a support system which do not function after the recipient's needs. They also do not feel adequately met by healthcare workers/social workers in the initial phase where they are informed that the child has a disability. In some cases, medical personnel have withheld information from the parents because they are afraid that they will leave their child at the hospital.

Based on article 3 parents seem to encounter problems such as misdiagnosis of their child, as well as an unmotivating bureaucracy that makes it difficult to get social and financial support. In addition to this, this article outlines the attitudes of a healthcare personnel of a paternalistic nature where the professional is the "expert" and where a more cooperative attitude would lead to a more appropriate outcome for the parents and the child.

The issues surrounding institution still exists in Romania, however the parents's role when it comes to disabled children is developing. For example the fact that parents chose to keep the child despite of its disability and the possibility of letting it live in an institution. In the ground floor of the orphanage there was a school/kindergarten where some of the children at the orphanage attended. Many of the children who attended with them where living at home with their parents.

The common denominator in the articles

The common denominator in the three research articles I chose is that they are all written based on a state social system which do not function optimally for the people who's in desperate need for health and social services. There seems to be a broad consensus in the articles that the upbringing conditions in a total institution are not optimal. Article 1 addresses the history

and the outcomes from creating the institutions. Article 2 addresses which social, cognitive and behavioral damages children can develop from living in an institution. Article 3 addresses the mothers who keeps their disabled child, but who are exposed to several challenges while encountering support services. Report 1 refers to numbers which indicates the extent of children living in an institution in Romania. If these issues were not present, the researchers would not have basis for publishing the articles.

Conclusion

Initially my conclusion is that the culture of sending disabled children to institutions needs to be viewed in a cultural and historical perspective. The communist legacy in Romania still exists and Romania's poverty is one of the most severe in all of Europe. An institution can be a real alternative that is viewed on as better than trying to keep the kids at home.

The attitudes in the support system plays a major role for children who are located at an institution where the caregivers take a crucial role in the further development of the child. If they go around thinking the children are lucky as long as they have food and a warm place to sleep at night it will not be helping further development for the children who needs a caregiver who contributes to a good upbringing. This will lead to a perception that one only needs to satisfy the primary needs of a disabled person. Furthermore, we see trends that there is a motivation for change in the system. My thoughts are that perhaps the problem of institutionalization of children in Romania will slow down by the decline of poverty.

The social vulnerability factors are major based on the weaknesses of a disabled child. The mothers in article 3 do not have a lot of positive things to say about the bureaucracy and the way they were treated. In this case the children are vulnerable because the family receives less supplements in order for them to be taken good enough care of by their family.

Romania is a country with a lot of poverty which gives less access to resources and education. To be able to know something about how to take care of a child with different needs, gives basis to choose to take as good care of the child as you can, based on the means you have. It is however often the case that the children are taken away from their families because the living conditions is not good enough and placed in institutions. There is a lack of human resources which leads to the parents in many cases not being able to take care of any kind of child and give them what they need.

References

1. Collins, T., Coughlan, B. (2016). Experiences of Mothers in Romania after Hearing from Medical Professionals That Their Child Has a Disability. *Journal of Policy and Practice in Intellectual Disabilities*, **13**(1), 4-14. DOI: 10.1111/jppi.12141
2. Dalland, D. (2010). *Metode og oppgaveskriving for studenter.* Gylendal Norsk Forlag.
3. Gliga, F., Popa, M. (2010). In Romania, parents of children with and without disabilities are in favour of inclusive education. *Procedia Social and Behavioural Sciences*, **2**, 4468-4474.
4. Goffman, E. (1961). *Asylums: Essays on the social situation of mental patients and other inmates.* Anchor books, Doubleday & Company, Inc. Garden City, New York.
5. Johnson, B.R., Horga, M., Andronache, L. (1996). Womens perspectives on abortion in Romania. *Social science and Medicine* **42**(4), 521-530.
6. Kaufmann, G., Kaufmann, A. (2003). *Psykologi i organisasjon og ledelse.* Fagbokforlaget, Bergen.
7. Lorentzen, P. (2009). *Kommunikasjon med uvanlige barn*. Universitetsforlaget, Oslo.
8. Malt, Ulrik (2016). *Sårbarhetsfaktorer. I Store medisinske leksikon*. Hentet 20. mai 2017. https://sml.snl.no/s%C3%A5rbarhetsfaktorer.
9. Morrison, L. (2004). Ceausescu´s legacy: family struggles and institutionalization of children in Romania. *Journal of family history*, **29**(2), 168-182.
10. Rognsaa, A. (2015). *Bacheloroppgaven.* Universitetsforlaget, Oslo.
11. Skau, G. (2011). *Gode fagfolk vokser*. Cappelen Damm AS.
12. Smyke, T.A *et all*. (2007). The caregiving context in institution-reared and family-reared infants and toddlers in Romania. *Journal of Child Psychology and Psychiatry,* **48**(2), 210-218. DOI: 10.1111/j.1469-7610.2006.01694.x
13. Şoitu, D.T. (2015). Resilience and vulnerability: competing social paradigms ? *Scientific Annals of the "Alexandru Ioan Cuza" University, Iaşi. New Series Sociology and Social Work Section*, **8**(1).
14. UNICEF Romania. (2005). The situation of child abandonment in Romania. https://www.unicef.org/ceecis/GDD_2005_Romania_Child_abandonment.pdf (Retrieved: May 26th 2017).
15. UNICEF regional Office for CEE/CIS (2010). *At Home or in a Home*. https://www.unicef.org/ceecis/At_home_or_in_a_home_report.pdf (Retrieved: May 23rd 2017).