

MAP4Fostercare NATIONAL REPORT



Center for Training and Assessment in Social Work

(CFCECAS)

Romania

Project Leader:

**Center for Training and Assessment in Social Work
(CFCECAS)**

Project partners:



Friends of Romanian Children (FORC)



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Abbreviations:

PMA - Professional maternal assistant

PFFFP - Persons/families of professional foster care

GD - Government Decision

GDSACP - General Directorate for Social Assistance and Child Protection

NAPCRA - National Authority for the Protection of Children's Rights and Adoption



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1. Introduction

The Project called “New Approaches, Practices and Mentoring for Maternal Assistants and Professionals - MAP4Fostercare” is an EU-funded initiative aimed at improving alternative foster care arrangements by addressing the needs and experiences of maternal assistants, children and other stakeholders in the process. The project aims to improve the professional support and training offered to maternal assistants, ensuring better outcomes for children in these services in different cultural and institutional contexts across the EU.

The main objectives of the MAP4Fostercare project are:

1. To survey and assess the current state of foster care systems in participating countries;
2. To identify the needs and challenges faced by maternal assistants, children and professionals involved in foster care;
3. To develop and implement improved training programs and support mechanisms for maternal assistants;
4. Promote collaboration and knowledge exchange between EU countries to improve the overall quality of care services.

Work Package 2 (WP2) is a critical component of the MAP4Fostercare project, focusing on improving adult education by developing inclusive educational content for foster parents. WP2 aims to align with the overall goals of the project, which include creating training modules and improving accessibility to adult education programs. This work package aims to provide qualitative data on foster care practice, contributing to guidance and training for maternal assistants and care professionals. In addition, it will help to improve current training programs and promote the exchange of experience between maternal assistants.

The key objectives of WP2, as outlined in the project indicators, are:

1. To collect qualitative data on maternity care practices and provide an overview of this service;
2. To develop educational content for maternal assistants and evaluate it with them;
3. To contribute to adult education;
4. Support the improvement of current training programs.

Insights gained from WP2 will support the development of customised training programs and support mechanisms for maternal assistants, ultimately contributing to the overall objectives of the MAP4Fostercare project. By ensuring that data collection tools are robust, culturally sensitive and relevant, WP2 lays the foundation for meaningful and actionable findings that can improve foster care practice.



2. Maternity care practices in Romania

2.1. Overview of the placement system

How is the childcare system structured in Romania?

According to Law no. 272/2004 on the protection and promotion of children's rights, Art. 44. *(1) Any child who is temporarily or permanently deprived of the care of his or her parents or who, in order to protect his or her interests, cannot be left in their care, has the right to alternative care. (1) shall include the establishment of guardianship, special protection measures provided for by this Law no., adoption.*

Foster care in Romania is one of the alternative protection measures. In addition, there are other alternative care measures regulated by law: placement with foster families, family-type homes and family-type apartments.

Foster care and the rest of the alternative care services for children in situations of vulnerability in Romania is provided within accredited and licensed social services based on the nomenclature of Social Services (approved by GD no. 867/2015) respecting minimum quality standards.

The foster care service is open only within local public authorities and the foster care assistant is only the person employed by this authority. The authority in charge of this service is the National Authority for the Protection of Children's Rights and Adoption (NAPCRA), which is subordinated to the Ministry of Family, Youth and Equal Opportunities. The NAPCRA manages maternal assistance services through the General Directorates of Social Assistance in each sector of Bucharest and in each county in Romania.

According to Law no. 272/2004 **the decision on the placement measure can be taken only by the competent public authorities, based on the legislation, by the child protection commission, in the situation where there is parental consent or it is established by the court, at the request of the General Directorate for Social Assistance and Child Protection.**

If it has been decided to measure and receive in social services, then they can be provided as alternative care services for children in need and can be provided both in the public system and in the non-profit NGO system with alternative care services.



Other forms of alternative care would be placement in centres, family-type homes and family-type apartments. These are residential services that may be public or private operating on the basis of the nomenclature of Social Services (approved by GD no. 867/2015). According to the standard regulated by Order no. 25/2019 of January 3, 2019 on the approval of minimum quality standards for residential social services for children in the special protection system*), these services must limit the number of beneficiaries to guarantee the provision of the necessary living conditions adapted to each child.

What are the key legal and regulatory frameworks governing foster care?

The profession of maternal assistant is regulated by specific legislation:

- The basic law for the application of foster care measures: Law no. 272/2004 on the protection and promotion of children's rights.
- Ordinance no. 27/2024 on the conditions for obtaining the attestation, the attestation procedure and the status of the maternal assistant - the profession of professional maternal assistant being regulated by this law;

Maternity care is provided within the framework of social welfare services according to the following legislative acts:

- nomenclature of social services (approved by GD no. 867/2015) - based on the nomenclature of social services, specific social assistance services are provided which must comply with minimum quality standards;
- Order no. 26/2019 on the approval of the minimum quality standards for family-type social services for children in the special protection system - this is the minimum quality standard that regulates child protection services, based on which the maternal assistance service is provided;
- Order no. 25/2019 on the approval of the minimum quality standards for residential-type social services for children in the special protection system - this is the standard under which the other alternative care services for children for whom the placement measure has been instituted operate;
- Order no. 81/2019 on the approval of the minimum quality standards for social services organised as maternal centres.

What is the aim and what are the main objectives of the placement system in your country?

The special child protection system has strict and clearly defined objectives.

Foster care aims to provide alternative protection for children in difficult circumstances and to promote the best interests of the child. According to Law no. 272/2004 *the best interests of the*



child are circumscribed by the child's right to normal physical and moral development, social and emotional balance and family life.

The general objectives of maternal assistance are to provide a framework and a living environment conducive to the harmonious development of the child.

Foster care aims to become a substitute care measure for a child temporarily or permanently estranged from their parents.

2.2. Types of placement

What different types of placements are available (e.g. short-term, long-term, emergency, therapeutic)?

According to Law no. 272/2004, placement measures are: with *a person or family*, with *a maternal assistant*, in a *licensed residential service*. Placement may also be made on an emergency basis and the placement with a maternal assistant or in a residential centre shall apply.

a. Placement with a person or family

The person or family to whom the placement is ordered can be: a person or family who is part of the extended family, up to the fourth degree of kinship with the child, a person or family who is part of the child's social network, including relatives beyond the fourth degree, including friends of the family with whom the child has developed a relationship of attachment. In order to take the child into foster care, a person must be 18 years of age and have full capacity to exercise his or her full exercise capacity, must be domiciled in Romania and must submit an application for foster care to the GDSACP of the sector/county in which he or she is domiciled (Law no. 272/2004).

b. Placement with a professional maternal assistant

According to the legislation in force, foster care is a temporary protection measure until reintegration into the family or adoption. Foster care can also be ordered as an emergency measure.

c. Placement in residential services

Law no. 272/2004 legally defines the types of services specific to this measure as *all services that provide accommodation for more than 24 hours and are considered residential services and maternal centres*, and they are *organised on a family model and may be specialised according to the needs of the children placed*.

d. Placement with extended family, placement with other families and placement in family-type homes/apartments

These services are intended for children who are temporarily separated from their family, aim to provide living conditions in accordance with quality standards and ensure the right to housing, care, privacy, education and the development of independent living skills. To preserve



the need for belonging in a family environment, these centres have a limited number of beneficiaries.

- e. In addition to the types of placement mentioned above, the legislation also differentiates between emergency placements. This is defined as follows:

According to Law no. 272 of 2004, emergency placement is temporary, it is a special protection measure and is applied in the following situations: in case of abuse, neglect or victim of violence, abandoned in health facilities, if the child is deprived of the care of the legal representative (for example: due to arrest, hospitalisation, etc.). This measure is maintained and changed by the court.

2.3. Recruitment of maternal assistants

Eligibility criteria to become a maternal assistant:

The recruitment of professional maternal nurses was carried out on the basis of Government Decision no. 679/2003 on the conditions for obtaining the certificate, the attestation procedures and the status of the professional maternal nurse, published in the Official Gazette of Romania, Part I, no. 443 of June 23, 2003, legislation that was valid until August 2024, when Ordinance no. 27 of August 1, 2024 entered into force. This new ordinance regulates the new conditions for obtaining the attestation, the attestation procedure and the status of the maternal assistant. Until the date of the amendment, the criteria for selection, exclusion and training of maternal assistants were different.

The criteria to have access to the occupation of maternal assistant were: to prove full capacity to exercise by medical evaluation, to apply for the job in the locality where they live and have a permanent residence, to show a behaviour that proves parental skills, to own a house with utilities necessary for an independent life, not to be employed elsewhere and to hold the certificate of professional maternal assistant. (Decision no. 679/2003)

The criteria for exclusion from the occupation of maternal assistant were: conviction by a court judgement for intentionally committing a crime, forfeiture of parental rights or diagnosis of one or more chronic communicable diseases (Decision no. 679/2003).

The certificate of professional maternal assistant was obtained after the completion of the training course elaborated on the basis of Order 137/2003 on the approval of the analytical program of the professional training courses for professional maternal assistants, by completing a training course provided by the GDSACP of the applicant's county. (Decision no. 679/2003)

As of August, 2024, the new legislative framework has entered into force, bringing changes to the attestation process. Ordinance no. 27 of 2024 repealed Government Decision no. 679/2003.



The criteria according to which a person can apply for access to the occupation of maternal assistant, according to the legislation updated by Ordinance no. 27 of 2024, are:

- Be 21 years of age;
- have at least completed secondary education;
- *provide moral guarantees regarding the upbringing, care and education of the children, the person and their spouse have affective availability in relations with the children, as confirmed by psychological evaluation;*
- *the spouse and the children who have reached the age of 14 and who have the same domicile or, where applicable, the same residence as the applicant consent to the reception of a child/children into the family;*
- *is domiciled or, where applicable, resides in a locality with access to educational, medical services for the child/children they will foster and, where applicable, habilitation/rehabilitation services for the child with disabilities;*
- *has the right of use of a dwelling which adequately covers the food preparation, hygiene, education and rest needs of its users, including those of the child/children to be placed in foster care, and for whom an individualised space for rest and homework can be provided;*
- *at least one of the adult members of the family is earning an income, except for the applicant, if they live with one or more other members;*
- hold the certificate of professional maternal assistant. (Chapter 2, Article 3)

The professional maternal assistant attestation is obtained on the basis of Ordinance no. 27 of 2024 on the conditions for obtaining the attestation, the attestation procedure and the status of the maternal assistant, by completing a training course provided by the GDSACP of the applicant's county.

The criteria for exclusion from the occupation of maternal assistant under the updated legislation (Ordinance no. 27 of 2024) are:

- *is over the standard retirement age, has a conviction by a court judgement for intentionally committing a crime;*
- *has family members who have attained the age of 14 years or other persons, living with him/her, who have been convicted by a final judgement of an offence of the category referred to in b) or are listed with entries in the National Automated Register of Persons who have committed sexual offences, crimes of exploitation of persons or crimes against minors;*
- *has been deprived of parental rights or is diagnosed with one or more chronic communicable diseases*
- *has family members or other major persons living in the family who suffer from a communicable disease;*
- *the applicant or a person in the household has a history of domestic violence;*
- *had or, where applicable, has one or more natural children in the special protection system;*
- *has consented to the adoption of his or her own child, unless the child has been adopted by his or her spouse;*



- *suffers from mental illness, is addicted to alcohol, drugs or other psychotropic substances, as confirmed by medical certificates issued by a medical specialist;*
- *has family members or other adult persons living with him/her who suffer from mental illness, are addicted to alcohol, drugs or other psychotropic substances, as confirmed by medical certificates issued by a specialist doctor;*
- *has had his or her certificate as a maternal assistant withdrawn, unless the certificate has been withdrawn on application. (Chapter 2, Article 4)*

Training programs offered to maternal assistants before and after they start placement.

The attestation and training of professional maternal nurses was based on Government Decision no. 679/2003, which was valid until August 2024, when Ordinance no. 27 of August 1, 2024, on the conditions for obtaining the attestation, the attestation procedure and the status of the maternal nurse, published in the Official Gazette no. 789 of August 9, 2024, entered into force.

Until August 2024, *the training courses had a duration of at least 60 hours and their analytical syllabus was elaborated by the National Authority for Child Protection and Adoption (Ordinance no. 679/2003). This decision stipulated that professional maternal assistants are obliged to attend the refresher courses organised by the employers (Decision-nr-679-2003), but it did not mention a number of hours of mandatory continuing professional training per year, in addition to the training hours for attestation, and did not provide any consequences for the situation in which they do not attend the continuing professional training.*

As of August, 2024, the training of professional maternal nurses, which refers to the initial training for obtaining the PMA certificate, is carried out on the basis of Government Ordinance no. 129/2000 on adult vocational training. *The professional training courses have a duration of 80 hours, of which 50 hours of theory and 30 hours of practice, and are organised according to a training program developed by the National Authority for the Protection of Children's Rights and Adoption in collaboration with representatives of the academic environment (Ordinance no. 27 of 2024).*

The analytical program of professional training courses for professional maternal assistants shall contain information on primary and in-depth knowledge of the conditions of raising and caring for a child. (Mothercare - How to become a professional parent - General Directorate of Social Assistance and Child Protection (www.dgaspc3.ro)).

The maternal assistants are obliged to participate annually in continuous professional training programs, in addition to the initial training for obtaining the PMA certificate, through courses lasting 32 hours and these will be organised by the GDSACP of the county of the maternal assistant. (Ordinance no. 27 of 2024)



In addition to the mandatory training of maternal assistants carried out through the GDSACP, training programs are created and delivered through government programs, projects or other non-profit organisations working in the field of child protection.

On the official NAPCRA website there is a maternal assistants' portal with resources for professional development: **PORTAL FOR MATERNAL ASSISTANTS - PROFESSIONAL DEVELOPMENT.**

The NAPCRA's most recent professional development project is: *Team-UP: Advancing the Quality of Alternative Childcare* (About the Project - NAPCRA Portal).

This project aimed to *professionally train and increase the number of maternal assistants to complete the transition from foster care to alternative care.*

Mandatory training requirements.

Vocational training is mandatory in order to maintain employment status as a professional maternal assistant. In addition to the basic initial training of 80 hours, they are required to attend 32 hours of in-service training each year. The consequence of not attending the mandatory continuous training programs organised by the GDSACP is the loss of the status of professional maternal assistant. The updated legislation clearly spells out this consequence, in section 4: *Retraction and suspension of the certificate of maternal assistant: when the maternal assistant unjustifiably refuses to attend the continuous training courses or fails to attend them* (letter K, Ordinance no. 27 of 2024).

The occupation of professional maternal assistant is included in the Classification of Occupations in Romania and has an occupational standard. According to this standard: a maternal assistant is a natural person, certified in accordance with the law, who, through the work they carry out in their own home, provides the necessary upbringing, care and education for the harmonious development of the children in his/her care or in his/her custody.

Other protection measures do not require a certificate as a childminder. For example, placement with a person with whom the child has a relationship, not necessarily a family relationship, as a substitute measure, is not subject to the requirement to hold the certificate.

Support and resources currently available for childminders in Romania

Support for childminders takes many forms. There is financial support for child support and the salary of the maternal assistant, support from the GDSACP through monitoring, specialized assistance (social, psychological, legal and specific according to needs) and specific continuous training.



The financial benefits in the form of financial entitlements to ensure the child's needs are provided through: foster care allowance differentiated according to the presence of a disability, state allowance, a sum allocated for the child's birthday, a share of the utility bills and additional bills for medical interventions.

The financial support for the maternal assistant takes the following forms: a basic salary, a food allowance and various bonuses for working conditions (e.g. the child's disability or the number of children in care). Source: General Directorate of Social Assistance and Child Protection Sector 4 - Maternity Assistance Network (dgaspc4.ro)

3. Research methodology

3.1 Research procedure

The research methodology in the framework for this work package includes a combination of quantitative and qualitative research using online questionnaires, in-depth interviews and focus groups.

Below we outline the process for each data collection method:

Online questionnaire data collection.

As WP2 leader, PUHU prepared a collection of questions in English for the primary phase. These questionnaires have been reviewed and adjusted by the partners to ensure that they are relevant to the target groups, including professionals, volunteers and maternal assistants. The partners translated the questionnaires and consent forms into national languages. They also discussed and implemented the necessary cultural and institutional adaptations. Once the questionnaires were finalised, the partners involved their associated partners, relevant professionals and maternal caregivers to collect responses. A pilot test was carried out to ensure the effectiveness of the questionnaires, with a minimum of 15 responses collected for initial testing, between 05/06/2024 and 07/06/2024. Responses were collected from 08/06/2024 and 28/06/2024 after the questionnaire testing period.

In-depth interviews.

Each partner conducted in-depth interviews with 5 participants, either online or in physical format, to gain a comprehensive understanding of their experiences. Pilot testing to evaluate the questionnaires and adapt them was also used to improve the interview guide. The interviews



followed a semi-structured format to ensure consistency. The focus was on gathering detailed information on the process of maternity care from the participants' perspective. In-depth interviews were conducted between 29/05/2024 and 05/06/2024 to test the pilot questionnaire.

Focus groups

Partners conducted focus groups with a minimum of 3 participants. Focus group participants were selected from those who completed the online questionnaire and who expressed a willingness to share more details about their experience of working with children.

As the leader of this work package, PUHU provided guidance to ensure the quality and ethical approach essential for ethnographic interviews. These focus group discussions were audio-recorded to document the process and to ensure that no significant information was lost. The recordings helped to capture the nuances of the discussions for further analysis. Focus group in Romania was conducted between 03/06/2024 and 05/06/2024.

The data collection analysis was done respecting the confidentiality of the data provided by the respondents. The processed data were anonymized so that it was not possible to identify the contexts or the persons who participated in the research.

The combination of multiple research methods allowed access to the knowledge and experience of participants, with the process centred on values such as respect, confidentiality, clarity, openness and valuing the ideas and perspectives shared. However, the quantitative and qualitative analysis of the data was difficult, given the large number of completed questionnaires and the diverse and complex and unique responses to some of the open-ended questions.

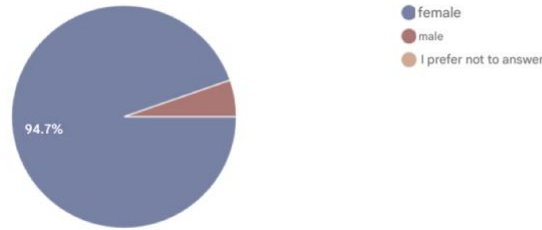
Some limitations arose from the presence in the questionnaire of new concepts for them (training, supervision, mentoring, professional support) even though the researchers explained these concepts in advance. Also, the number of questions in the questionnaire was perceived to be high and the type of open-ended questions posed difficulties.

The use of digital tools (SMART phones, PCs.) to complete the online interviews required time, attention and digital skills that some of the respondents had not yet fully operationalized.

3.2 Demographics of research participants

In the following we will present some of the demographics of the research participants, differentiating between the quantitative research (questionnaire administered online) and the qualitative research part. This section will include tables or charts for clarity.

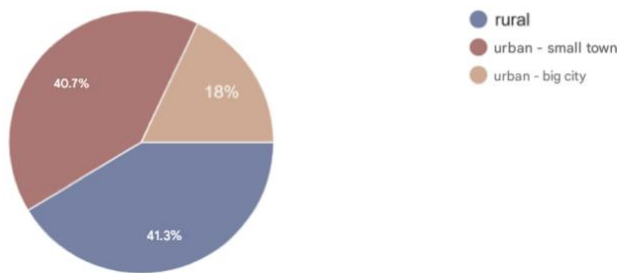
In the online questionnaire 150 participants responded.



142 out of 150 participants said they were female, 94.7%;

8 out of 150 participants said they were male, 5.3%;

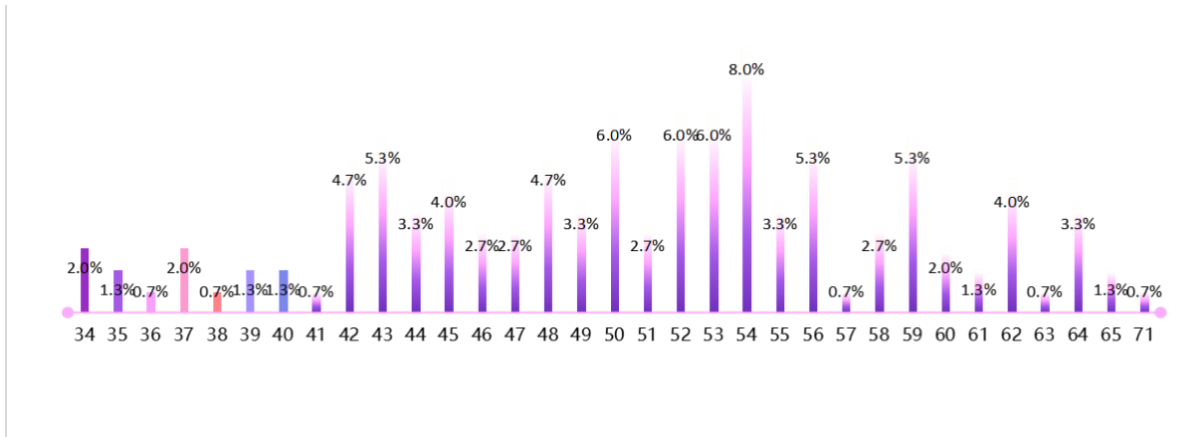
Question 2. Place of birth



41.3% of the respondents were born in rural areas, followed by those born in small towns - 40.7% and those born in big cities - 18%.

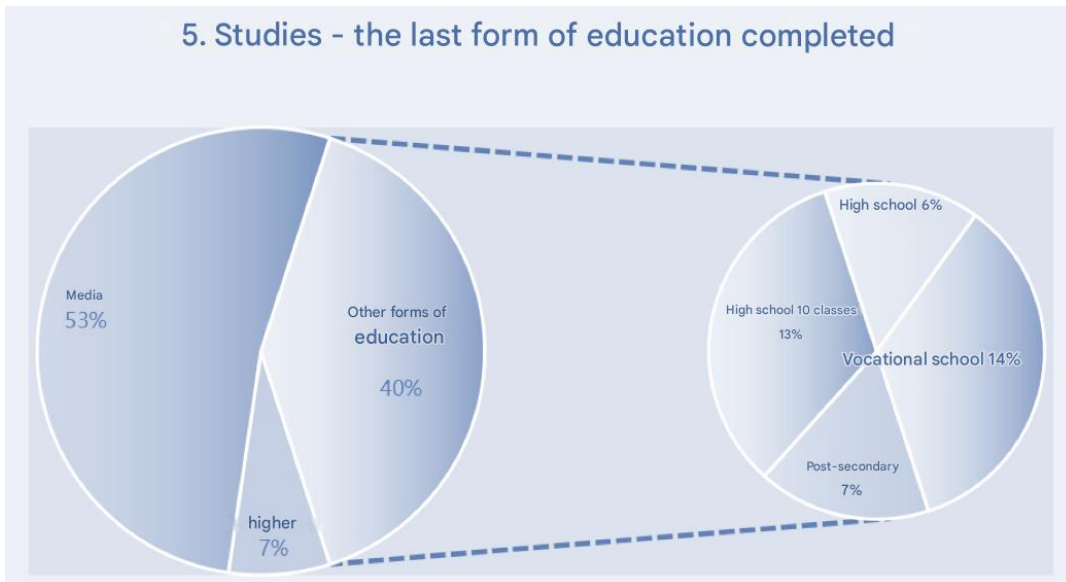


With regard to domicile, as can be seen in the above diagram (no. 3), 20 of the 150 participants stated that their domicile was in an urban, small town (13.3%); 15 of the participants stated that their domicile was in an urban, large city (10.0%), and the majority (115) stated that their domicile was in a rural area, 76.7%.

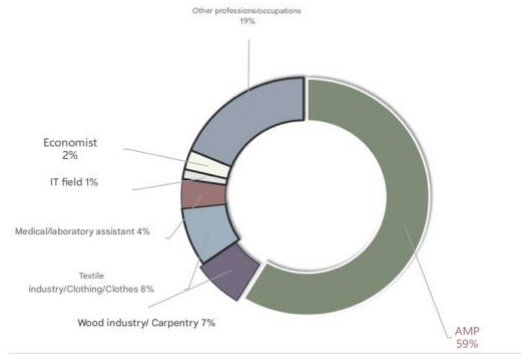


As reported, the majority of respondents fall into the **42-59** age category, accounting for over **76 percent**. **over 13% of respondents are over 60 years of age.**

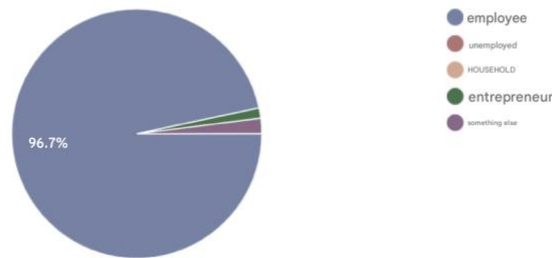
5. Studies - the last form of education completed



The highest percentage is represented by those who reported secondary education, 53%, followed by vocational school education at 14%. At the other end of the scale, the lowest percentage is secondary education (6%) and post-secondary and higher education (7%).

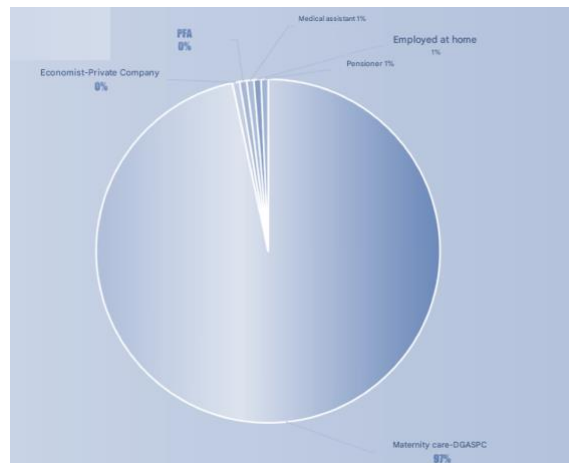


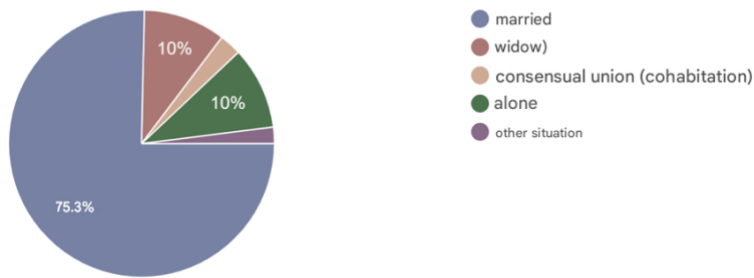
More than half of the respondents said that they are maternal assistants, which shows that they have had some training for the work they do with the children in their care.



The vast majority of respondents, 96.7%, stated that they are employed.

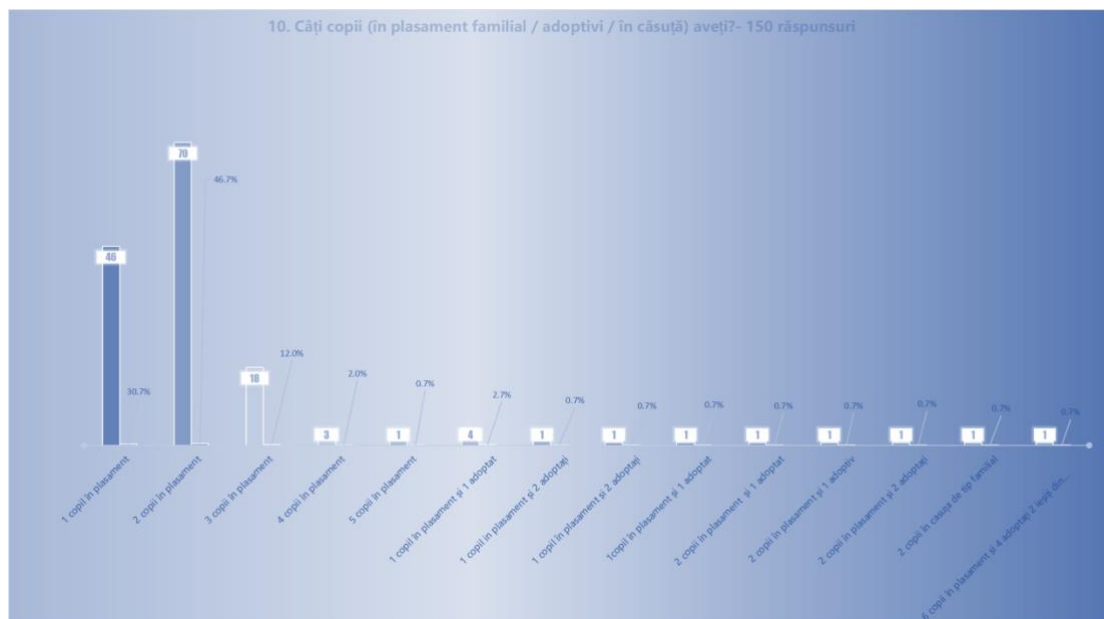
Regarding the employer, the respondents are mostly employees of GDSACP, as can be seen in the diagram below (no.7)





Regarding **marital status**, 75.3% of people participating in the online survey said they were married. 20% of respondents were widowed or single. 4% stated that they live in a consensual union (cohabitation).

To the question "How many children (foster/adoptive/adoptive/house) do you have?" the highest percentage of 46.7% is represented by respondents with 2 children in foster care. The lowest percentage is represented by respondents with 4 children in foster care, 2%. In general, respondents have between 1 and 3 foster children.

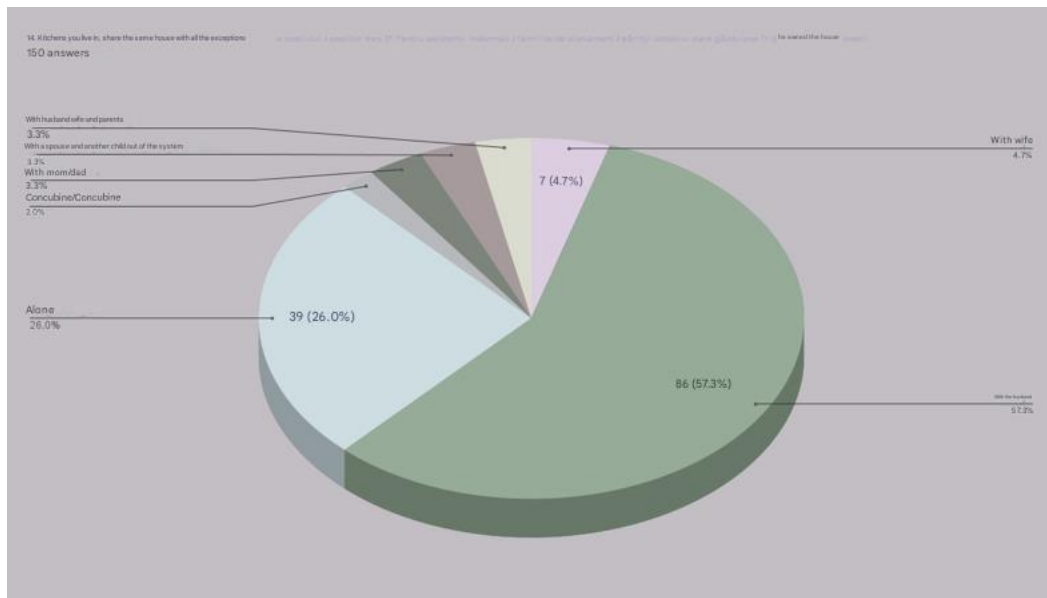
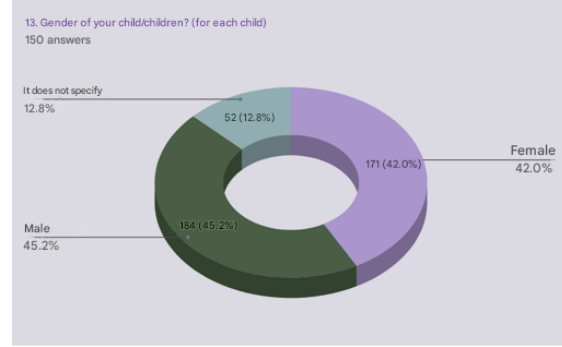
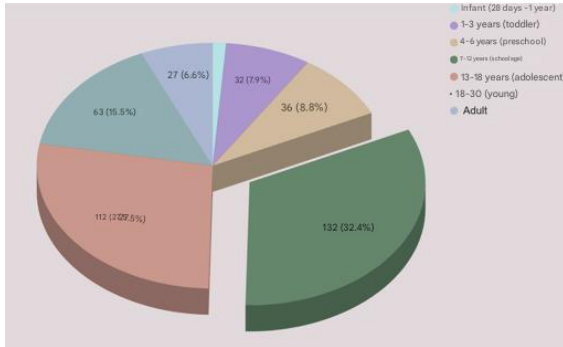


Almost 50% of respondents said they have no biological children. The next considerable percentage is 23% represented by respondents who have 2 biological children and still live with them.

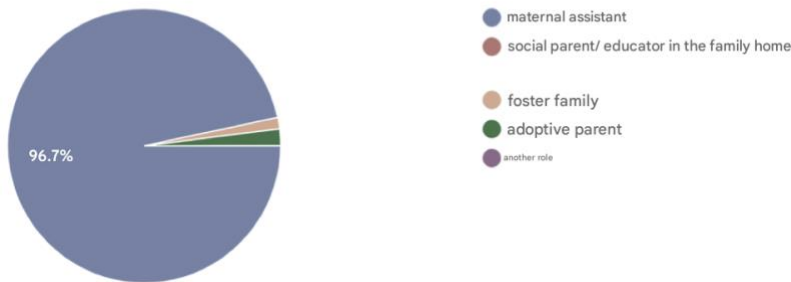
In terms of the characteristics of foster children living together with the biological children of the foster caregiver, the respondents have children of all ages in their care distributed as follows: 32.4% of the children are aged between 7-12 years, 27.5% are in the age range 13-18



years. The lowest percentage is represented by the category of infants, 1.3%. In terms of gender, male children account for 45.2%.



In general, 57.3% of respondents share accommodation with their spouse/partner. The next largest percentage is single persons, 26%.



Respondents are largely in the role of PMA, which accounts for 96.7%. At the opposite pole we have foster families at 1.3% and adoptive parents at 2%.

They fill this role as follows:

How many years have you been a social parent/ foster parent/ maternal assistant/ foster family?

Analysis - Online questionnaire

Over 20 years	Between 0-2 years	Between 3-5 years	Between 6-10 years	Between 11-15 years	Between 16-20 years
25 (16.7%)	29 (19.3%)	34 (22.7%)	25 (16.7%)	5 (3.3%)	32 (21.3%)

*number of respondents and percentage

In general, people with children in foster care are supported by the family, with the partner playing the most important role in supporting and assuming the responsibilities of raising and caring for the child/children. A small percentage (3%) mentioned specialised staff from social welfare services as support persons.

4. Results and analysis

4.1 Implementation process

4.1.1 Challenges

In the following we briefly describe the process participants went through in order to apply and be admitted as a maternal assistant, as stated.

Of the 150 responses to the online questionnaire, 145 people told about the process of applying for the role of a maternal assistant. The other 5 people had different experiences from maternal



assistants as they responded from different roles: 3 respondents have the role of foster parent and 2 people are foster family members.

For the 145 respondents who are maternal assistants, the application process was similar, except for the waiting time, which was determined by the availability of open positions in their county of residence.

For the majority, the experience unfolded in the following way: they heard from family or other people or were offered to try this occupation. These people went to the GDSACP of the county of residence and asked for information about the occupation and the application procedure. After being informed, they applied for the professional maternal assistant course, received an assessment visit from the GDSACP, followed the course, and obtained the professional maternal assistant certificate. This process included medical assessments for the persons living in the house where the person was to receive the child/children. Once they have passed medical assessments certifying that no communicable diseases and mental illnesses are present in the household with whom the child/children are to reside, the applicant receives the children into foster care or is on hold until the positions are released.

"(...) I filled in the application for the post of PMA and... I waited for 2 years (the posts were blocked), every month I went to the Directorate in the hope that I would find out something.

In the meantime, I did the training courses+the related tests with my husband, social enquiries and a lot of patience..."

"Having someone stay with the kids while I was away on the course."

"I needed financial and educational support."

Support through mentoring, coaching and supervision programs

In one of the interviews, one of the interviewees said: *" (...) I came 20 years ago (in the system, as a PMA), I am in the third generation (of foster children), I really like what I do. That's probably also because I couldn't have children, so that would be the main reason for me to get involved and take the opportunity to get this job, so to speak."*

4.1.2 Support needs

Support needed by maternal assistants during the placement process

Of the 145 maternal assistants surveyed, 38 replied that they did not need any support.

The needs identified were diverse and related to both emotional support and legal information and guidance.

We note the following:

- 19 people responded that they needed professional support from specialists who were involved in the process: *social workers, psychologists, doctors, teachers, etc*, but also from PMAs who were already working in the field.



- 17 people responded that they needed support from their family: *family has always been there for me and still is, from them I get the biggest support whenever needed.*
- 6 people said they needed financial support: *I would have needed to be reimbursed for the medical exams I took and even to be paid for my school classes, both practical and theory.*
- 4 people said they needed courage and 5 others answered that they only needed moral support

56 persons had different specific needs, as follows: some mentioned that they needed encouragement, information, support, emotional support, others emphasised the need for psychological counselling for the PMA and for the child and legal and medical guidance.

While one person tells us that she had no support, *"unfortunately I had no support at all"*, another person states that she had all the support: *"all the support I needed."* This may differ due to the diversity of activities carried out by GDSACPs across the country.

Pentru unele persoane a fost dificil să participe la cursurile de formare deoarece aveau propriul copil/proprii copii în îngrijire și nu au avut o persoană care să le țină locul în timpul cursului. Menționează că ar fi avut nevoie de cineva care să aibă grijă de proprii copii.

O nevoie importantă a fost aceea de o persoană disponibilă cu care să se consulte, care să-i ghideze, care să le ofere informații într-un ritm rapid, la fiecare nelămurire.

The needs during the application process are complex and differ depending on the already existing personal resources: *"(...) non-stop support, every step along the way, the procedure is long and complicated, the paperwork is a lot and there is a lot of running around and spending. Staff support for the payroll procedure. From the psychologist, from the manager. It is not a simple process, I was helped and supported throughout the whole attestation process."*

4.2 The adaptation process

4.2.1 Experiences during the adjustment process with the children

In Romania, Order no. 26/2019 specifies the following in relation to the adaptation period:

- Standard 2.4 refers to the preparation of the child and the PFPPF in order to accommodate the child and the PFPPF, the coordination of activities regarding the child's relocation to the PFPPF's home and the development of the initial plan for the child's accommodation in the new living environment;
- Standard 1.1 provides under (b) and (c) :

b) Informing the child - upon completion of the process of identifying the appropriate PFPPF for the child, the case manager shall inform the child, according to the child's age and maturity, of the person/family or professional foster caregiver with whom the child will be placed for upbringing and care, and the PFPPF regarding the child placed in foster care.



c) Accommodation process for the child with PFPFP - the case manager develops an accommodation plan for the child with PFPFP. In developing the plan, consideration will be given to issues of arranging meetings for the child with PFPFP at home, on neutral ground and at the PFPFP's home, determining the number of meetings, including meetings with the child's family as appropriate. The exception is emergency placement and extended family placement. The case manager supervises the meetings between the children and the PFPFP and determines whether the child's placement should be pursued, depending on the favourable or unfavourable development of the relationship between the child and the PFPFP (and the biological family, where their involvement is necessary).

(ii) Placement decision - after the end of the adaptation period, the case manager, in consultation with the child (depending on the child's age and maturity) proposes to the competent authority to take the placement of the child at PFPFP.

More than half of the professional maternal assistants interviewed stated that **there was no preparation or adaptation period with the child or children they had received in foster care (74 out of 145).**

For those where there was an adaptation period (54 people), the experiences were varied and the adaptation period ranged from 2 weeks to 3 months.

In some cases during this period there was only a meeting with the child, in other cases the adaptation consisted of visits to the hospital where the child was admitted, to the centre and to the home of the PMA until the placement with the person was decided:

"(...) with the first 4 year old boy there was a phone connection on WhatsApp for 2 weeks and 2 meetings in town. "

One of the conclusions of the maternal assistants focused on personalising the adjustment period: "It takes a specific amount of time for each child to feel safe with you."

Recommendations:

- Express provision in the law of the minimum time and a minimum number of visits required to familiarise the child with the PMA and their family, where appropriate, and implementation in professional practice of these legal requirements;
- establishing clear criteria for identifying incompatibility between the PMA and the child/children as well as specifying the actions required in such situations of incompatibility;
- the inclusion of the child's perspective, according to their age, level of understanding and development throughout the matching and accommodation process;



- considering the child's feedback on the matching process as a priority for the social work service;
- constant, evidence-based consultation by the case manager with the child/PMA about the process and the positive/negative consequences for each of the parties involved;

4.2.2 Support-related issues

Key issues for which maternal assistants/ foster families need support

For a proportion of PMAs, experiences during the adjustment period were described as *difficult*, having unique characteristics. The adjustment period was felt to be more difficult with younger children (0-2 years) compared to adjustment experiences with older children, who already have a range of learned behaviours.

Difficulties with younger children consisted in changing the sleep/rest rhythm ("sleepless nights"), dealing with conditions acquired by children as a result of neglect or abuse, accessing treatments for children with disabilities or mental limitations: "(...) *in the second case we took in two siblings, a little girl almost 2 years old and her little brother 5 weeks old, under all criticism, they were very neglected, very dirty, very lice, scabies and sick, but we got through it all ... or ... it was hard because the little girl was born premature with many health problems. I went with the little girl to Cluj to have her mouth operated on. It was very difficult. He's autistic and he doesn't speak, so it's hard to understand if he has any problems...*"

Difficulties with older children start from speaking a language other than Romanian: *... the first experience was when I had to learn another language in order to be able to communicate with the children... or ... I had a case with a 3 year old girl who didn't know Romanian, and I don't know Hungarian, it was quite difficult because she didn't understand what I was saying and vice versa.*", difficulty to conform to new rules: "(...) *they didn't want to adapt, especially the older one at 13, he wouldn't let the sisters either. He told them not to listen to me and not to do what I asked. Being the eldest brother, they obeyed him and they still obey him today after almost 3 years, they are still not totally adapted, they still don't respect house rules, cleanliness, hygiene... or ... lifestyle differences, worked a lot psychologically with the child to understand him and to gain his trust, it's a continuous process.*", difficulties related to the behaviours that children come with from the environments from which they were taken: "*Ca PMA, with older children it's awful, sad, frustrating and painful. The child who would break (at 3 years old) would scream, hit himself, not accept food, not sleep... it takes a lot of patience, understanding and affection. It's not just the PMA here, but the whole family; older child jumping with a knife at family members, threatening.... or ... the child was withdrawn, shy, everything was new to him, he got acquainted with relatives, my friends, my grandchildren, towards the end of the month some controversies arose due to his behaviour, we discovered that he hides food under the bed or pillow, steals, walks around with fire.*"



Another difficulty may be related to school absenteeism and catching up lost subjects: "(...) *there are children who do not know how to read, write, etc.... or ... we hardly started the stage of catching up with the subjects because the children didn't attend school, at 10 and 11 years old we did the alphabet.*"

Given all these experiences, the maternal assistants drew attention to the need for support they could access:

"I needed psychological support because of the child's behavioural problems."

"I had helpful counselling and advice which helped me to understand the given situation or the suggestions I received from the social workers."

"For severely mentally handicapped children or medical aspects, recommendations on how it would be better for the child to proceed, the necessary documents! Situations where I was more than guided, helped even!"

Recommendations for the support of maternal assistants during the child's adjustment period:

- support from social service specialists (social workers, psychologists) to understand certain behaviours, reactions, attitudes and emotional states of the child
- support from social services to access other services and support networks needed by the child: specialised medical services, rehabilitation and speech therapy, etc.
- support to improve communication and relationship skills with the child

- support to access a network with other maternal assistants or foster families to facilitate support groups
- support for the family/family members of the PMA
- financial support tailored to the specific needs of the child
- specialised support for the ongoing practice of parenting skills at a level appropriate to the gradual development of the foster child;

4.3. Training and support process

4.3.1. Training details

The training of professional maternal assistants is regulated and has been carried out under Order 137/2003 until August 2024, and Ordinance 27 of August 1, 2024 s (details on the availability of these programs can be found in subchapter 2.3 of this report).



It is necessary to differentiate between the initial training through which the professional maternal assistant receives the attestation on the basis of which they can practise and the continuous training.

Almost 60% of the respondents mentioned that they had benefited from training programs and that they were mandatory. The programs were provided by GDSACP, in the framework of different projects implemented by them and sometimes by NGOs.

From the point of view of the maternal assistants participating in this research, in general, the training programs addressed general aspects of child development and basic care: feeding, hygiene, independent living skills training. Some of the courses also included the psycho-social aspects of the child's developmental stages, attachment styles, domestic violence and bullying, trauma, dysfunctional behaviours, and deviant behaviours (substance abuse or juvenile delinquency), developing a trusting relationship with the child, supporting the child to reintegrate into the biological family or preparing for adoption.

In the socio-medical area, the programs included topics such as: child care in the first months of life, care of children with disabilities and first aid elements. and from the point of view of legislation, maternal assistants studied about: child protection law, maternal assistance legislation and instructions on how to prepare the necessary files according to different problematic issues.

Irrespective of the topics covered in the training, the maternal assistants found useful elements that they could use in their practice: "developing parenting skills", "improving communication with children", "connecting with other people practising the profession and sharing experiences", "learning about the stages of child development" and "(to) better understand child behaviours", "managing crisis situations".

For some people the training sessions also meant "bringing expectations as close to reality as possible."

4.3.2 Experience sharing

From the responses received, meetings between foster carers or foster families do not happen regularly, with a certain frequency and predictability for them. A proportion of individuals (59) have met and used the opportunity to share from their experiences at training programs, events or meetings organised by GDSACP. These meetings take place in an interval between one month and 3 months. In general the frequency of meetings is determined by the proximity of places where they can carry out joint activities.

The professional maternal assistants choose to share various information with other colleagues, generally focusing on experiences they have had with and memories of children, dealing with certain behaviours and meeting challenges or stories from their child's developmental



experience (99 out of 150 respondents). There are also people who say they do not share anything (9 respondents). One person drew attention to the confidentiality of sharing information about children.

In general, maternal assistants describe impressions, opinions, disappointments, tell about children's progress, offer guidance about documents and visits to institutions, and sometimes even share cooking recipes.

These exchanges are perceived as mutually encouraging and supportive, and when the space is felt to be safe, they talk about the PMA system and share their pros and cons.

5. Additional information

Training needs

Given the uniqueness of the children and their experiences, the profile of the maternal assistants and foster families, the training needs reported are diverse. As a result, training needs to be regular, diverse and dynamic, followed by individualised support through mentoring, coaching and supervision.

Among the themes found in the answers we can distinguish several areas:

1. **Themes related to child development and health management (including disability):** managing the disabled child who has medical diagnoses and different health problems, psychological aspects, developmental stages, case studies and examples from practice and support for speech impairments; about autism; first aid manoeuvres; about children with learning disabilities; adolescence in children with disabilities;
2. **Topics related to managing the relationship with children:** ways of understanding and supporting children in foster care; procedures for managing difficult situations with the child during the period of leave; about integration and relationship formation in the family, focus on parent-child relationship; about pre-adolescence, adolescence in girls and boys and creating healthy friendship relationships; about managing the child's leaving period and the process of separation of the child from the PMA; setting rules and boundaries in the relationship with the child; communicating with the child.
3. **School integration and support:** empowering and preparing young people for independent living, about the protection system, explained placement measures, rights, entitlements and benefits for the child/young person leaving the protection system, about dropping out of school
4. **Legislative aspects:** rights, entitlements and benefits for the child and the PMA;
5. **Trauma and resilience:** about behaviour in children and behavioural disorders that can occur as a result of their history, substance abuse, managing cases where there is major trauma.



6. **PMA and self care needs (self care):** resilience of professionals, the need for self-care and respite.

In addition to desired themes, respondents also offered **new suggestions for educational content they would recommend to future professionals:**

- Emotional management for children and adults;
- preparing the child emotionally for reunion with the biological family;
- building a relationship with the child based on: support, security, affection and attachment;
- basics for the children's vocational support;

- sex education;
- juvenile delinquency prevention;
- about addictions: internet, tobacco, alcohol, drugs and toxic relationships;
- courses to support the use of: smart phones, computers and online participation - the basics;
- how to build educational recovery activities and programs for children who have experienced school dropout;
- integrating young people into society and developing independent living skills.

Referring to the knowledge and experiences of maternal assistants / social/ foster/ adoptive parents / foster families, they emphasise that it would have been helpful for people who want to work with children in the care system if they had known that:

The essential aspects of raising a child are more about meeting emotional needs, having patience, love, understanding, understanding, attention, calmness and closely following the child's developmental stages.

Preparing children for adoption and separation is an important process in their transition to their new family.

Motivation in PMA work is supported by identifying positive aspects and sharing experiences between professionals.

Success stories of children with disabilities who have gone on to independent living emphasise the importance of appropriate and sustained care.

Communicating with the child about adoption is essential to prepare them and help them understand the process.

Empowering the child to acquire independent living skills is an important goal in their upbringing and education.

Family prioritisation by the PMA and the importance of motivation in working with children, especially in difficult situations, are essential for long-term success.



Settling children into adoptive families is a delicate process that requires time and attention, and **the first interactions** with the foster child are crucial for relationship building.

Children's behaviour at school, problems encountered in the school environment as well as leisure and relaxation activities need to be frequently discussed by maternal assistants.

Caring for hyperactive children and providing guidance and mentoring are challenges in the work of the PMA.

Discrimination and the role of PMAs in protecting children are important topics in maternity care.

Setting rules and boundaries is essential for a healthy relationship between the PMA and the child, taking into account **the uniqueness of each child**, including during difficult periods such as puberty.

Emotional support for the PMA is necessary, given the loss experienced after adoption, but also the satisfaction received through feedback from adoptive families.

Support for children after the age of 18 and obstructions in their care need to be discussed in the context of their preparation for adult life.

Experiences **PMA with children from kindergarten to employment** reflect the importance of supporting children through all stages of development.

Success in education: sometimes PMA is able to catch up with children who have had a history of dropping out or truancy (positive example: one PMA was able to catch up with children 80% of the time and they finished the school year with an average of 8+).

Connecting with the child before correction is a recommended strategy in the relationship with the child.

The challenges of caring for a child with a diagnosis and parenting a newborn are diverse experiences of PMA.

The experience with adolescents in care is specifically challenging because of the unique developmental stages they go through.

Among the **recommendations that foster caregivers have made**, we can mention:

The qualities that the maternal assistant needs: patience, empathy, perseverance, consistency and commitment. It is essential to be emotionally prepared for the separation from the foster child, to be able to deal effectively with their own emotions and those of the child, and to be able to identify types of violence (with a focus on psychological, social violence).

The maternal assistant also needs to develop the ability to supervise the child, but also to give the child the freedom to cooperate with other professionals.



Respecting the child's developmental stages and their own pace is essential for building a relationship based on security and maintaining family harmony. The maternal assistant must be a role model for the child, avoid distorting the truth and be alert to the forms of bullying and discrimination to which the child may be subjected in different social contexts. Creating a sense of security and respecting confidentiality are priorities.

6. Conclusions

Conclusions on the foster care system in Romania

In Romania, placement of children who are temporarily or permanently separated from their biological parents is clearly regulated. Legislation and quality standards guide professional practice and describe the framework within which children can benefit from protection through this measure.

Conclusions and recommendations on initial training of PMAs and foster families

- The update of the initial training program for obtaining the PMA certificate should be aligned with current needs and legal requirements.
- Theoretical sessions could be conducted online in order to avoid additional efforts and reduce the time spent by participants.
- For the practical sessions, a supervised play space should be provided where participants can leave their children, so that travelling from home, if they have no one to leave their children with, does not become a problem.

Conclusions and recommendations for continuing education of PMAs

- Some of the courses and support programs could be conducted online to facilitate PMA participation, avoiding the additional stress associated with travel away from home, which can affect quality of care.
- Collect regular feedback from PMAs on their training and support needs.
- GDSACP staff should encourage and support PMAs to attend courses. Information about the benefits of continuing training, the obligations of attendance and the consequences of non-attendance should be communicated clearly and repeatedly;
- Ongoing support through mentoring, coaching and supervision programs

In practice, these programs need to be built together with the groups of maternal assistants in order to better meet their needs. At the same time, for the programs to be accessible, it is necessary that they take place in an adapted timeframe, with specific support for those



individuals/families who have no one to leave their children in the care of during their participation in these programs.

Although maternal assistants, foster families and adoptive parents have mentioned in different ways the importance of ongoing support, both during the child's adaptation to the new context and afterwards, in Romania there is no clarity about the mentoring, coaching or supervision programs that they can benefit from.

In the focus group all individuals mentioned the need for counselling, probably because it may be the word most often heard/cited by PMAs in their interaction with professionals/social service.

In the interviews participants emphasised the need for ongoing support: one person mentions the need to have someone to guide them: *'So, I would like to talk to someone, to guide us how we could react in situations like this like I encountered with a 17 year old beneficiary. They are more rebellious. In general, teenagers go from one state to another and behave differently. And we would like to know how we could behave in different situations like this to solve the problem properly and calmly.'*

"(...) maybe the situation is resolved momentarily and then it escalates. Or maybe we think we have solved it and we haven't. I mean it would be ok to discuss with someone how we could behave in these situations and how we can solve them, what we can say to them, how we can advise them, how we can guide them (the children)."

One person mentioned that she receives supervision in the family-type home where she works: *"I had monthly supervision in this association during this process of working with children. I very often needed moral support to be able to solve the problems of the children as teenagers and with different problems of their own."*

"We often needed moral support and the support of the social worker as well as colleagues to be on the same wavelength in terms of their education and care. I received everything I needed, lots of counselling and supervision."

One person mentions that they receive monthly supervision in the service where they work: *"Every month we have supervision meetings which are very beneficial for us staff, because we also learn how to approach each one individually, so individually, with individual discussions, because each child has his own behaviour."*

1 other person mentions, *"If we were to say what we would add and what we would change in the context of the existing training, I would say there would still be more need for counselling."*

Other recommendations coming from the respondents concerned:

- *Parents' school: information and counselling activities for parents.*
- *A counselling centre: activities with children and parents.*



From the perspective of some of the interviewees, the methods of professional support that they have experienced refer to supervision and counselling; there is a need to include this support in the professional routines carried out in the social service for maternal assistance and also to create service structures to which PMA and children have continuous access.

The results of the research show the legal contexts, the existing procedures in the social services of maternal assistance in Romania and the training and professional support needed by people who choose to work as professional maternal assistants.

The research also provides recommendations that will maximise the level of professionalism in the social services, that will support the motivation to exercise this beautiful, difficult and honourable occupation of maternal assistant and, last but not least, to be able to provide children with a sense of well-being and a sense of being.

Sources

Legislation:

Law no. 272/2004 on the protection and promotion of the rights of the child;

Ordinance no. 27/2024 on the conditions for obtaining the attestation, the attestation procedure and the status of the maternal assistant;

GD no. 867/2015 - nomenclature of social services;

Order no. 26/2019 on the approval of the minimum quality standards for family-type social services for children in the special protection system;

Order no. 25/2019 on the approval of minimum quality standards for residential type social services for children in the special protection system;

GD no. 679/2003 on the conditions for obtaining the attestation, the attestation procedures and the status of the professional maternal assistant;

Order no. 81/2019 on the approval of minimum quality standards for social services organised as maternity centres.



Websites:

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