

**The\_National\_Strategy\_on\_the\_Protection\_and\_Promotion\_of\_Children's  
\_Rights**

**2014-2020**

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## 1. INTRODUCTION

### Strategic framework

The *National Strategy on the Protection and Promotion of Children's Rights 2014-2020* is being developed in a time where public policies in all sectors are redesigned to set the stage for the new programming period of the European Structural and Investment Funds and to prioritise the objectives integrated into the Government Programme 2013-2016 and the targets set and committed to under the Europe 2020 Strategy.

The Strategy aims to provide an effective framework for implementing the key priorities of child policies developed under the **Government Programme** "to create the conditions for child development and education from birth to the age of majority".

The **Partnership Agreement** designed to set European funding priorities has mainstreamed strategic planning in all the major government sectors, including for child policies in the areas of social protection, education and health, as well as justice and home affairs. This Strategy seeks to match intervention measures to key strategic documents on child protection, especially the **Strategy for Promoting Social Inclusion and Combating Poverty**, which is currently being prepared.

**The Europe 2020 Strategy** has played a crucial role in child protection policy revision, with its target of lifting at least 20 million people out of poverty and social exclusion. In 2012, approximately 125 million European citizens were living in poverty or social exclusion, with children accounting for more than a quarter and being more affected than adults in most countries. In this context, Romania is committed to reducing the number of people affected by relative poverty by more than half a million (580,000) in the period 2008-2020 so as to reach the target of 4.408 thousand people. **Additionally, this Strategy is aimed at ensuring that 250,000 fewer children live in relative poverty by 2020, with a proposed target of no more than 1,106,000 poor children in 2020.**

The *Council of Europe Strategy for the Rights of the Child 2012-2015* has been another important benchmark in developing this document as it helps CE to strengthen its capacity to offer Member States guidance and support for child protection policies.

Like CE Strategy at European level, this Strategy is expected to serve as a catalyst for the national implementation of the principles laid down in the **UN Convention on the Rights of the Child**.

**The UN Convention on the Rights of Persons with Disabilities, which Romania ratified by Law No 221/2010**, and its Optional Protocol, signed by Romania in September 2008, are other framework documents whose provisions will have to be incorporated in every action meant to

promote, protect and ensure the full and equal exercise of human rights and fundamental freedoms for all persons with disabilities, including children.

Another strategic document which is highly important at European level is the **Commission Recommendation 2013/112/EU – Investing in children: breaking the cycle of disadvantage**, laying down a common European framework for building up synergies between relevant policy areas. Moreover, the Recommendation intends to help Member States to review their policies and learn from each other's experience with a view to enhancing policy efficiency and effectiveness through innovative approaches that give due consideration to the diversity of their problems and to local and regional perspectives.

### **Participatory strategy development process**

Running a full analysis of the measures set out in the previous strategy on the protection and promotion of children's rights, implemented in the period 2008-2013, was no easy task due to objective setbacks encountered during strategy approval and implementation.

The aforementioned framework document was developed in 2004-2005, but for reasons beyond initiator's control, the Government approved it only in 2008, which means that when the strategy finally came into force some of its measures and objectives were already inconsistent with the objective reality.

That delay later gave rise to other changes in the organisational and institutional frameworks of the main authorities which had taken upon themselves to implement the strategy (e.g.: dissolution of the former National Authority for Family and Child Rights Protection, cabinet reshuffle, etc.).

Therefore, exploring the current situation has been considered to be more relevant for the development of this strategic document than assessing the results of the previous strategy which, from many points of view, no longer matched the priorities and principles initially envisaged.

The strategy development process included broad consultations with all the ministries holding responsibilities in the field of child rights protection and promotion, with non-governmental organisations, children's representative structures, and international partners.

Thus, under the coordination of the Ministry of Labour, Family, Social Protection and the Elderly and with technical and financial support from UNICEF Romania, a working group was set up to decide on the structure, priorities, principles and objectives underlying this strategy while trying to ensure institutional and legal coherence and coordination.

A major role was also played by the non-governmental sector, which joined the inter-ministerial group from the very beginning with representatives of the Federation of Non-governmental Organisations for the Child (FONPC), Hopes and Homes for Children (HHC Romania), SERA Romania, and Save the Children Romania.

Hence, the strategy development process was informed by the inputs of non-governmental organisations with relevant experience in the field of child protection.

HHC Romania organised broad consultations at national level with relevant child protection representatives of the public and private sectors. During 8 regional conferences planned to this end, the problems or difficulties identified firsthand, especially by local authorities, were discussed and recommendations were formulated with respect to potential remedial measures to be included in the new strategy for 2014-2020.

For its part, FONPC organised meetings with representatives of 56 non-governmental organisations, and the conclusions and recommendations drawn during those consultations were forwarded to MLFSPE for analysis and inclusion in the new strategy.

Priority actions embedded in the Manifesto for Children – 10 Priorities for Children in Romania, initiated by Save the Children and UNICEF and endorsed by 35 non-governmental organisations, were also considered.

Besides their contribution to strategy development, non-governmental organisations will effectively participate in implementation and funding and they are expected to contribute significantly to achieving the proposed objectives. De mentinut ideea si de trasnferat la implicatii financiare

The consultation process also involved representatives of the National Student Council, which had a direct say in the measures formulated to enhance child participation, with their proposals being included in this strategy.

The objectives, measures and operational plan of this strategy have been informed by a series of situation analyses conducted by independent experts and aimed at providing a detailed evaluation of key developments in the areas of health, education and social protection to identify existing gaps and the means for this strategy to close them. Moreover, the information provided by the 2012 National Conclusive Evaluation of General Directorates for Social Assistance and Child Protection (GDSACP), Public Social Assistance Services (PSAS) and other child protection institutions and organisations has been used to set some of the objectives and measures included in this Strategy.<sup>i</sup>

## **2. STRATEGY GOAL**

**The Strategy aims to promote investment in child development and well-being, based on a holistic and integrated approach embraced by all public institutions and authorities, to ensure the respect for children’s rights, coverage of their needs, and universal access to services.**

The Strategy is expected to act as an integrator of all processes meant to strengthen structural and modernising reforms, including under 2014-2020 programming period, with an impact on child development in Romania.

Also, the Strategy seeks to ensure that policies are coherent and stronger at sectoral level, between various governance levels and mechanisms, and that they are consistent with the objectives set out in European documents.

## **3. STRATEGY PRINCIPLES**

### **1. *Promote a society centred on child development and well-being***

The child should be placed at the very core of any society and considered the human resource of the future. Society cannot overcome its current major problems unless collective efforts are made to systematically ensure children’s well-being.

### **2. *Promote and respect the best interests of the child***

The best interests of the child represent the underlying principle of all legal acts on the protection and promotion of children's rights, impacting every sector: education, health, justice, social assistance, etc.

The principle of the child's best interests is actually a procedural rule whereby, when a public or private authority is called upon to make a decision which may influence the child's life, health or development, whether the child is viewed as an individual or part of a group, decision makers must previously look at all the implications that the respective decision might have for him/her.

### ***3. Universality, non-discrimination and equal opportunities***

Through the measures it proposes, the National Strategy on the Protection and Promotion of Children's Rights lays down the framework for respecting the rights of all children, without discrimination, while ensuring that all of them can freely and fully exercise their rights, on an equal footing.

The issue of discrimination is even more difficult to address as the general public gives little importance to it. According to the principle of non-discrimination, authorities are ought to treat all children in a similar situation the same and there should be no disproportion between the goal pursued through unequal treatment and the means used.

### ***4. Primacy of parents' responsibility for child rearing and care and the subsidiary yet responsible nature of State authorities' interventions***

This Strategy aims at continuing accompaniment/support measures as well as those meant to make parents accountable and aware of their primary responsibility for child rearing, care, education and well-being.

The exercise of these fundamental responsibilities must be supported by the intervention of local public administration authorities or other institutional stakeholders, only when family resources don't fully cover the child's needs.

### ***5. Promote interinstitutional and civil society partnerships***

The objectives, measures and activities set out in this strategy carry on the work intended to strengthen public-private partnership and the partnership between professionals and

beneficiaries. Partnership must sustain the efforts of promoting child-oriented policies and actions, with a stronger focus on community values.

Partnerships between various institutional actors, stakeholders and beneficiaries will be geared towards changing the way in which the community understands to ensure real and effective protection to children.

Community partnership is also promoted and built on the idea that responsibility towards children should not go to a single authority or institution, but to the entire network comprised of the child's family, informal community leaders and representatives of competent institutions or organisations.

### ***6. Child participation and consultation in relevant decision-making***

Participation and consultation are key elements for child policy development, ensuring quality decision-making related to children. Child participation, viewed as an ongoing process of involving children in decisions that concern them, at all (family, local, community, central) levels also enables the exchange of information and constant dialogue between grown-ups and children, based on mutual respect and valuing children's opinions in accordance with their age and maturity. Children with disabilities, too, need to be allowed to participate and be provided disability- and age-appropriate assistance to this end.

### ***7. Ensure stability, continuity and complementarity of personalised care for every child***

The child needs a stable family environment, and the services provided to him/her and his/her family must be designed so as to be available all through his/her life as a means to support autonomous adulthood and to cover different specific needs that may arise at a given time.

Ensuring stability to each child is important and must remain a priority also for the child separated from his/her family, with professionals identifying permanent solutions that meet all the child's needs.

### ***8. Equity and transparency of budgeting/financial allocations for children***

Children's health, education and social inclusion have a direct impact on both current societal costs and the future of the society. Constant and equitable funding of measures intended to



ensure children's well-balanced development is an effective way to fulfil the State's obligations regarding the protection of children's rights. Ensuring transparent child allocations is not only about securing dedicated items in the general budget, but also about identifying effective means for using legislation, relevant policies and budgets to ensure that children's rights are respected. In the process of implementing the measures aimed at child rights realisation and promotion, the State is primarily responsible for resource provision.

The very UN Convention on the Rights of the Child unequivocally provides that States Parties should make available, judiciously allocate and use public resources to ensure the realisation of children's rights.

Explicit budget allocations for children will have to become a priority for authorities in order to secure the resources needed for the adequate protection and effective realisation of the rights.

#### **4. POLICY FRAMEWORK - CHALLENGES**

The increase in the performance of the child rights protection and promotion system must be assessed keeping in mind the severely limited public resources, which are significantly scarcer in Romania, namely nearly 10 percentage points below the European mean, in relation to GDP. Still, it is noteworthy that after 2008 spending on social protection has increased as a share of a diminished GDP, whilst education and health allocations have reported insignificant fluctuations. Compared to other EU27 countries, according to Eurostat in 2011 Romania's different categories of expenditure, as shares of GDP, looked as follows:

- overall public spending: 39.5% versus 49.0%;
- spending on social protection: 14.1% versus 19.6%;
- spending on education: 4.1% versus 5.3%;
- spending on health care: 3.4% versus 7.3%.

The share of child and family expenditure in the overall spending on social protection dropped by nearly one third between 2005 and 2010<sup>1</sup>. As a share of GDP, the decline was from 1.8 to 1.7 over the same period (and 1.4% in 2011).<sup>2</sup>

#### **Social protection system**

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<sup>1</sup> Eurostat

<sup>2</sup> Idem

Child protection and related social policies have constantly been in decision makers' spotlight, due to the important reforms implemented in this sector after 1997 (reforming the relevant legal framework, decentralising child protection activities, restructuring and diversifying child care institutions, developing family-type alternatives to residential care, and increased focus on policies meant to prevent the child's separation from family), as well as to the flourishing non-governmental sector and the general concern for children's circumstances showed by researchers, international organisations and the whole society.

As a result of post-1997 efforts to reform the child protection system, the number of children in residential care facilities, public and private placement centres continued to drop in the period 2008 – 2013, though less than in previous years, from 25,114 in December 2007 to 22,124 in September 2013. Regarding children under 3, despite efforts to avoid their institutionalisation, 723 children are still living in placement centres (compared to 907 children in 2004 and 605 in 2007). Most children in residential care are 14 to 17 years old, followed by those aged 10 to 13. Young people leaving the special protection system when they turn 18 are a vulnerable group, exposed to the risk of job and social exclusion since very few services are available for them to develop their independent living skills. With no family support or skills to achieve social and professional integration, often these youngsters are also deprived of social counselling services and job search assistance or help for securing social housing.

The number of children placed with foster carers, relatives up to the 4<sup>th</sup> degree of kinship or other families has significantly decreased in the past 7 years. Hence, while 46,160 children were cared for in a family environment in December 2007, their number went down to 38,253 in September 2013, with a more severe drop in children placed with family (-25%) than in those placed in foster care (-7%).

**Although legislation on the protection and promotion of children's rights is aligned with relevant European and international requirements, adequate resources are still not being allocated to ensure its consistent application.** The situation analysis of all General Directorates for Social Assistance and Child Protection (GDSACP) and Public Social Assistance Services (PSAS), looking at the application of relevant legal provisions, identified the high heterogeneity of organisational structures across the country and of their working procedures.<sup>ii</sup>

The functional difficulties identified during the evaluation concern mostly a lack of human

resources and administrative capacity<sup>iii</sup> needed for the full application of the existing legal framework. The study highlights a series of critical aspects:

- **PSAS social workers spend most of their working hours granting benefits**, to the detriment of other activities meant to prevent the child's separation from family or to identify, evaluate, provide case management and monitor children at risk of separation.
- **Most services aimed at preventing the child's separation and maintaining him/her in the family are concentrated at GDSACP level**, contrary to the principle of decentralisation and the principle of subsidiarity in social assistance, while PSAS are limited to providing benefits.
- **PSAS are poorly developed, especially in rural areas** where they are short of specialised staff and working methodologies are barely ever used.
- **Lack of strategic aspects in human resource management** at local level, the **shortage of trained staff in the public social assistance system**, the quite formal performance appraisal, the insufficient number of experts, unfilled vacancies and overworked professionals are some of the problems identified in the area of human resources.
- **There are deficiencies regarding regulations on social service supervision and accreditation, specific methodologies and procedures**, as well as those developed for assessing the implementation of the legal framework.
- **Romania's social protection system is still excessively oriented towards cash benefits**, while family- and community-based social assistance and its prevention component should be further developed.

Compared to 2007, the child protection system has witnessed its staff decline by 27%, with the highest drop in those who work for day-care/other services (36%), and the lowest decrease at the level of placement centres and foster care (18% and 19% less at mid-2013 compared to the end of 2007). Looking at the qualifications held by professionals who work in the system, we see that the share of those who attended university to specialise in this field<sup>iv</sup> is still small.

Another critical issue, as identified by several studies and confirmed by practitioners in the child rights protection system, concerns the **insufficient collaboration among sectors or authorities to implement the existing legal framework**.

An analysis of the institutional framework highlighted problems with respect to the coordination of child rights protection and promotion activities. At county and local levels, there is no

mechanism in place for coordinating the wide range of institutions responsible for child rights realisation<sup>3</sup>.

Research<sup>4</sup> conducted on the total population demonstrates the **good performance of financial benefits for families/children. Means-tested benefits are well-targeted and hold a significant share in the budgets of poor households**, along with the child's state benefit, while their contribution to poverty reduction is quite relevant. Field research<sup>5</sup> shows however that large groups of vulnerable children still benefit too little from such support or these financial benefits fail to significantly improve their circumstances over time. **The social assistance system is not sufficiently developed across the country to identify all vulnerable cases in the community**, to refer them to different forms of institutional support, including financial support, and to prevent things from getting worse.

Family break-up, paired with poverty, has led to an increase in the number and incidence of problems facing certain groups of children, such as **child relinquishment, youth crime, drug use, abuse/neglect/exploitation, including child labour or other forms of exploitation, trafficking, life on the streets**, etc. The persistence of these problems in the Romanian society, despite programmes meant to address them, constitutes a development challenge more than anything.

The dynamics of today's society have given a whole new sense to **work-life balance**; therefore, this strategy will include parents as another target group for assistance measures related to child rearing, access to an integrated system of child care and education in crèches, day-care services, along with access to good child care and education in ante-preschool, preschool and school establishments.

The activities carried out to put these measures into practice will help to strengthen and develop the network of crèches, kindergartens and "after-school" programmes for shaping the intellect of young generations, in parallel with health care provision, physical development (in school sports clubs) and sociocultural development.

**Continuing reform in the area of child rights protection and promotion is closely linked to further reforms implemented in the social assistance system to make it proactive.** Such an intention cannot be realised unless the focus shifts away from assistance that is passively

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<sup>3</sup> Save the Children Romania, 2011

<sup>4</sup> UNICEF, 2005, 2011

<sup>5</sup> UNICEF, 2012

provided to the individual towards **social support measures pursuing family protection goals**, by increasing social security and individual responsibility through a child-and family-centred policy. Although reform in the area of child rights protection and promotion has witnessed significant developments, shifting away from improving institutionalised children's living conditions towards **strengthening interventions to prevent the child's separation from family** requires a higher quality of life, which can only be achieved through better quality services provided to the family.

Hence, a framework will be created to **develop social services in parallel to the provision of direct cash benefits**, such as those that support families to raise and care for their children at home, while also promoting parent support mechanisms to ensure the balance between family and work, by standardising the quality of day-care services, implementing an integrated child care and education system, and monitoring service quality assurance.

Last but not least, one of the target groups of the National Strategy on the Protection and Promotion of Children's Rights 2014 – 2020 is adolescents, whose actual needs for development and affirmation require immediate measures. **The child rights-based approach to adolescents' issues will seek to inspire this group** in order to achieve full affirmation and to better integrate them in the society.

## Education

Numerous challenges still remain as regards access to, participation in and completion of compulsory education by all children in Romania.

**Many times, school fails to identify and address risk factors that lead to drop-out, non-enrolment in higher levels of education, or poor academic performance.** The most commonly invoked causes, like low income, parents' low educational attainment, great distance to school or lack of family support, are paired with a series of other individual causes, such as health problems, developmental delay, learning difficulties, little knowledge of Romanian language (especially in the case of children whose mother tongue is not Romanian), etc.

The measures started in schools over the past years for a closer monitoring of absenteeism and drop-out cases have not lived up to expectations, mostly due to the absence of integrated approaches and programmes. They have generally been insufficiently prepared and not

accompanied by programmes supporting schools to assist at-risk children. There is still need for an individual and reliable monitoring system<sup>v</sup> that can follow up the implementation of measures at local and system levels.

Reducing drop-out, keeping individuals in school for as long as possible and tailoring the education system to labour market needs in order to avoid future unemployment have been and continue to be the priorities of the Romanian education system reform.

Starting with 1998, the Ministry of Education has taken on a role as assigned under Government Programmes and, since the Constitution has recognised education as a national priority, it has developed and adjusted its policies accordingly.

Therefore, quality and efficiency, equity, opening education to other (economic, social, cultural, etc.) systems have become stepping stones for relevant policies in Romania with the aim of providing all citizens with opportunities to learn any time, anywhere and in whichever way they may choose.

To boost school participation and reduce losses, apart from the legal framework which guarantees the right to education, the Ministry of Education has developed a set of regulations centred on specific issues, it has drawn up national plans and social inclusion strategies and it has implemented intervention programmes targeting various groups.

- Measures for direct interventions on the causes and effects of school non-participation (ministerial orders, regulations, methodologies, strategies, training programmes, etc.)
- Measures for rendering academic year structure more flexible according to local weather conditions, topography and specific occupations, and measures to make education more flexible through part-time learning programmes, summer schools, etc.
- Measures for stimulating Roma children and youngsters' participation in education (special places reserved for the Roma in high schools and universities, a Roma inspector, school mediator, textbooks and curriculum in Romani language, etc.)
- Social protection measures to facilitate access to education for children/youth (Money for High School, Euro 200, school supplies, school transport, Croissant and Milk, etc.)

Also, a series of externally funded intervention programmes/projects were kicked off and implemented:

- The *rural education* project (2003-2009);
- The *School Rehabilitation* Programme (1998-2002 – phase I; 2003-2009 – phase II);
- The *Access to education for disadvantaged groups* PHARE Programme (from 2002 to 2010);
- The multiannual TVET Phare Programme (2001-2009);
- The Inclusive Early Childhood Education Programme and the Early Childhood Education Reform Programme (2007-2012);
- The ESF projects implemented by the Ministry of National Education, in particular those under Priority Axis 1 – *Education and training in support for economic growth and development of the knowledge-based society* and Priority Axis 2 – *Linking lifelong learning and labour market* (2008 – 2013).

Projects based on **approaches integrated** at the level of the community-school-family-child and the interventions systematically seeking to reach several disadvantaged groups proved to be most successful.

Such programmes, developed at national level with the support of structural funds or international organisations (UNICEF, Save the Children, World Vision, REF, Step by Step, etc.), also provided:

- *Support to children in their school activities* (through remedial education programmes), nutrition, leisure activities or personal development via after-school programmes;
- *Information, training and counselling to these children's families;*
- *Resources and professional development programmes for practitioners and professionals* who provide different (educational, social, medical, etc.) services to the child.

Vocational education, mentioned in article 28 of the UN Convention on the Rights of the Child, refers to vocational or technical training provided by both high schools and vocational schools.

Prior to GEO No 117/2013, **vocational education** meant compulsory education as part of the first two years of technical high school (9<sup>th</sup> and 10<sup>th</sup> grades) and the first year of vocational school (10<sup>th</sup> grade), which was reintroduced during the academic year 2011/2012 after the dissolution of Schools of Arts and Trades. Their dissolution in the academic year 2009/2010 posed a major challenge for the right to education of children having completed 8 grades and willing to take on a 2 or 3-year vocational path to learn a trade.

Since 2013, vocational education stretches over three years in accordance with the Law on national education No 1/2011, as subsequently amended and supplemented by GEO No 117/2013. In parallel with the aforesaid form of education, those students who have already been enrolled in one of the previously existing forms during the academic year 2013/2014 will continue on this path until completion.

Some of the greatest challenges for ensuring students' full development to match the requirements of the current education and initial training system are:

- **Ensure proper initial and further teacher training** in working with children at high risk of exclusion (for example, those from low-income families, rural areas, with special educational needs, of Roma ethnicity) and continue to adapt the current curriculum to the needs of certain groups of students at risk of exclusion (for example, students with special educational needs).
- **Sufficient financial allocations;** per capita funding covers the basic needs of educational establishments while failing to offer additional support to schools with a large share of at-risk students. A direct consequence of this is the difficulty to secure the resources needed to organise catch-up or extracurricular activities for the school to explore students' talents and skills and thus ensure their full development;
- **Identify dropouts and provide support to prevent this phenomenon or to reintegrate them into full-time, part-time or 'A Second Chance' educational programmes.**
- **Balance out the different types of education** (formal and informal education).
- During teacher assessment, **recognise the importance of teaching activities focused on children at risk of academic failure** over those targeted at students who do very well in different school contests or competitions.

**Parent involvement remains challenging for most schools**, especially when it comes to involving the families of at-risk children. With little value given to education, school and school stakeholders, it is often difficult to communicate and work with these parents. Still, in many schools, inclusive practices have started to reach parents too and we can see many successful projects where the parents of children with SEN, of children with fewer financial means or Roma children get directly involved in child education and even in solving some of the school's problems.



Drop-out prevention remains a top priority as it has deep and complex consequences on child development, on so many levels. Under these circumstances, the strategy aims to promote an intersectoral approach to this phenomenon through prevention, intervention and compensation actions and activities, by supporting 'A Second Chance' programmes for wiping out illiteracy and for labour market integration, by providing equal opportunities and eliminating any form of discrimination, and by implementing adequate policies and programmes for vulnerable groups and support programmes for early school leavers.

## Health

With education, health is another flagship sector with different areas of interest, in particular preventive services which are insufficiently addressed, in the context of differentiating the problems and specific needs of certain groups of children for whom increased access to basic health care is a must.

Children's right to health and health care is regulated, on the one hand, by child rights legislation and by health legislation, on the other hand.

In Romania, primary health care is provided by family physicians<sup>vi</sup> who offer preventive and curative care to all children, irrespective of whether their parents/caregivers are insured or not. The main primary health care problems are **the limited capacity to actively detect child health risks at community level and the inadequate offer of preventive services under the basic package.**

**The minimum health care package is short of preventive services** centred on identifying health risks in children, especially in adolescents (the risk of smoking, drinking and drug use), and offers no actual alternatives for treatment after one has picked up a risky behaviour. The vast majority of preventive services are included in the per capita payment scheme, without any direct incentives for their implementation. Even for 'pay per service' health care, reporting is mostly focused on financial matters without a global analysis conducted on health status/health risks, and some of the services needed (especially by children with disabilities) are not included in the minimum package.

Oral and dental care is provided by dentists as independent professionals (private practices/clinics), with nearly one third of them having contracts with health insurance houses.

**The number of children benefiting from oral and dental care is unknown and many of these services are paid in full by parents.**

Specialised outpatient services are provided by specialist doctors in specialised outpatient centres or hospitals and in private clinics/practices, and they may be accessed based on a referral letter from the family physician. Nonetheless, **these services are poorly developed** for both children and adults and are mostly available in urban areas, which leads to the conclusion that the social health insurance system offers little (free) access (long waiting time or referral to paid medical services). Their continuity – a health care quality indicator – should be improved through a more active role.

Inpatient services are provided by the nearly 350 hospitals, with children accounting for 20% of yearly admissions. In hospitals, child admission requests are approved even where the illness may be treated through outpatient arrangements, yet **problems arise when it comes to the quality of services and continuity of care after discharge. A worrying phenomenon is the persistence of newborns/young children relinquished in health care facilities.**

**A special type of services, necessary especially from a public health perspective, is health care provided in educational establishments.** This is provided by dedicated staff in urban areas and by family physician practices in rural areas, which creates inequalities from the start. The network of school doctors is undersized, underfunded and short of human resources, leaving school-based prevention and health promotion among children almost fully uncovered. **This health care area has not been assigned a coherent development strategy in the last two decades** and its coverage is decreasing.

**The community nursing network has insufficient coverage,** with its nearly 1,000 community nurses and about 300 health mediators, as both groups of professionals are active only in rural areas, in the communities with a large share of Roma ethnics.

**Child and adolescent mental health care is concentrated in psychiatric hospitals or child psychiatric wards from other types of health care facilities.** Research conducted on mental health care addressing children in Romania has shown that there are “approximately 20 mental health care centres for children and adolescents” in Romania. Some of the difficulties identified in the child and adolescent mental health care system are the excessive focus of the public

paediatric mental health system on curative aspects to the detriment of prevention, difficulties in setting up wide-ranging therapy teams, lack of formal communication between the specialists involved or lack of efficient collaboration between the education system and the child protection and social assistance system.<sup>6</sup>

## 5. DESCRIPTION OF CURRENT SITUATION

### General context

Whilst the global crisis cut down Romania's economic resources especially in 2009 and 2010 (the real GDP dropped by 6.6% in 2009 and by 0.9% in 2010 compared to the previous year, and it grew by 2.5% in 2011), we can see that the GDP per capita based on purchasing power parity is getting closer to the EU28 average, from 35% of the European level in 2005 to 49% in 2012<sup>7</sup>.

In 2012, income inequality, measured by the Gini index, placed Romania 3 percentage points above the EU28 mean and in the top 6 European countries with the highest values<sup>8</sup>.

In 2012, 41.7% of Romanians were at risk of poverty and/or social exclusion<sup>vii</sup>, much above the EU27 level of 25.0%. The risk of poverty and social exclusion grows considerably in households with many children or in single-parent families, which are most affected.

Youth unemployment<sup>viii</sup>, which is the unemployment of those close to the average age at first birth, is considerably higher than in the overall population because, besides financial problems that are mainly due to precarious access to the labour market, the living standard of Romanian population is strongly affected by lack of access to independent living solutions (purchase prices are prohibitive, rents are high especially in urban areas while income is low). Lack of access to decent housing leaves only one option for young people: overcrowding in multigenerational households, living with parents and other relatives. Such extended family arrangements, job-finding difficulties and job uncertainty influence youngsters' attitude towards starting a family and having children. 44.9% of full-time employees in Romania live with their parents compared to 38% in EU28. Romania reports the highest share of population residing in overcrowded dwellings among EU27 countries, except for Hungary, with more than half of total population being in this position.

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<sup>6</sup> Save the Children Romania, 2010

<sup>7</sup> Eurostat

<sup>8</sup> Idem

## Demographic composition – Child population dynamics

With a child population of over 6.6 million in the early 1990s, mostly due to a decreasing birth rate<sup>ix</sup> Romania now has less than 3.7 million children, more precisely 3,653,637 as of 1 January 2013<sup>9</sup>. This is a significant drop also as a share in total population<sup>x</sup> as higher life expectancy changed the demographic composition over the same period of 1990-2013 (if the ratio used to be approximately one child for just over two adults, now it is approximately one child for four adults – people aged 18 years or over).

Child dependency ratio<sup>xi</sup> has not undergone major changes, being 23.6 in 2007 and 23.4 in 2011<sup>10</sup>. Changes in the demographic composition highlight an increasingly ageing population<sup>xii</sup>, with negative economic and social consequences in the long term, which leads to higher economic dependency and imbalances in the social insurance systems.

One of Romania's key distinctive features compared to most of the other European countries is its large rural population<sup>xiii</sup>, which has major consequences on different child welfare dimensions, leading to housing and material deprivation and difficult access to social services.

As regards the urban-rural child population ratio, it has significantly fluctuated. Hence, if the first half of the 1990s saw an approximately 5% drop in the child population in rural areas, from the mid-1990s to 2012 the trend reversed, and rural children outnumbered children in urban settings. The share of children in the population dropped from almost equal levels of approximately 28-29% in 1990 to 16.5% in urban settings and 20.2% in rural areas<sup>11</sup>.

## Household structure

According to 2011 census data, the average Romanian household is comprised of 2.7 persons. The most widespread family pattern is couples with one child as seen in more than half of the families. A constant increase is noted in the average age at first marriage, getting to 26 years in women and 29 years in men in 2011<sup>12</sup>. At the same time, a similar rising trend is reported as regards women's average age at first birth, which reached 26 years in 2011.

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<sup>9</sup> Idem

<sup>10</sup> Idem

<sup>11</sup> NIS

<sup>12</sup> TransMONEE

Specialists have identified a series of phenomena indicating Romania's deficiencies in the areas of family planning and sex and reproductive health education, especially among socially vulnerable groups. Hence, despite the increase of the average age at first birth in the overall population, the level of teenage and youth pregnancies remains alarming, with just over one in ten children being born to a mother under 20. Also, the abortion rate used to be extremely high in Romania, even higher than birth rate until 2003. Although the abortion rate stays high, with 52.7 cases per 100 live births, it has dropped by 7 times over the past two decades.

Romania's rate of 5.2 children affected by their parents' divorce per 1,000 people under 17 is low compared to the European level. However, while in many other EEC countries the index reports a slight drop, in Romania the share of children affected by their parents' divorce increased by 0.5% in the period 2005-2011.

### Poverty and social exclusion

**More than half of Romanian children are at risk of poverty or social exclusion<sup>xiv</sup> (52.2% in 2012),** which is the highest level in EU27, with the exception of Bulgaria. Moreover, Romania has one of the highest at-risk-of-poverty gaps between children and the overall population (41.7% in 2012) in Europe.

The analysis by age group shows that the highest risk is reported at ages 12-17 (54.8%) and 5-11 (52.5%). **The risk of poverty and social exclusion grows considerably in the households with many children (72.5% of households with 2 adults and 3 or more children) or in single-parent families (60.7%),** which are most affected. In general, irrespective of household structure, the presence of a child increases economic vulnerability significantly.

### Poverty-stricken children

**More than one in three children is relatively poor<sup>xv</sup> and approximately one in three children lives in persistent poverty,** being poor in 2011 and in at least two of the three previous years. Adolescents (12-17 years) are also most exposed to relative poverty as pointed out by indicator values, with the highest level of relative poverty and the greatest increase from 2007 (32.4%) to 2012 (38%). As noticed in the first draft Partnership Agreement between Romania and the

European Commission, all these gaps are highly territory-dependent, with strong variations among regions and between urban and rural areas<sup>xvi</sup>.

**One in three Romanian children is poor although s/he lives in a household with working adults. Almost 1 in 5 children from households which are active on the labour market is poor although the adults spend more than 80% of their active time working (very high work intensity).** For both indicators, Romania reports the highest poverty rates in Europe<sup>13</sup>. The poverty rate among children from households with working adults grew from 29.1% in 2007 to 32.6% in 2012. The poverty rate among children from households with very high work intensity slightly decreased from 18.9% in 2007 to 17.3% in 2012. **Almost one in ten children lives in a household where nobody works.** At the same time, the risk of relative poverty for all working adults with children to support is more than twice as high in Romania than in EU27: 23.4% versus 11.5% in 2012<sup>14</sup>; work-based income is hence insufficient to ensure decent living conditions, including to support one's children, which leads to in-work poverty.

In 2012, **the rate of severe material deprivation<sup>xvii</sup> was 29.9% in Romania versus 10.3% in EU27.** By its very nature, the indicator measures the lack of basic resources, which affects many Romanian children. Whereas in the EU material deprivation affects, on average, similar shares of children and adults (11.7% of population under 18 and 10.3% of people aged 18 to 64), Romanian children suffer from severe material deprivation to a far greater extent than adults (37.9% versus 27.9%).<sup>xviii</sup>

**More than one third of relatively poor children in Romania are also confronted with housing deprivation<sup>xix</sup>,** compared to just over one quarter of poor children in EU27 and approximately one in ten non-poor children in Romania. In 2012, housing deprivation affected young children (46.3% of children under 6) more than adolescents (27.7% of children aged 12 to 17 years) whereas in EU27 children were equally affected, irrespective of age.

**Overcrowding<sup>xx</sup> was an issue for more than three quarters of children in 2012,** namely 78.3% compared to the EU27 mean of 42.5%. Overcrowding is a problem facing many Romanian

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<sup>13</sup> Eurostat

<sup>14</sup> Idem

children, both poor and non-poor, more precisely 78.3% of poverty-stricken children under 18 and 69.6% of those who don't live in poverty.

Whilst poverty is generally higher in rural areas, **urban settings have witnessed the emergence of pockets of extreme poverty over the last decades<sup>xxi</sup>**. There, children and youth are the largest population (over 60%), whereas people aged 60 or over account for less than 10%. These areas are shunned from the overall urban space and constitute forms of spatial segregation which contribute to the persistence of the poverty trap.

### Forms of deprivation in rural children

Traditional forms of rural poverty impinge on different child welfare dimensions, leading to housing and material deprivation and difficult access to social services.

According to a study conducted on rural communities in 2012<sup>15</sup>, **only one third of village houses have an indoor bathroom, one quarter of them have an indoor toilet and only one in ten is connected to the sewerage system. One in ten interviewed children declared that they frequently (2%) or sometimes (11%) didn't have enough food.** Almost two thirds of the interviewed adults stated that they were used to treat their child at home and not take him/her to the doctor when s/he was sick, while two thirds of those who sought medical care turned to the doctor from the nearest town and only one third to the village doctor.<sup>16</sup> Almost one quarter of children (23%) need at least one hour to get to and back from school.<sup>17</sup> Furthermore, discrepancies are noticed between rural and urban students regarding their scores at national 8<sup>th</sup> grade final tests, baccalaureate exams, and international tests (PISA, TIMSS, PIRLS).

### Roma children

Roma children's issues continue to pose concerns for both Romanian and international authorities. **A Roma child is 37% more likely to be poor<sup>18</sup>**. Studies also show that **approximately 40% of Roma children don't get enough food**, and nearly 28% of children/youth aged 15 to 19

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<sup>15</sup> World Vision, 2012: p. 87

<sup>16</sup> Idem, p. 90

<sup>17</sup> Idem, p. 89

<sup>18</sup> World Bank, 2013

years are married, which has a negative impact on school participation, on young families' access to the labour market and on opportunities for future child generations<sup>19</sup>.

**At the same time, there are gaps between these children and non-Roma children in terms of participation in education and academic performance;** Roma children's participation in education is almost twice lower than the other children's (37% versus 63%), with a higher rate – over 50% – reported among 6-year-olds.

- More than 15% of school-aged children are not in school: 6.9% have put their education on hold, and 8.9% have never been enrolled<sup>20</sup>.
- 14.2% of children don't attend the school in which they are enrolled at all or on a regular basis<sup>21</sup>.
- 16.3% of Roma children repeat the grade, three times more than non-Roma children<sup>22</sup> from the same areas.
- Roma children's participation in upper secondary education (16-19 years) is four times lower<sup>23</sup>.

#### **Social exclusion of children with disabilities**

In mid-2013, Romania reported approximately 680,000 persons with disabilities, of which nearly 10% were children. In the period 2000-2012, the number of these children increased by 7% whereas the number of adults went up by 80%. Most people with disabilities (over 95%) are not institutionalised.

Some studies indicate the under-registration of children with disabilities, many of whom show up before the authorities only when they reach the school starting age in order to have their disability level established and be guided to a form of schooling.

No recent information is available about school attendance and academic performance of children with SEN, but former research<sup>24</sup> indicates that **drop-out is high in this group**. One of the research questions still unanswered in Romania is related to the impact of policies aimed at integrating SEN children into mainstream education.

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<sup>19</sup> UNICEF, Roma Early Childhood Inclusion Report, 2012

<sup>20</sup> Împreună Agency, 2013

<sup>21</sup> Idem. p.78

<sup>22</sup> Idem. p. 79

<sup>23</sup> UNDP/WB/EC Regional survey, 2011

<sup>24</sup> Horga, Jigău, 2009



**Romania's education system builds major disadvantages for persons with disabilities.** The incidence of non-enrolment and early school leaving is seven times and twice higher for people with disabilities than for the overall population. Despite progress made in the last decades, a child with disabilities is less likely to start and complete school than children without disabilities. There is often a strong link between the low educational attainment and disability – stronger than between the low educational attainment and other characteristics like gender, living in a rural area or precarious economic status. In addition, the quality of education in segregated schools or of home schooling is considered poorer.<sup>25</sup>

An issue to reflect upon is the application of the provision contained in Law on national education No 1/2011, according to which the responsibility for school and vocational guidance of children with special educational needs is to be transferred from the Child Protection Commission back to the education system and interinstitutional procedures are to be harmonised so that families don't face any difficulties in obtaining children's rights<sup>26</sup>.

**Community-based prevention, identification and early intervention services are underdeveloped, especially in rural areas.** Health care – including oral and dental care and rehabilitation services – and medical devices are hard to access, not always of good quality, insufficiently tailored to the needs of people with disabilities and unaffordable, especially for people at risk. People with disabilities, in particular those with movement difficulties, from rural areas and/or affected by poverty, have limited access to quality health care, including routine medical treatment, which builds up health inequalities without any connection to the disability. Another yet unsolved problem is the use of restraint on people with mental disorders.

Sporadic studies show that **public space and the information and communications environment is poorly accessible to people with disabilities.**

Another related issue that comes out is that of children diagnosed with autism spectrum disorders (ASD). According to the Ministry of Health, in Romania there were 7,900 children diagnosed with ASD as of 31 December 2012, of which 5,952 had their disability level established. A survey<sup>xxii</sup> of family physicians, conducted in 2011, showed that making family members come

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<sup>25</sup> Romanian Academic Society, 2009

<sup>26</sup> UNICEF, Children with disabilities, 2013 report

to terms with the diagnosis and getting their cooperation after the diagnosis are the main problems they face<sup>27</sup>.

While children with disabilities need disability- and age-appropriate assistance in exercising their right to be consulted and participate in decisions that concern them, adapted means are currently insufficient: sign language interpreters, interpreters for deaf-blind children, information and communication technologies and systems, including Internet, Braille, etc.<sup>28</sup>

Romania adopted the principle of inclusive education back in the 90's through new measures intended to embrace diversity and guarantee access to and participation in education and social life for all groups of children. Today, approximately half of students with disabilities go to mainstream schools.<sup>29</sup>

In the field of special education addressing children/students with disabilities, educational programmes were started and implemented to reduce drop-out and support the school participation of students all across the pre-university education system. Many special educational establishments were turned into school centres for inclusive education, and students with special educational needs from mainstream schools are now benefiting from both qualified services provided by resource/itinerant teachers and specific therapies offered by educational psychologists in resource centres.

Each educational establishment may have their board of education decide the curriculum they want to use according to the type and level of disability. Some special educational establishments can use the curriculum of mainstream schools which they adapt or structure differently.

The 'Access to education for disadvantaged groups' PHARE projects, run by MNE starting from 2001, aimed at preventing and combating marginalisation and social exclusion, as well as at creating a mechanism to improve access to education and quality education for children from special schools integrated into mainstream schools.

The "Recognise ADHD" programme, implemented by the Ministry of National Education<sup>30</sup>, which aimed at developing an integrated system of comprehensive health and educational services for ADHD children and their families, identified the following obstacles to the full participation and access to effective treatment for these disadvantaged persons as full members of the society:

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<sup>27</sup> Romanian Angel Appeal, in partnership with MLFSPE, The Association for Cognitive Psychotherapy, Iași, 2013

<sup>28</sup> UNICEF, Children with disabilities, 2013 report

<sup>29</sup> MNE

<sup>30</sup> Programme implemented in partnership with the National Centre for Mental Health and Fight against Drugs and S.C. Eli Lilly Romania S.R.L

- Training on all types of disorders available to teachers from both special and mainstream schools attended by children with SEN.
- The small number of resource/itinerant teachers and the lack of additional support required in some cases are other problems facing children with disabilities integrated into mainstream schools.
- Another major problem is the establishment of sheltered workshops; setting up sheltered workshops for the graduates of special schools of arts and trades or technical high schools (as a necessary stage in their social and professional integration).
- Reconsider the status of boarding schools turned into placement centres by transferring them under the coordination of special school administration and regulating their funding after their transfer from county directorates for child protection to school inspectorates.
- Media campaign to improve the image of persons with disabilities.
- Collaboration with all stakeholders to identify out-of-school children with SEN.

At the same time, solutions should be found to support the families and caregivers of these children and young people so as to reduce dependency and increase autonomy while preventing neglect and marginalisation. To this end, several aspects should be considered:

- Become aware of the fact that disability is a problem that concerns the society as a whole.
- Mainstream early intervention actions to compensate for and address the impairment or intellectual difficulties.
- Increase the number of special classes integrated into mainstream schools.
- Increase the number of resource teachers in every mainstream school available for students with intellectual disabilities integrated on their own.
- Introduce three psychoeducational modules in the initial and continuing teacher training on: inclusive education, non-verbal language and educational support.
- Involve families in intervention and support programmes as much as possible.
- Provide support instruments, based on the diverse needs of people with disabilities.
- Inform parents about the child's real potential and the means that may foster his/her development.
- Inform parents about types of services that can provide the best help for the education and development of the child with intellectual disabilities.

Priority lines of action for enrolling and keeping in a form of education all children/students/youth with special educational needs in general and those with disabilities in particular:

- Ensure that children make their school debut at the mainstream school which is the nearest to their home;
- Keep children/students in mainstream schools through educational services, speech therapy and psychoeducational counselling available to those who have learning, adjustment or integration difficulties or behavioural disorders;

- Transfer to mainstream schools any special school students who are not targeted by this type of education or those who have been misdiagnosed or show real progress thanks to educational activities;
- Referral to special schools only if the student doesn't manage to fit in the mainstream school class, so that s/he can further benefit from education.

### Other groups of vulnerable children

Other child groups add to the abovementioned categories affected by major sources of social exclusion. Though numerically less important, these groups require special attention, given the gravity and consequences of their long-term exclusion.

They include children abandoned in hospital facilities, those without identity documents, homeless children, those in conflict with the law, drug users, children affected by migration, victims of violence or discrimination.

Although it has dropped by almost four times over the past 10 years, the number of **children relinquished in hospital facilities** reported a 12% increase between 2010 and 2012, and most (918) of the 1,474 children abandoned in health care facilities during 2012 were found in maternities.

**Children without identity documents** are affected by the most serious forms of social exclusion since they are denied access to basic social services, being practically deprived of any means of social participation, with 5-6,000 such cases reported nationwide according to UNICEF's research data.

**Homeless children** are another group that is seriously affected by social exclusion, life on the streets being often associated with major health problems, chronic malnutrition, drop-out and illiteracy (around 50%), physical and sexual abuse (usually started within family and continued on the streets), stigma and discrimination, low access to social services (education, health care, social assistance), drug use. The latest data (2009) indicate that approximately 1,400 children and youngsters are temporarily or permanently living in the streets of Romania, the majority of them (1,150) in Bucharest, Braşov and Constanţa.<sup>31</sup> They have low educational attainment (most of them having completed primary school at most) and their main source of income is begging, followed by day labour and car wash. Access to services is quite poor. Although better in

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<sup>31</sup> Save the Children Romania, 2009

Bucharest, with more than half of them (55.9%) benefiting from services at some point, very few received such services in Braşov and Constanţa.

Although Romania is one of the EU27 countries with low **drug use among youngsters and children**, it reports an increasing use of psychoactive drugs by children/youth aged 16 years, with a rate of 10% in 2011, twice as high as in 2007. Alarmingly, heroin is the drug of choice for 75% of children under 15 while the others prefer cannabis and hash.

**Children whose parents work abroad**, though not as economically precarious since remittances temporarily provide them with a satisfying living standard, are faced with deep emotional consequences, reflected in lower academic performance and even drop-out. According to national data, local public administration authorities recorded 82,000 children with at least one parent abroad as of 30 June 2013, but studies conducted in the previous years had estimated significantly higher figures.

**Teenage mothers** are yet another category in need of special measures as more than one in ten children are born to mothers under 20 years of age.

## Education

Under this Strategy, the right to education means first and foremost the right to access and participate in compulsory education, namely in primary school (including the preparatory year), lower secondary school and the first 2 years of upper secondary school.

According to NIS demographic and school enrolment data (2013), during the academic year 2012/2013 **nearly 56,000 primary school-aged children were out-of-school**. This estimate leaves out prep year children as they are in a transitional stage, marking a shift away from parents' tendency to defer school start until the age of 7, especially in urban areas.

**Most children aged 7 to 10 years who are out-of-school participated in education for a while but eventually dropped out.** The UNICEF/IES study on out-of-school children (2012) indicates that, in primary education, children give up school either during the first year (because they don't adapt to the school environment and requirements) or later, in many cases after having to repeat the grade once or several times.

It is thus important to develop efficient monitoring and intervention systems to detect any signs of drop-out early on and to start a series of adequate educational and extra-educational measures according to the identified cause (*early warning systems*).

**A comparative analysis of drop-out based on children's area of residence shows that rural children are confronted with the risk of drop-out during primary school years more often** than those in urban areas. Hence, according to NIS data (2013), in primary education school life expectancy is 3.3 years in rural areas versus 3.7 years in urban settings.

In order to ensure that all children are enrolled in this form of education, they need to be given the chance to attend preschool education. Numerous studies demonstrate that there is a direct link between kindergarten attendance and successful completion of the next educational stages. In 2011, **Romania was almost 10 percentage points above the EU 2020 target of 95% for preschool participation (age group: 4-5 years)**. The measure of introducing a prep year gives the opportunity to improve on this indicator, but official statistics no longer provide data as to the share of children enrolled in the prep year who have previously attended kindergarten. In the school year 2011/2012, 7% of students starting 1<sup>st</sup> grade for the first time hadn't experienced kindergarten and, hence, they were less prepared for a successful start in school.<sup>32</sup>

The drastic decrease in the capacity of crèches as early childhood educational establishments gives reason for concern about the realisation of young children's right to education – from a total of 76,944 places in 1990 down to 19,718 in 2001 and to 14,880 in 2010. On the other hand, the private sector either doesn't offer an alternative since the total number of children attending private crèches in 2010 was only 62<sup>33</sup>.

Although the average number of children/class is higher in rural areas (18 children/class) compared to urban centres (15 children/class), according to NIS data (2013), **the share of children who attend kindergarten in total preschool-aged children is about 6 percentage points lower in rural communities**. The greatest discrepancy is found in 3-year-olds (over 86% of urban children of this age go to kindergarten compared to approximately 70% in rural areas). This is

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<sup>32</sup> Report on the implementation of the preparatory year in the Romanian education system during the academic year 2012-2013, IES (study available at: [http://www.ise.ro/wp-content/uploads/2013/12/Studiu\\_CP\\_clasapregatitoare.pdf](http://www.ise.ro/wp-content/uploads/2013/12/Studiu_CP_clasapregatitoare.pdf))

<sup>33</sup> National Public Health Institute, 2010

mainly explained by the fact that in rural communities the average distance to kindergarten is greater and access (roads, transport) more difficult, especially during adverse weather conditions.

Providing equal opportunities to all children remains a priority at **lower secondary education level**, too. Like in primary education, we find a significant number of children who are out of school. Comparing the population of corresponding ages (11-14 years) with the officially enrolled students, we can see that **over 60,000 children no longer attend lower secondary education. Average attendance is 3.8 years in urban areas and only 3.1 years in rural areas.** Also, the drop-out rate is higher in rural communities (2.1%) than in urban areas (1.8%), and gender differences are more marked compared to primary education. Hence, girls' drop-out rate is 1.7%, while boys' is 2.2%. As for grade-based evolution, 5<sup>th</sup> grade reports the highest values, proving not only that some children have difficulties to adapt to the requirements of the new educational level, but that they also lack support from their family, school or community.<sup>34</sup>

It is important to also note the fact that **the total number of children who have dropped out during the school year 2011/2012 in both primary and lower secondary education exceeded 28,000 students.**<sup>35</sup>

Another major risk contributing to the increase of school non-participation and early school leaving is the higher education cost burden for parents. A recent study shows that these "hidden costs" that families have to pay for a child's education can be quite substantial<sup>36</sup>.

The significantly high grade retention rates all through compulsory schooling and the quite large number of students who are at least one year older than the theoretical age of their grade level also lead to an increased risk of drop-out and to insufficient preparation for an active role in the society. This is amplified by the **still relatively low share of those who later go back to school, for example through 'A Second Chance' programmes**<sup>xxiii</sup>.

**Transition to and participation in upper secondary education is a challenge** for ensuring the right to education. Thus, the rate of transition from 8<sup>th</sup> grade to high school or vocational

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<sup>34</sup> Primary and lower secondary education, at the start of academic year 2012/2013. NIS, 2013

<sup>35</sup> Primary and lower secondary education, at the end of academic year 2011/2012. NIS, 2012

<sup>36</sup> Save the Children, 2012

education in the school year 2012/2013 highlights the fact that most (96.7%) students attending 8<sup>th</sup> grade the previous year moved on to high school or vocational school. Still, this indicator does not reflect the situation of children who have never got to 8<sup>th</sup> grade and, hence, haven't continued to the next level, namely to upper secondary education.

Moreover, **a significant number of students drop out in the first years of upper secondary school** (9<sup>th</sup> and 10<sup>th</sup> grades). Thus, **over 55,000 children aged 15 and 16 end up out of school**, which proves that this phenomenon is not specific to a certain level of education but it affects the entire system.

On the whole, in 2012, **over 170,000 compulsory school-aged children were not in school** (excluding the prep year), many of whom are currently faced with the prospect of never going back to school.

**With the dissolution of schools of arts and trades, at least 10% of students who have completed 8<sup>th</sup> grade put their education on hold**, mainly because families cannot cover the costs of 4 more years of schooling. **This phenomenon is more widespread among rural students** as the high school network is much more poorly developed there than in urban settings. While the 2011 measure to re-introduce vocational education classes<sup>xxiv</sup>, starting with 10<sup>th</sup> grade, as part of technical high schools sought to support and reinstate credibility in this alternative, **students and their families lack trust in vocational or technical education**. In this context, it should be noted that recent amendments to the Law on national education prescribe a 3-year vocational education, starting with 2013. – putin reformulat The main issue related to the expansion of vocational education is, especially in rural areas, the lack of employers offering practical training to a high number of vocational school students.

At the level of pre-university education, information, counselling and guidance services are mainly provided through the network of counsellors coordinated by County Resource and Educational Assistance Centres. **With the current number of allocated counsellors (one counsellor to 800 students), only big schools have their own counsellor** and, unfortunately, the least developed services are those providing counselling to socially and economically challenged students<sup>xxv</sup>. The resources that teachers have at their disposal to involve at-risk children's parents are also scarce.



At present, **almost one in five young people doesn't manage to complete compulsory schooling or get a qualification in the further training system**, being thus deprived of the basic skills that could secure their integration into today's society.

After hitting a record low of 15.9% in 2008 (only one percentage point above the EU mean), Romania's early school leaving rate reached 17.4% in 2012, more than four percentage points higher than the EU average. This figure places Romania in the top five European countries with the highest early school leaving rates. Compared with the EU target to reduce the percentage of early school leavers to at least 10% by 2020, Romania's objective is to reach a rate of 11.3% (*Europe 2020 Strategy*). For this indicator as well, gender differences are noticed as early school leaving is higher among boys than among girls at any level of education, excluding vocational schooling.<sup>37</sup>

**Romania remains one of the EU countries with the lowest international test scores for its 15-year-old students' performance in writing, reading, mathematics and science.** For example, at PISA 2012, 40.8% of students were low achievers (performance below level 2), twice as many as the average of participating EU states (23.1%). High shares of low achieving students are also reported with respect to reading and science (over 37%). This deficit affects to a greater extent students from socially and economically challenged families, boys compared to girls (especially as regards reading and science) and rural students<sup>38</sup>.

## Health

Romania's infant mortality rate has been traditionally very high. Though the indicator dropped to almost one third of its 1990 value (9 deaths under 1 year per 1,000 live births in 2012<sup>39</sup>, versus 26.9%o in 1990<sup>40</sup>), **Romania remains the country with the highest infant mortality in the EU**, with a rate that is more than twice as high as the Union's mean. The greatest gap is found in postneonatal mortality, largely due to preventable causes (in 2012, 29% of deaths were caused

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<sup>37</sup> The World Bank, National Strategy for Early School Leaving Reduction in Romania (draft) – Second draft

<sup>38</sup> PISA 2012 Results in Focus, OECD, 2013 (study available at <http://www.oecd.org/pisa/keyfindings/pisa-2012-results-overview.pdf>)

<sup>39</sup> National Public Health Institute. Infant Mortality in Romania. 2012.

<sup>40</sup> Eurostat

by respiratory diseases and 4.6% by accidents, with both causes being deemed potentially preventable).

The analysis of death causes shows that **29% of infant deaths are caused by acute respiratory diseases and 4.6% by accidents, although both causes are considered preventable.**

Besides the differences between Romanian and EU rates, there are also notable infant mortality discrepancies across the country, pointing to the following sensitive issues:

- The male gender shows a 14% higher risk of death in the first year of life compared to the female gender;
- A birth weight of less than 2,500 grams is associated with a risk of death which is 13 times higher than for a birth weight of 2,500 g or over;
- Infant mortality rate is almost double among mothers under 20 than for ages 25 to 29;
- Fourth born children have a risk of death over three times higher than ??-born children

Infant mortality rate has constantly been higher in rural areas; according to Save the Children research, the causes are mostly related to lower access to medical services, the great distance to the localities where such services may be accessed, mother's low educational attainment and low household income. SC de reformulat de la IOMC (Voica) Romania has an **under-5 mortality rate of 12.2/1,000 live births (2012), the highest in the European Union.** The cause analysis of under-5 mortality shows that some preventable causes still get significant shares (acute respiratory diseases – 29%, premature birth – 14%, and accidents – 7%). These causes are paired with risks like the socio-economic status and educational attainment, household type, family income, and not necessarily medical staff coverage.

Morbidity analysis places Romania as a country with **high incidence rates of some communicable (infectious) diseases, preventable through vaccination,** compared to the other EU Member States, despite a national vaccination scheme which covers these illnesses.

**Tuberculosis continues to be a major public health concern** in general (Romania has an incidence of tuberculosis which is 6 times higher than the EU average and reports almost one quarter of EU-wide tuberculosis cases, of which 15% are children).

A special problem is the screening and early detection of mental health disorders in children. At the moment, with family physicians unable to identify different mental health disorders, many children seek specialised care at more advanced stages when recovery is difficult and long. SC

As regards child and adolescent mental health care, mental health centres must be set up in the (urban and rural) communities where this type of care is missing, along with mobile teams for rural or remote areas, with multidisciplinary teams of professionals skilful in evaluating and intervening in case of children's mental health disorders, in counselling parents and managing situations where children are identified as victims of abuse in the family. SC.

Currently, with family physicians unable to identify different mental health disorders, many children seek specialised care at more advanced stages when recovery is difficult and long. Consequently, child screening and early detection by family doctors are issues that require authorities' attention.

An epidemiological characteristic of Romania is the great number of children diagnosed with HIV in the 90's; currently, the number of new cases is quite low among children. Of all 19,026 people recorded as living with HIV/AIDS in 1985, 12,119 were still alive as of 30 September 2013, with 196 cases of children aged 0 – 14 years and 213 aged 15 – 19 years. In the first three quarters of 2013, 577 new cases were reported nationwide, with 15 cases of children aged 0 – 14 years and 28 aged 15 – 19 years. With regard to the special features of persons living with HIV/AIDS in Romania, we should mention the large number of youth and the yearly increasing transmission among injecting drug users. The drastic reduction of vertical transmission (from mother to foetus) is an important public health target, with 15 new cases reported in the first three quarters of 2013.

In Romania, **children's oral and dental health is unknown** as the last reporting in the WHO database dates back to 2007 (the "Decayed, missing and filled teeth at 12" indicator is 3.3, almost double than the 2020 target of the Health for All Strategy for the EU). The average number of dental cavities in children is significantly higher in rural areas and more than half of cavities are not treated, according to a more recent study<sup>41</sup>.

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<sup>41</sup> INSP-CNEPSS 2011

Regarding adolescents' behavioural health risks, it should be mentioned that **approximately 23% of Romanian adolescents smoked at least once** (6% of adolescents aged 10 to 13 years and 33% of adolescents aged 14 to 17 years). The share of those who have smoked at least once is higher in boys and in urban areas. 68% of those who experienced smoking declared they were smoking on a daily basis and most of them said they had started to smoke at age 13-16, most often at 14 years of age.

In children and adolescents, alcohol may affect brain development, especially cognitive and socio-emotional capacities. **In Romania, 42% of adolescents tried alcohol at least once in their lifetime** (21% of those aged 10 to 14 years and 53% of those aged 14 to 17 years), with more drinkers among boys (57% versus 27% of girls) and in urban areas. **5.4% of adolescents of 14-17 experienced one type of drug in their lifetime.**

One quarter of adolescents aged 14-17 years say they are sexually active, with an average age of sexual debut at 15 and a half. Nearly two thirds of sexually active adolescents declare they have a steady partner and **less than half of those who have a steady partner use protection at all times.**

In Romania, the risk of smoking and drug use among children and the risk of picking up risky sexual behaviours during adolescence are aggravated by the lack of educational policies focused on these issues. SC

**Skipping breakfast is a frequent habit among adolescents**, although it is a currently known fact that serving breakfast every day is generally associated with good health, weight control, and better cognitive and school performance. About half of 11-year-olds say they don't eat breakfast every day, and the share of those who skip breakfast goes up with age, especially among girls<sup>42</sup>.

World Health Organisation recommends at least one hour of moderate- to vigorous-intensity physical activity daily for children aged 5-17, stressing that constant exercise is beneficial to children's bodies. In Romania, **only 32% of 11-year-old boys and 20% of the girls of the same age declare that their physical activity fits into the recommended level**, with things getting worse with age, down to 7% in girls and 16% in boys at the age of 15.

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<sup>42</sup> WHO. Social determinants of health and well-being among young people. Health Behaviour in School-aged Children (HBSC) study: international report from the 2009/2010 survey

**On the other hand, adolescents spend a lot of time watching TV and online**, to the detriment of movement activities. Thus, 96% of adolescents say they watch TV for 2.9 hours a day on average, whereas 88% spend an average of 3.4 hours on the web every day.

### **Violence against children**

As far as violence against children is concerned, the number of reported cases of violence (neglect, emotional abuse, physical abuse, sexual abuse, child labour, exploitation for the purpose of committing crimes) increased (+7%) from 11,232 in 2010 to 12,074 in 2012. The availability of services seems to be the main determinant of the reporting level: in 2010, the average reporting of cases of children whose physical, mental, spiritual and psychological development was endangered within their family and required GDSACP intervention increased at municipal level by nearly 16% compared to 2009, while in the other towns the increase was insignificant whereas in rural areas it showed a slight drop.

A quarter of the respondents to a study conducted in rural communities don't fully disagree with the statement: "you sometimes have to hit your children in order to teach them a lesson".<sup>43</sup> Nationwide, according to a recent study<sup>44</sup>, one in five parents thinks that child beating is a good method of discipline whereas slight and moderate physical abuse has an incidence of 38-63% among all parents.

Aggressive behaviours are more widespread among disadvantaged populations, as shown by a study on the beneficiaries – parents and children – of Save the Children Educational Centres<sup>xxvi</sup>.

**Whilst most cases are found in rural areas, the share of beneficiary children who receive social assistance services is approximately ten times higher at municipal level.**

According to the same study, 7% of children say they are physically abused and 33% are insulted at school. The study also indicates that teachers are physically violent in rural schools twice as much as in urban ones, significantly more towards boys than girls and much more towards Roma students. SC

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<sup>43</sup> World Vision, 2012

<sup>44</sup> Save the Children Romania, 2013

Cyber bullying affects increasingly more children as Romania has one of the highest cyber bullying rates in Europe. The increasing number of cases is also due to the lowered average age of first-time Internet child users (9 years), with 86% of them getting online every day or almost every day. The study reveals that 52% of children have experienced some form of cyber bullying, which is 10 percentage points more than in 2009.<sup>45</sup>

A national epidemiological study<sup>xxvii</sup> regarding the abuse and neglect of children aged 11-16 indicates an **increase in the reporting of psychological abuse with age** (due to abuse awareness) and a decrease in physical abuse as children grow up, with psychological abuse being mentioned by 65.8% of children and 62.6% of parents. With regard to neglect, **as they grow up, children feel more neglected by their parents** (23% of 10<sup>th</sup> graders compared to 14.9% of 5<sup>th</sup> graders) while **rural parents admit more than urban parents that they sometimes neglect their children**.

**Actions intended to prevent and combat domestic violence are insufficiently developed.** Just over half of GDSACPs have a special working and monitoring methodology for cases of violence and only 27% of them have a plan in place for coordinating and supporting the relevant activities of local public administration authorities at county level. Local PSAS make little use of specific methodologies and procedures, while specialised services are rarely available.

**As regards child involvement in this matter, the truth is that educational establishments seldom seek students' opinion about the violence** they face in the school setting. Hence, prevention measures, where promoted, are limited to transmitting general messages against violence, without individualised school plans to prevent and combat violence. Also, violence is much underestimated by available data as they most often report only severe cases<sup>xxviii</sup>.

The recorded number of human trafficking victims remains around 1,000 persons per year. According to NATIP data as of mid-2013, the share of children in total trafficking and exploitation victims is 34%, mostly sexually exploited girls (90.5% of cases) often within country's borders, while boys are normally trafficked for economic exploitation purposes. Exploitation may occur within the country or abroad, sometimes combined with human trafficking. **Most reported victims are young and very young, being involved especially in sexual and labour exploitation.**

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<sup>45</sup> Save the Children Romania, 2013

The lower stigma associated with labour exploitation is expected to facilitate more reporting than in the case of sexual exploitation.

Research indicates that **child labour is quite widespread among certain social groups in Romania**. Hence, in rural communities, a quarter of children say they are tired because they had to work inside the household before or after school, and 12% say they missed school because they had to work. Rural children spend on average two hours a day cleaning, attending to the animals or looking after other family members<sup>46</sup>.

### Forms of child discrimination

Discrimination is so much more difficult to address when the general public gives little importance to it. **Data show that the overall population of Romania is divided into two almost equal groups when it comes to the way they perceive discrimination:** 51% of Romanians believe to a great and very great extent that discrimination is a current problem, while 44% believe that to a small and very small extent<sup>47</sup>. According to the respondents to this survey, the social categories most discriminated against are the Roma, the persons with physical or mental disabilities, the persons living with HIV/AIDS, the homeless, the orphans, and drug addicts.

**A research on rural children shows that approximately 20% of them believe they are treated worse than their colleagues at school**, with household equipment as an important predictor of children's subjective appreciation of the school environment. Hence, children from precariously equipped households usually feel less comfortable in school than the other children<sup>48</sup>.

**The Roma are perceived as being discriminated against, to different degrees and shares, on most life dimensions** such as employment, health, general access to public services, and everyday social relations<sup>xxix</sup>. Analyses show that, under statistical control of other characteristics like age, educational attainment, household structure, demographic composition of the community and geographical position, the simple fact of being a Roma increases the risk of poverty by 38%<sup>49</sup>.

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<sup>46</sup> World Vision, 2013

<sup>47</sup> NCCD, 2012

<sup>48</sup> World Vision, 2012

<sup>49</sup> World Bank, 2013

### **One of the dimensions where discrimination is more visible is education:**

- 6% of the Roma say that their preschool children have not been admitted to kindergarten<sup>50</sup>; Romania is the country with the largest share of children who attend kindergartens dedicated exclusively or almost entirely to Roma children<sup>51</sup>.
- Different research studies conducted in large Roma communities have indicated discriminatory behaviours.
- Though discouraged by MNE, Roma children's segregation is still found in certain regions as they are included in separate classes or schools.<sup>xxx</sup>

**In the schools with a majority of Roma children and/or children with special needs, the quality of human and material resources is poorer than in the other schools<sup>52</sup>.** An analysis of educational services provided by schools with a large number of Roma students shows that, in general, the share of Roma students is indirectly proportional to the quality of education provided in a certain school <sup>53</sup>.

In a survey of more than 7,000 respondents conducted by DCP in 2006, two thirds of students believed that children with disabilities were poorly integrated or not integrated at all in their school and/or community<sup>xxx</sup>.

### **Hearing the child's voice and child participation**

**The risk of ignoring the child's voice in family decision-making is mostly found in low-educated populations.** Hence, in rural areas, only a little over half of adult respondents say that children are consulted in their household when important decisions are being made<sup>54</sup>.

On the other hand, **schools have designed measures for consulting with children about the learning content, yet no evaluations are available to indicate the extent to which they have been implemented.** Also in the education system, the Student Council has been formalised as a structure that can support children's empowerment to express their views and participate in decisions made within the education system.

Nonetheless, child participation is still deficient since students' representative bodies are just at an early stage of development, with various non-governmental reports<sup>55</sup> highlighting operational

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<sup>50</sup> Împreună Agency, 2013

<sup>51</sup> Roma Early Childhood Inclusion (RECI) Overview Report, 2012

<sup>52</sup> UNICEF, 2010

<sup>53</sup> UNICEF, 2009

<sup>54</sup> World Vision, 2012

<sup>55</sup> Save the Children, FONPC, 2012



deficiencies or their artificial establishment without an actual student representation role, **while student participation in decisions that affect them remains critical in rural schools.** Research has indicated that **adolescents' information about services addressed to them is vague and stereotypical in urban areas and highly limited in rural communities.**

In a study, almost 60% of the students answering to the questionnaire said they were consulted in school about extracurricular activities, 54% about school rules, 50% about teachers' methods and 49% about optional disciplines. Smaller percentages were consulted about school equipment (39%) and the choice of optional textbooks (35%). Compared to the data of a similar study conducted by Save the Children in 2006, students' answers show that they are nearly 10 percent less consulted about school matters. Student Council awareness has increased by approximately 7 percent, compared to 2006. Nevertheless, although formally each school has a Student Council, approximately 19% of respondents are not aware of its existence, and 9% say that their school doesn't have one. 76% of the students who know about the Student Council have never turned to it with a problem or proposition, and most of those who did (7%) say their problem was not discussed (73%). As to the profile of those who have heard of the Student Council, they are mostly female, high school students, with good grades, and from urban areas.<sup>56</sup>

Informing children about their own rights and about decisions that concern them is considered a prerequisite for expressing one's views. Many Romanian adolescents<sup>xxxii</sup> declare they are aware of children's rights but remain sceptical as to their realisation (only 44% think their rights are respected to a great or very great extent).

**Also, social participation is problematic for children with disabilities,** who lack both the technical means to make their opinion heard and the mechanisms to participate.

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<sup>56</sup> Save the Children Romania, 2013

## 6. GENERAL AND SPECIFIC OBJECTIVES/MEASURES/RESULTS

<b>GENERAL OBJECTIVE 1. Improve children's access to quality services</b>		
<b>SPECIFIC OBJECTIVE</b>	<b>Measures</b>	<b>Expected results</b>
1.1. Increase service coverage at local level	<b>1.1.1.</b> Ensure a functional public social assistance service in every administrative-territorial unit	At least 80% of administrative-territorial units have functional PSAS All urban settings have functional PSAS All PSAS have at least one social worker
	<b>1.1.2.</b> Increase children's access to preventive and curative care	Children benefit from curative and preventive care as part of the basic package and national health programmes
	<b>1.1.3.</b> Increase children's access to education	At least 98% of children have completed compulsory education
	<b>1.1.4.</b> Set up facilities for children's recreational and leisure activities	Functional network of facilities for children's recreational and leisure activities, which is age-appropriate and adapted to children's specific needs Professionals from various lines of work trained to carry out recreational and leisure activities
	<b>1.1.5.</b> Consider the opportunity of providing a minimum package of community-based services	Survey conducted on support package provision
	<b>1.1.6.</b> Develop integrated community-based services	At least one quarter of administrative-territorial units provide integrated community-based services
	<b>1.1.7.</b> Build institutional capacity to define and implement intersectoral policies for the protection of children's rights at central and local levels	Revised legal framework enabling public-private partnerships for children Functional public-private partnerships Services for children set up based on public-private partnerships

<b>1.2.</b> Increase the quality of services provided to children	<b>1.2.1.</b> Increase the quality of social services for children	Minimum quality standards designed and disseminated to all administrative-territorial units. Working methodologies developed and disseminated to PSAS and GDSACPs
	<b>1.2.2.</b> Ensure qualitative medical services for children at all levels of health care	Children have access to quality medical services Improved health assessment system
	<b>1.2.3.</b> Increase the quality of educational services	Ante-preschool and preschool services adjusted to children's needs, especially to those at risk of exclusion Children acquire basic skills by completing compulsory education Vocational education offer developed according to children's needs and labour market requirements
	<b>1.2.4.</b> Stimulate the transfer of good practices in the field of child services and policies	Policies and strategies include recognised and evaluated good practices
	<b>1.2.5.</b> Increase the quality of human resources in social, educational and health services for children	Professionals who have direct contact with the child are trained in the field of child rights protection
<b>1.3.</b> Increase beneficiaries' capacity to access and use child and family services	<b>1.3.1.</b> Increase children and their families' knowledge and awareness of their rights and responsibilities and of the services they may access	Children are informed about their rights and duties and the public services they may access
	<b>1.3.2.</b> Develop parenting skills with respect to child rearing, care and education	At least 50,000 parents trained each year as part of specific governmental programmes
	<b>1.3.3.</b> Involve the community in the realisation of children's rights	Advisory community boards established and supported (through technical assistance) within a pilot programme Local and national campaigns run to promote children's rights

1.4. Build the capacity to monitor and evaluate children's rights and social circumstances	1.4.1. Develop a national system to monitor and evaluate the state of children in Romania	Set of indicators designed and embedded by relevant institutions in their reporting system Methodology designed for interinstitutional collaboration National study on child rights realisation
	1.4.2. Create a mechanism for identifying and monitoring all vulnerable children	Vulnerable children identified Poverty and social exclusion mapped
	1.4.3. Foster an evaluation-oriented organisational culture in all public institutions that are actively involved in child rights promotion	Functional child rights monitoring mechanism created
		Child rights monitoring methodology developed
<b>GENERAL OBJECTIVE 2. Respect the rights and promote the social inclusion of children in vulnerable circumstances</b>		
2.1. Ensure minimum resources for children within a national anti-poverty programme, with a special emphasis on children	2.1.1. Increase poor children's access to basic services	Minimum package of services piloted 250,000 children out of poverty by 2020
2.2. Reduce existing gaps between rural and urban children	2.2.1. Increase rural children's access to education, health care and social services	Reduced gap in terms of students' enrolment, participation and performance in all forms of education, access to health care and social services

2.3. Remove attitude and environmental barriers to the rehabilitation and social reintegration of children with disabilities	2.3.1. Develop an integrated system for the early diagnosis and comprehensive evaluation of children with disabilities	Increased number of children with disabilities identified early on and referred to adequate support services: educational, medical, social
	2.3.2. Provide integrated social, health and educational services that are child-friendly and accessible to children with disabilities and their families	Children with disabilities benefit from child-friendly and accessible services
	2.3.3. Support the families of children with disabilities to raise and care for them within the family.	Parents who look after children with disabilities are supported in covering their own and their children's specific needs
	2.3.4. Develop positive attitudes in the family and society towards children with disabilities	Population is informed about the needs and rights of children with disabilities
	2.3.5. Increase school inclusion of children with disabilities and/or special educational needs	National database of children with SEN completed Children identified in mainstream schools as having SEN benefit from inclusive education Out-of-school children with SEN benefit from school reintegration measures
2.4. Reduce the opportunity gap between Roma and non-Roma children	2.4.1. Combat the negative attitude of the society towards the Roma in general and Roma children in particular	The share of population with negative attitudes towards the Roma reduced by 20%
	2.4.2. Facilitate Roma children's access to social, educational and medical services	Roma communities now have professionals specialised in community intervention
	2.4.3. Eliminate segregation in all forms of education	Roma children enjoy equal opportunities as non-Roma children in all forms of education
2.5. Continue the transition from institutional child care to community-based care	2.5.1. Increase efficiency and effectiveness of the current family-type child care system	Family-type services restructured and adapted to children's current needs
	2.5.2. Ban the institutionalisation of young children	Young children temporarily or permanently separated from their family are cared for through family-type services

	<b>2.5.3.</b> Develop services that provide alternatives to institutional care	All traditional institutions closed down At least 25% of children at risk of being separated from their family don't end up in the special protection system
	<b>2.5.4.</b> Develop children's independent living skills to prepare them for the time when they have to leave the special protection system	Professionals from the special protection system trained to prepare children for leaving the special protection system Revised and approved legal framework on environmental conditions that enable the development of independent living skills Children's independent living skills developed Increased share of young people who lead an independent life after leaving the special protection system
<b>2.6.</b> Reduce the street children phenomenon	<b>2.6.1.</b> Develop specialised services for street children in accordance with existing needs	Study on the state of street children conducted at national level Network of social services developed for street children
	<b>2.6.2.</b> Address the causes of children ending up in the streets	Low incidence of the street children phenomenon
<b>2.7.</b> Foster the social and family reintegration of children in conflict with the law and prevent re-offending	<b>2.7.1.</b> Develop the network of services involved in working with children in conflict with the law	Children in conflict with the law have access to social and family reintegration services
	<b>2.7.2.</b> Put an end to the culture of impunity with respect to children in conflict with the law	Children deprived of liberty can file complaints in case of torture and other cruel, inhuman or degrading punishment or treatment, through an accessible and functional mechanism
<b>2.8.</b> Increase control over children's drug or other harmful substance use and address the	<b>2.8.1.</b> Make children, families and communities aware of the negative effects of children's drug or other harmful substance use	Children know the risks and adverse effects of using drugs and other harmful substances

consequences of this phenomenon	<b>2.8.2.</b> Ensure integrated, adequate and accessible assistance services at community level, matching the needs of children who use drugs or other harmful substances	Functional network of treatment services, matching the needs of children who use drugs or other harmful substances
<b>2.9.</b> Offer adequate support to children whose parents work abroad and to their caregivers	<b>2.9.1.</b> Develop specific measures and support services for children whose parents work abroad	Children whose parents work abroad have access to support services
	<b>2.9.2.</b> Enhance the role of school in compensating for lack of support due to parents' absence	Psychological counselling services in schools, accessible to all the children whose parents work abroad
<b>2.10.</b> Prevent unintended pregnancies among adolescent girls	<b>2.10.1.</b> Provide reproductive health and family planning services to children and adolescents	Children have access to age-appropriate reproductive health services Reduced number of births to adolescent girls (young women aged 15-19 years)
<b>GENERAL OBJECTIVE 3. Prevent and combat any form of violence</b>		
<b>3.1.</b> Promote non-violence and implement awareness-raising actions	<b>3.1.1.</b> Increase children, parents, professionals and general public's knowledge and awareness of all forms of violence.	Children, parents, professionals and the general public recognise all forms of violence and their serious effects.
	<b>3.1.2.</b> Reduce children's exposure to media and online violence	Legal framework on media and online violence evaluated, improved and its implementation monitored
<b>3.2.</b> Reduce violence among children	<b>3.2.1.</b> Build public service providers' capacity to prevent and combat any form of violence against children	Methodology for monitoring cases of violence
<b>GENERAL OBJECTIVE 4. Encourage child participation in relevant decision-making</b>		
<b>4.1.</b> Develop mechanisms to ensure child participation	4.1.1. Ensure equitable access to adequate information for all children	National information campaigns conducted in schools on effective means and activities allowing children to participate in decision-making that may impact them

	4.1.2. Support more diversified forms of child participation	National evaluation conducted on NSC's work Programmes implemented to support participatory structures
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## **7. PUBLIC POLICY RESULTS**

The Strategy is expected to act as an integrator of all processes meant to strengthen structural and modernising reforms, including under 2014-2020 programming period, with an impact on child development in Romania.

Also, the Strategy seeks to ensure that policies are coherent and stronger at sectoral level, between various governance levels and mechanisms, and that they are consistent with the objectives set out in European documents.

## **8. BUDGET IMPLICATIONS**

Objectives and related measures set out in this Strategy will be achieved through their inclusion in the budgets of ministries and public institutions involved, as approved for 2014 and in the forecasts for the next years.

At the same time, EU funds will continue to be some of the most important instruments used to protect and promote children's rights in Romania.

In this context, structural funds available for the period 2014-2020 will be utilised to improve children's access to quality services, to achieve and promote the social inclusion of children in vulnerable circumstances, to prevent and combat any forms of violence and to foster child participation in relevant decisions.

## **9. MONITORING AND EVALUATION PROCEDURES**

### **Developing governance mechanisms and building intersectoral synergies**

The National Strategy on the Protection and Promotion of Children's Rights will be effectively implemented and funded at the level of each governmental sector. Non-governmental and private partners will work towards the achievement of Strategy objectives.

An Advisory Committee for Coordination (ACC) of child rights protection will be set up as a communication and coordination mechanism, chaired by the Minister of Labour, Family, Social

Protection and the Elderly and including representatives of most relevant institutions and organisations. The ACC secretariat will be provided by the Directorate for Child Protection under MLFSPE. The establishment, roles and competences of the Advisory Committee for Coordination will be set out in a Government Order. The Committee is a body without legal personality, comprised of Secretaries of State as ministry representatives, representatives of other specialised central public administration bodies, of local public administration associations, and representatives of civil society associations, holding managing positions:

- Ministry of Labour, Family, Social Protection and the Elderly
- Ministry of National Education
- Ministry of Health
- Ministry of Home Affairs
- Ministry of Regional Development and Public Administration
- Ministry of Justice
- The Ombudsman
- National Union of County Council Presidents
- Federation of Romanian Non-Governmental Organisations for the Child
- Association of Directors of General Directorates for Social Assistance and Child Protection
- College of Social Workers

Intersectoral goal-reaching activities will be coordinated by MLFSPE, based on a strategy implementation plan including the programmes and interventions of both MLFSPE and other important child rights stakeholders. The implementation plan will also comprise the county and local coordination mechanism.

With the decentralisation of child rights protection and promotion and of the social sector in general, the greater responsibility goes to local authorities. Institutions represented in ACC will lend support, within the limits of their competences, to the authorities from the regions where children are faced with critical problems.

### **Monitoring of National Strategy implementation**

The national strategy implementation monitoring falls under the responsibility of the Ministry of Labour, Family, Social Protection and the Elderly, via its Directorate for Child Protection.

A monitoring and evaluation plan will be specifically designed to follow up the implementation of the Action Plan. Activities and measures developed at the level of each ministry as well as local programmes will be checked on the basis of a monitoring plan drawn up together with all implementing partners, including the children as direct beneficiaries. A set of results indicators will be adopted, starting from the indicators laid down in the European Commission's Recommendation – Investing in children: breaking the cycle of disadvantage, and adding contextual indicators to measure any developments at national level. Moreover, the implementation process will be followed up with the help of the indicators set out in the Operational Plan.

The monitoring and evaluation plan will aim at:

- strengthening the use of fact-based approaches and the full use of existing statistics and administrative data;
- improving rapid availability of data for monitoring children's situation;
- improving statistical capacity (including disaggregation by age and gender), where possible and needed, especially in order to measure access to quality and affordable services, looking mostly at the state of the most vulnerable children;
- ensuring a transparent monitoring and evaluation process and the wide dissemination of results;
- running a mid-term impact evaluation on strategy measures and activities with a view to adjusting them.

The Strategy includes a series of measures for conducting special surveys, meant to better diagnose the initial situation (at the time of Strategy launch), especially with respect to certain child issues that statistics have hardly documented.

Furthermore, the Strategy Implementation Plan proposes to create a child monitoring system that should also look at rights realisation and access to services, whose availability would improve the capacity to measure the results and impact of the Action Plan.

Besides the evaluation of global progress following strategy implementation, the Monitoring Plan will require sectoral and even specific evaluations on critical problems. Monitoring activities will also be carried out through joint field visits and annual progress reports.

The first milestone evaluation of strategy implementation will be conducted at the end of 2015. Based on its results, a decision will be made whether the 2017-2018 Action Plan should be adjusted to better respond to the needs and to outline the most suitable intervention directions for the next strategy implementation stage.

## Explanatory notes

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<sup>i</sup> Conclusive study conducted within the project "Improving organisational effectiveness of the child protection system in Romania", implemented by MLFSPE in partnership with SERA Romania, based on the national evaluation of GDSACP, PSAS and other institutions and organisations involved in the child protection system, 2012

<sup>ii</sup> "The implementation of legal provisions varies from one administrative unit to another. We are referring mainly to the provisions that regard non-material issues like organisational, operational, selection, recruitment, identification, hierarchisation procedures" MLFSPE/SERA, p.219

<sup>iii</sup> "As to administrative capacity, the missing resources are primarily updated methodologies and their knowledge and implementation at system level", MLFSPE/SERA, p.219

<sup>iv</sup> 8% social workers (Lazăr & Grigoraş, 2011/2013). The 2013 GDSACP evaluation provides different data since it also includes those with a degree in public administration, law/social studies and humanities

<sup>v</sup> Part of ex-ante conditionalities, Romania's Strategy to combat early school leaving states that by the end of 2014 an electronic information system will be implemented across the education system to identify dropouts in real time.

<sup>vi</sup> According to the 2012 activity report of the National Health Insurance House (NHIH), contracts were in place with 11,914 family physicians<sup>vi</sup>, 61.6% of whom were active in urban areas and the others in rural areas. Since the number of people under 18 registered with family physicians practically exceeds Romania's official total number of children, it is difficult to estimate the share of non-registered children.

<sup>vii</sup> Total children living in a household at risk of relative poverty or in severe material deprivation or in a household with very low work intensity (index indicators are separately defined)

<sup>viii</sup> 21.2% for ages 15-24 and 10.7% for ages 25-34 in Romania compared to 7% of the overall population in 2012; at the level of UE28, the unemployment rate for the overall population was 10.2% for the same year; Source: Eurostat

<sup>ix</sup> The birth rate was 1.3 in 2011 and all through the previous decade, except for 2008 and 2009, when it rose to 1.4. Thus, it remains constantly behind the replacement rate of 2.1 and the 2011 EU27 level of 1.6. Source: Eurostat, last updated on 3 November 2013

<sup>x</sup> A Eurostat projection based on an EU-wide convergence scenario, where the values of the countries with socio-economic development gaps, like Romania, are brought close to the level of more developed countries (members of the European Free Trade Association) for fertility, life expectancy at birth and migration indicators, indicates a drop to 2.8 million children/youth under 19 by 2060.

[http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=proj\\_10c2150p&lang=en](http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=proj_10c2150p&lang=en)

<sup>xi</sup> The ratio between the population aged 0-14 years and the economically active population of 15 to 59 years

<sup>xii</sup> At present, population over 60 accounts for 18.3%, with a 2.3 percentage point increase in the last 8 years, but it is expected to rise, according to the same convergence scenario, to 22.3% by 2030 and to over 30% by 2050

<sup>xiii</sup> 54.2% as of 1 July 2013, Romania in Figures 2013, NIS

<sup>xv</sup> Relative poverty rate, according to Eurostat methodology, measures the share of people with an equivalised disposable income below 60% of the national equivalised median income; consequently, it is more of an inequality indicator and does not inform about economic resources effectively available to individuals to cover their needs, but only about national income distribution. Another poverty measurement method, besides the relative one promoted by the EU, is the absolute method, adopted at national level. The absolute poverty rate estimates resource deprivation and it is worked out annually by MLFSPE and NIS. Children are at a higher risk of absolute poverty, with the indicator measuring the share of individuals below an acceptable threshold than can ensure a minimum standard of living. In 2011, poverty affected 5.0% of total population, 6.1% of 0-5 year olds, 7.7% of 6-14 year olds and 8.4% of adolescents aged 15 to 19 years. Between 2009 and 2010, children and youth felt the economic crisis the hardest and they reported the highest increase in absolute poverty rate following the economic crisis. In households with 2 children, the level of poverty is more than double than in households with no children, whereas households with three or more children are confronted with a risk of absolute poverty that is more than three times higher.

<sup>xvi</sup> The first draft Partnership Agreement proposed by Romania, Ministry of European Funds, October 2013: p.8. The document includes poor, rural and Roma children as target groups for Structural Instruments in the programming period 2014-2020

<sup>xvii</sup> The rate of severe material deprivation is measured as a share of individuals living in a household where living conditions are strongly affected by lack of resources, namely they can't afford at least 4 of the following 9 items: i) pay rent or utility on time; ii) keep their home adequately warm; iii) face unexpected expenses; iv) eat meat, fish or a protein

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equivalent every two days; v) enjoy a week of holiday away from home; vi) have a car; vii) have a washing machine; viii) have a colour TV, or ix) have a telephone.

<sup>xxvii</sup> The 2009 EU-SILC ad-hoc module provided specific information about some forms of child deprivation. Hence, after Bulgaria, Romania reports the most difficult situation in the EU, with more than one in four children deprived of a daily meal of meat, fish or fruit and vegetables, new clothing and approximately one in five children without new footwear.

<sup>xxix</sup> Housing deprivation means that these children are simultaneously confronted with the following housing issues: 1) roof with insulation problems, damp walls/floors/foundation or mould on window frames or floors; 2) lack of an indoor bathroom or shower; 3) lack of an indoor toilet for the household's exclusive use; 4) other housing problems: too dark, insufficient light.

<sup>xx</sup> Overcrowding rate is measured based on the number of rooms available in the household, the number of members and their age and family status.

<sup>xxi</sup> Several research studies consistently indicate the emergence of urban pockets of extreme poverty: Rughiniş (2000); Stănculescu and Berevoescu (coord., 2004); Sandu (2005); Berescu et al. (2006); Berescu et al. (2007); CPARSD (2009); Stănculescu (coord., 2010); Bottonogu (coord., 2011)

<sup>xxii</sup> Survey conducted in 2011, based on a questionnaire applied to family physicians (141 family physicians involved or not in the project "They too need a chance! – Programme for supporting the social and professional integration of people with autism spectrum disorders", implemented by Romanian Angel Appeal, in partnership with MLFSPE and the Association of Cognitive Psychotherapies from Iaşi).

<sup>xxiii</sup> According to NIS data, there are currently over 120,000 people who haven't even completed primary education. The Second Chance Programme schooled a little over 8,000 persons in 2012, with nearly 1,500 persons joining the programme each year, most of whom are young people of 20 years or older.

<sup>xxiv</sup> The national programme which promoted this policy is detailed on its dedicated portal [www.alegetidrumul.ro](http://www.alegetidrumul.ro)

<sup>xxv</sup> As demonstrated by the needs assessment conducted under Educational Priority Areas projects, implemented as part of UNICEF's National School Attendance Campaign (2009-2013)

<sup>xxvi</sup> Families in Difficulty, Vulnerable Children – SCR. Theoretical quota sampling was used for research purposes. Research was carried out on 200 people from 11 counties, parents (86%) or other relatives of children from 12 Save the Children Educational Centres

<sup>xxvii</sup> See the project website: <http://www.prevenireaviolei.ro/cercetare/proiectul-becan/rezultatele-cercetarii/> and related articles

<sup>xxviii</sup> The official statistics related to cases of school violence reported last year were based on the charges filed with the Police.

<sup>xxix</sup> Roma Early Childhood Inclusion (RECI) Overview Report, Open Society Foundation, UNICEF, 2012, p28, INSOMAR, 2009; UNDP/World Bank/EC Regional Roma Survey (2011). For perceptions of labour market discrimination, see also the Social Observatory, Bucharest University, 2010, nationally representative survey of employers and employees

<sup>xxx</sup> Research conducted by Împreună organisation identified such cases in 31% of the studied educational establishments.

<sup>xxxi</sup> Children's Report on the Respect for Children's Rights in Romania, DCP, 2007, questionnaire applied in 2006 to a sample of 7,424 students aged 12-19 years; only 29% of respondents appreciated that children with disabilities were integrated to a great extent.

<sup>xxxii</sup> The largest share of young people aged 15 to 18 years from Europe, according to the Eurobarometer 'The Rights of the Child', 2009, p.8

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## LIST OF ACRONYMS

ACC	- Advisory Committee for Coordination
CE	- Council of Europe
DCP	- Directorate for Child Protection – MLFSPE
EC	- European Commission
ESF	- European Social Fund
EU	- European Union
FONPC	- Federation of Non-Governmental Organisations for the Child
GDP	- Gross Domestic Product
GDSACP	- General Directorate for Social Assistance and Child Protection
HBSC	- Health Behaviour In School-Aged Children
HHC	- Hopes and Homes for Children
MLFSPE	- Ministry of Labour, Family, Social Protection and the Elderly
NATIP	- National Agency against Trafficking in Persons
NCCD	- National Council for Combating Discrimination
NIS	- National Institute of Statistics
NUCCP	- National Union of County Council Presidents
PIRLS	- Progress in International Reading Literacy Study
PISA	- Programme for International Student Assessment
PSAS	- Public Social Assistance Service
REF	- Roma Education Fund
SEN	- Special educational needs
TIMSS	- Trends in International Mathematics and Science Study
UN	- United Nations
UNDP	- United Nations Development Programme
UNICEF	- United Nations Children Fund
WB	- World Bank
WHO	- World Health Organisation