



EU Network of
Independent Experts
on Social Inclusion

Investing in children: Breaking the cycle of disadvantage

A Study of National Policies

Romania

This publication has been prepared for the European Commission by



© Cover illustration: European Union

Neither the European Commission nor any person acting on behalf of the Commission may be held responsible for use of any information contained in this publication.

The opinions expressed are those of the author(s) only and should not be considered as representative of the European Commission's or Member States' official position.

Further information on the Network of independent experts is available at:
<http://ec.europa.eu/social/main.jsp?catId=1025&langId=en>

© European Union, 2014
Reproduction is authorised provided the source is acknowledged.

Investing in children:

Breaking the cycle of disadvantage

A Study of National Policies

LUANA MIRUNA POP

COUNTRY REPORT - ROMANIA

Table of Contents

Acronyms and abbreviations	7
Summary	9
1. Assessment of the overall approach and governance	13
1.1. Institutional arrangement of child protection in Romania: to what extent does Romania have an integrated multi-dimensional strategy?	13
1.2. A children's rights approach: is there an effective mainstreaming of children's policies and rights?	14
1.3. Balance of universal and targeted policies	15
1.4. Stakeholders' and children's involvement in designing and implementing child protection policies	15
1.5. Policies in response to the crisis: their impact on children and policies targeted towards children and families	16
2. Access to adequate resources	18
2.1. Access to and participation in the labour market	18
2.1.1. Youth and parents: labour market participation, in work poverty and vulnerable groups on the labour market	18
2.1.2. Active measures and services for increasing parents' access to adequate, sustainable resources	20
2.2. Cash and in-kind benefits as means of access of families and children to adequate living standards	22
3. Access to affordable quality services	28
3.1. Early childhood education	28
3.1.1. Public policies in the field of early childhood education	28
3.1.2. Preschool attendance and disadvantaged groups	29
3.2. Primary and secondary education	30
3.2.1. School attendance, dropouts and performance	30
3.2.2. Public policies in education	31
3.3. Access to health services	32
3.3.1. Health related issues and access to basic medical services	32
3.3.2. Public policies: history and challenges	33
3.4. Children's housing and living environment	35
3.5. Family support and alternative health care	36
4. Addressing child poverty and social inclusion in the European Semester	38
5. Mobilising relevant EU financial instruments	42
Bibliography	45

Annexes	47
Annex 1: A brief institutional history of the field of child protection in Romania (1997-2006)	47
Annex 2: Institutions involved in child protection and anti-poverty programmes	48
Annex 3: Educational facilities, performance measurements and complementary programmes for school dropout prevention	49
Annex 4: Access to adequate resources	52
Annex 5: Access to affordable quality services.....	72

Acronyms and abbreviations

ESF	European Social Fund
MLFSPE	Ministry of Labour, Family, Social Protection and Elderly
MER	Ministry of Education and Research
MH	Ministry of Health
NIS	National Institute for Statistics

Summary¹

Child and family centred, integrated policies are still missing, and programmes addressing child poverty and social exclusion are still scattered among different sectorial policies, and administrative levels, without an effective communication among these actors.

Child protection in Romania focused, traditionally, on children in difficulty (with an emphasis on children in residential care and de-institutionalisation) and was completely separated from *anti-poverty and social inclusion programmes and policies*.

Child and family protection, revolving around child abandonment and alternative care, has been developed from the start, as a regional, decentralised specialised social service. This led to a regionally uneven and inconsistent development of child protection services.

On the other hand, **anti-poverty and social inclusion policies** have been, from the start, under the responsibility of central administrative actors; they are strongly distorted towards social benefits, with a lower emphasis on social services, the development of which has been systematically delayed.

Intervention required – child protection:

- Reconnect specialised social assistance services with anti-poverty and social inclusion policies by promoting inter-level and inter-sectorial cooperation, thus creating the framework for an integrated, community based social assistance.

Anti-poverty and social inclusion policies are mostly passive, granting access to resources for families mainly through *social benefits*. Children and youth are more exposed to poverty than adults or elderly. Children are less protected by social benefits and do not benefit of adequate health and educational services. In addition, in many cases parents' employment does not guarantee access to basic resources.

Active employment measures are weak and ineffective, unrelated to labour market demands, and unable to reach out to poor households or vulnerable groups. What makes the need for active labour market measures even more acute is the extremely high in-work poverty rate, affecting mainly children. Due to a distorted labour market, characterised by high informality, biased in favour of contributing family workers and low educated self-employed, and strongly segmented along residential area, activation measures have to be coupled with labour market policies, in order to identify strategies for both increasing employment and making work pay.

¹ Readers should note that the drafting of this report was completed in September 2013 thus it does not include an analysis of data or policy developments that became available after this date.

Intervention required – labour market and employment:

- Increase formal employment by extending the legislation on social economy to various forms of NGOs and cooperative productive structures (especially useful in rural areas), and by discouraging supply of informal work force (tax benefits and credits, pre-paid subsidised social insurance packages etc.);
- Increase the linkage between education and labour market and promote on-going training and education;
- Reach out to most marginal outsider groups with activation measures based on medium term contracts and personalised counselling and support, extended to the initial phase of employment.

Social benefits, if excluding pensions, offered a meagre protection against poverty and social exclusion during the crisis. **In Romania, children are less protected by social benefits compared to the adult population.** The universal child allowance and the child raising indemnity (a social assistance benefit, partially related to the previous market income of the beneficiaries), have been the most important financial means of support for families with young children (less than two 2 years) during the economic crisis. Older children, and especially teenagers, are more exposed to poverty in the absence of a proper financial support. Unemployment benefits, heating aids, and school-attendance related benefits are an important support for low income households, but do not offer protection to the most poor and vulnerable groups.

Pre-university educational services are deteriorating steadily, and are less and less able to equip children with basic competences in reading, math and science. Underpaid teachers, underfinanced schools, and rigid teaching procedures are the reasons for a low performance of the educational system. While dropout rates decreased, the number of out-of-school children increased lately. Early school leaving, along with a low quality education, led to a polarisation of children in regard to education. Most affected groups are Roma children and children living in rural areas or poor, segregated neighbourhoods. It becomes more obvious that in the absence of an effective early childhood education system, children from poor households, or living in poor communities will stand no chance to compete with children from more wealthy households. In fact, studies already show that pre-school and elementary school attendance is not a significant predictor for educational performances; the wealth and involvement of parents became much stronger determinants.

Intervention required – social benefits:

- Keep existing universal benefits as the only replacement for lacking social services and in-kind benefits;
- Increase targeted financial support for teenagers, and diversify especially in-kind benefits and school related services for all children;
- Improve the out-reach of benefits to the poorest 5%.

Pre-university educational services are deteriorating steadily, and are less and less able to equip children with basic competences in reading, math and science. Underpaid teachers, underfinanced schools, and rigid teaching procedures are the reasons for a low performance of the educational system. While dropout rates decreased, the number of out-of-school children increased lately. **Early school leaving, along with a low quality education, led to a polarisation of children in regard to education.** Most affected groups are Roma children and children living in rural areas or poor, segregated neighbourhoods. It becomes more obvious that in the absence of an effective early childhood education system, children from poor households, or living in poor communities will stand no chance to compete with

children from more wealthy households. In fact, studies already show that pre-school and elementary school attendance is not a significant predictor for educational performances; the wealth and involvement of parents became much stronger determinants.

Intervention required - education:

- Develop a comprehensive early childhood education and care system, financed from multiple budgetary and extra-budgetary sources;
- Increase quality of education by: (1) initiating a less prone to corruption and more competitive curricular development process; (2) identifying ways to attract more qualified human resources in the pre-university educational system (from financial motivators to other less expensive yet appealing benefits); (3) introducing a performance monitoring system (4) promoting de-segregation;
- Diversify and generalise access to extra-curricular activities;
- Create a strong linkage between school/ universities and labour market/ school and community;
- Expand life-long education, by integrating vocational training, professional schools, re-qualification programs and professional enrichment programs;
- Identify a feasible mechanism to finance students during university studies (access to student loans, facilitating students' part-time and temporary participation on the labour market etc.).

Access to **primary and preventive medical services is uneven, and far lower in rural areas, poor communities and for vulnerable groups**. Most important barriers to basic medical services are insufficient provision of medical care (especially in rural areas) and cost barriers. Children from rural areas and low-income households are clearly under-exposed to medical services, especially to preventive health care. Teenagers are the most disadvantaged age group in regard to preventive medical services.

Intervention required - health:

- Increase coverage with primary health care services, doubled by health screenings in schools;
- Improve outreach of emergency services in remote, rural areas or poverty enclaves;
- Make preventive services for children a national priority, including the most ignored age-segment, the teenagers.

Finally, communities are in need of a **'one stop shop' social assistance service, able to reach out to most vulnerable groups, poor or remote communities, and to create a linkage between the needs of the households** (putting children's needs first), **their resources** (human capital, social skills, capacity to plan, or cope with vulnerabilities), **and existing social services and benefits**. Personalised interventions to increase and facilitate access to social services and activation programmes are crucial especially when social services are weak and their accessibility low.

Intervention required – social assistance services:

- Develop an integrated network of social assistance services, based on a 'one stop shop' community based unit, created around the teams who already implement the MIG and family targeted benefits, able to facilitate access and personalised intervention measures.

Romania has a satisfactory legislative framework, yet the drawbacks of an effective policy implementation are the (a) low administrative capacity at the central level (due to a high institutional change rate and a high turnover of the politically assigned management of public administrations) and the (b) frequent political fights, which increase the risk of delays in implementation and, consequently, of the associated social costs.

Intervention required – public administration:

- Increase monitoring capacity of public administration;
- Promote inter-sectorial and inter-level cooperation of public authorities;
- Increase stability of public institutions.

In Romania ... in 2011

- 347,975 children live below the absolute poverty line (approx. 66 Euros/month/adult equivalent)
- 1/3 of those living in absolute poverty are children
- 1/2 of those living in absolute poverty are children and young adults (less than 30 years)
- The incidence of severe poverty (less than 46 Euros/ month consumption per adult equivalent) is double in the young population (15-19 years) than in the overall population
- 1 in 3 children is at-risk-of-poverty
- 1 in 2 children is at-risk-of-poverty or social exclusion
- 1 in 4 children faces long-term, persistent, at-risk-of-poverty
- Teenagers are more affected than young children by the risk of poverty
- 1 in 3 children faces severe material deprivation
- Less than 3 in 100 children between 0 and 3 years attend a formal ante-preschool educational programme
- 6 in 10 children age 3 attend kindergarten compared to 4 in 100 Roma children
- 5-6 in 10 young adult are enrolled in formal education
- Almost 1 in 4 young adults is unemployed
- 400,000 school aged children do not attend school
- 2/3 of the children in rural areas are not seen by a doctor when sick
- 4 in 10 children in rural areas had a medical check-up in six months
- 2 in 10 children had a blood test in 12 months
- 2 in 10 children in poor families is under-nourished
- 4 in 10 children live in households without an indoor flushing toilet or bathroom
- 7 in 10 children live in overcrowded dwellings...

1. Assessment of the overall approach and governance²

1.1. Institutional arrangement of child protection in Romania: to what extent does Romania have an integrated multi-dimensional strategy?

The wellbeing of children in Romania, from birth until the moment when they come to take an active role in society, is neither the objective of any integrated strategy, nor a quantifiable milestone for any particular policy. Programmes addressing issues of child poverty and social exclusion are still scattered among different sectorial policies, and administrative levels.

Most endeavours to integrate, or join efforts were – at best – low-impact. A brief review of the national strategic documents, most of them precipitated by European strategies and requirements, supports this statement.

One of the main reasons for the still **scattered approach** to children's wellbeing is the high change rate of the legislative and institutional framework focusing on various categories of children at risk. Children are the object of policies and programmes developed and administrated or implemented by central administrations (MER, MLFSPE, MH), national agencies (National Agency for Child and Family Protection, National Agency for Roma minority), regional, county level, administrations and local administrations.

Until recently, child protection has been de-coupled from anti-poverty and social inclusion strategies. Over the last twenty years the focus in the field of **child protection** shifted from solving pressing issues - as the cruelty of residential care for abandoned children- towards prevention, support and counselling in regard to many other issues besides abandonment (juvenile delinquency, family violence, child abuse, economic child abuse, trafficking, drug using, integration of disabled children). Thus, at least at the legislative and discursive level, access to specialised social assistance services became a strong emphasis in the area of child protection between 2002 and 2009. **The pre-accession period, and the first years after the EU accession, until the outburst of the effects of the economic crisis, was a very prolific period for the legislative development of the child protection and social assistance services³.** Standards and functioning regulations for social assistance services and institutions have been put in place, new support centres have been established and a more detailed legislation in regard to the social protection of disabled persons was developed.

Starting with 2009, the developments in the field of child protection slowed down, and – while the decentralised, county level General Directorates for Child and Family Protection continued to develop their programmes and accumulate expertise – the role of the central authorities diminished. The legislative process slowed down and the

² Readers should note that the drafting of this report was completed in September 2013 thus it does not include an analysis of data or policy developments that became available after this date.

³ A series of national strategies has been elaborate during 2006/2008 by the department of Child Protection, of the MLFSPE. A National Strategy on the Social inclusion for the youth leaving residential child-care institutions was approved in 2006. In 2007 the government approved the national plan regarding the child abandonment. One year later the National Strategy in the field of the protection and promotion of children's rights for 2008-2013 was elaborated and approved. During the same period the Ministry elaborated a proposal for a national action plan for the prevention and combating of family violence and child abuse for the period 2009-2013.

newly constituted National Authority for Child and Family Protection⁴ had a less active role, mostly limited, during 2009-2012, to issues of family violence⁵.

Developments in the area of child protection are neither geographically even, nor consistent. First, while administrative capacity is building up, the process is not so rapid as expected. The social protection of children in difficulty was rather inexistent area prior to 1997 in the Romanian legislative and institutional realm. The focus of this policy area shifted – in a rather short time span – from solving the pressing problems of institutionalised children to developing a wide range of preventive and support services coping with a high variety of risk factors.

Second, the legislative process outran the institutional crystallisation and the development of administrative capacity. Thus, Romania put in place a comprehensive framework for developing specialised services for children and families, especially in the pre-accession period, and immediately after Romania's EU accession, but lacked the political will, financing and administrative capacity to enforce the legislation, and support local authorities to develop local strategies.

Third, the developments in the field of child and family protection at the regional, county level are highly uneven, depending on the administrative capacity and wealth of the county. From the very beginning, child protection and social assistance services have been established as decentralised services, at a regional level. This decision had a series of shortcomings that affected all future developments (see Annex 1).

An additional factor that accounts for these uneven regional developments is the weakness of the central agency responsible with the strategic planning and coordination/ monitoring of the child and family protection.

1.2. A children's rights approach: is there an effective mainstreaming of children's policies and rights?

Tutulary authority and children's rights have been approached together, mostly from a juridical point of view and also separated from the child protection programmes. Child protection and tutulary authority have been either separate departments at the county council level, or different services within the social assistance department at the local level. Starting with 2004, children's rights have been actively absorbed as the foundation of child protection services and strategies at the local and regional level. Yet child and family protection programmes, centred on children's rights, are still disconnected from anti-poverty and social inclusion policies. While the first ones revolve mostly around specialised social services for vulnerable children and their families, and developed at the regional level, the second ones are mainly contained to targeted cash transfers⁶.

⁴ In 2009 the National Authority of the Protection of Children's Rights and the National Agency for Family Protection are merged, and the new structure absorbs also a Pilot Centre for the Assistance of Family Violence Victims and the Information and Consultancy Centre for Families.

⁵ A methodology for preventing, and intervention in case of family violence has been approved by the government (GD 49/2011). One year later, in 2012, the National Strategy for Preventing and Combating Family Violence, for the period 2013-2017, has been approved. At the moment, this is still the only child-related strategy already adopted for the next time span.

⁶ These are under the responsibility of the MLFSPE, and they are implemented by local administrations (municipality, city or commune level); they are supervised/coordinated by the deconcentrated, regional (county level) Agencies for Payments and Social Inspection. Most of the rural local administrations, along with some city administrations, barely have financial

Child protection programmes are developed at the county level, regionally, by decentralised services; and they are implemented mainly in municipalities and big cities with a higher administrative capacity and financial power. Only at the level of big municipalities do the two components intersect, while the decentralised county level Directorate for Child and Family Protection does only occasionally interact with the deconcentrated agency of the MLFSPE, responsible for the targeted transfers⁷ (see Annex 2).

1.3. Balance of universal and targeted policies

Starting with 2009, *child poverty and social exclusion* have been largely addressed through the efforts to calibrate and increase the efficiency of the social assistance benefit system. While some of these are directed towards children and families with dependent children, others are centred on individuals, with less regard to children. For example, the main targeted benefit, the Minimum Income Guarantee, is conditional upon community work hours and tax payments, sometimes affecting children negatively. Many of the targeted benefits, or services provided to vulnerable groups (e.g. unemployed parents), focus more on the recipient's eligibility and less on the households'/ children's needs.

Two conclusions can be drawn. **First, the focus is shifted towards targeted programmes.** Children and families with children are the object of a few targeted cash transfer and kind benefits, with a higher proven effectiveness of in-kind benefits. Universal benefits are very limited (e.g. child allowance, in-school milk and corn programme), yet these proved to be more effective in fighting poverty than the well calibrated targeted transfers. **Secondly, the balance is leaning towards benefits and less towards services.** Services have been largely ignored; universal medical and educational services for children have deteriorated steadily (corruption, low quality, low outreach) and development of specialised services for vulnerable children, anyway regionally uneven, slowed down during the last four years. Preventive services are largely ignored and the first to be dropped during the crisis.

1.4. Stakeholders' and children's involvement in designing and implementing child protection policies

While most of the active NGOs in Romania are focusing on child protection services, few of these are local NGOs. Involvement in designing, implementing and contributing to developing a coherent child protection framework is limited to NGOs, predominantly to international/ national ones. Children's involvement is rather declarative, part of national strategies and intention documents. This is the direct consequence of two developments: (a) a centralised approach to child protection (including universal and targeted benefits and services) (b) an uneven development and access to resources of local governments. Most of the local councils (at least 90% of these) have limited resources, enough to ensure at best their minimal functioning and implementation of national programmes. In addition, a participatory culture is entirely missing and grass rooted policies are considered an expensive solution rather than part of an effective solution to local issues. The lack of community level integrated social services, endless corruption scandal further enforces this approach and increases people's apathy and powerlessness.

and human resources for implementing these programmes. Thus, their capacity to develop, and finance social services or programmes focused on children and families is extremely low.

⁷ Furthermore, the deconcentrated agency of the MLFSPE represents the National Payment Agency, not the National Child and Family Authority. This further weakens the linkage between regional and central level.

1.5. Policies in response to the crisis: their impact on children and policies targeted towards children and families

The policies adopted in response to the crisis, in the field of social assistance and child protection, have been mostly a response to a diagnosed need to increase the effectiveness and efficiency of social assistance and to cut overall costs. Basically, the response to the economic crisis was an increase in fiscal austerity, complemented by an emergency response with redefining targeted benefits (for example, the recent introduction of heating aids for electric energy users) to occurring circumstances. The reform of the social assistance system (2010-2011) reflects this position. The meagre efforts made during 2002-to develop a systematic, comprehensive social services system, as a basis for a more integrative social assistance framework, have been abandoned during the economic crisis. The effects on children have been dramatic; while monetary poverty did not increase dramatically (at least for children under 6 years), material deprivation and lack of access to basic services, and especially preventive ones, did increase. The social costs of these deteriorations already started to become evident and keep increasing the costs of any future policy.

The Commission's recommendations for Romania for 2013 highlight many of these issues; yet leave some of them untouched. The document slightly inclines towards addressing labour market issues, with an emphasis on productivity, youth and old age workers, and activation measures for vulnerable groups. While acknowledging the need to focus especially on children's poverty, the recommendations are limited to (a) 'continuing to improve the effectiveness and efficiency of social transfers'; (b) 'accomplishing the reform of the social assistance services by adopting relevant legislation' and (c) combining social services with activation measures. The (a) need to develop and ensure access to community level basic social services packages for all children, and especially for the very young ones, as well as (b) the need to guarantee, alongside with increased access to primary medical services, basic medical preventive services to children of all ages are largely overseen, but - if unattended - they are a high source of human capital depreciation.

Thus the following **urgent actions are required** in overcoming institutional shortcomings, and cope with the risks of children's' poverty and social exclusion:

- Create a linkage between the needs, planning capacities of poor households (with a priority set on children's needs) and existing services. Many financially deprived families, especially those with low formal educational level, need to learn how to make sense of, and use, the existing services, anyway scarce and poor; these have to be helped to overcome hidden and indirect costs associated with other basic services.
- Increase/ emphasise the access to basic social services – primary/ preventive health care and early childhood educational services - and re-focus social inclusion policies on integrated and accessible social services, by precipitating synergies among different social protection sectors and areas.
- Restore the link between social benefits and services at the local level, by increasing the centrality of teams in charge with the means-testing for targeted benefits in developing integrated strategies to cope with households' needs.
- Make personalised counselling for activation interventions, especially for vulnerable groups and long-term unemployed, part of a basic social service package at the local level
- Increase formal employment by: extending the legislation on social economy to various forms of NGOs and cooperative productive structures (especially useful in rural areas), and by discouraging supply of informal work force through working poor benefits and progressive tax credits.

While all these interventions are crucial, developing effective activation strategies for vulnerable groups is a medium-term process, highly dependent on the labour market configuration. Making employment pay off is also a complex and slow process. Thus, the immediate focus of intervention should be on ***making use of the existing resources, institutions and legislation to improve access to resources and services, to ensure minimal social services packages to children and link needs with resources, while continuing to develop and improve systematically basic social services***. An important part of increasing administrative capacity is to develop a monitoring system for following-up these developments, with an emphasis on rural children, Roma children and youth.

2. Access to adequate resources

2.1. Access to and participation in the labour market

2.1.1. Youth and parents: labour market participation, in work poverty and vulnerable groups on the labour market

Employment. Employment rate in Romania is still far below the EU2020 target set by Romania for 2017, and with slim chances to be met. Yet, the employment rate of adult population (25-64 years), although lower than the European average, is not among the lowest in Europe (fig. 2.3, table 2.1); in fact, employment rates for adults with only primary education and for those with tertiary education are above the European average (fig. 2.4).

Young adults (20-24 years) are worse off than their European counterparts, with the exception of those with primary education (fig. 2.1, fig. 2.2). For this group age, the employment rate of higher education graduates decreased, dramatically, by 23.7 pp during the last five years.

But **employment rates do not say too much about the access to a formal and secure labour market.**

Table 2.1. Employment rates, Romania and EU(27), by age and highest educational level

	25- 64 years				20-24 years			
	Romania diff. 2012/ 2007 pp.	Romania 2012	Difference Romania/ EU27 2012, pp.	Growth rate in number of employees	Romania diff. 2012/ 2007 pp.	Romania, 2012	Difference Romania/ EU27, 2012, pp.	Difference Romania/ EU27, 2012, pp.
Total	-1.4	68.7%	-2	-25.7%	-2.6	35.6%	-12.9	2.9%
L(0-2)	-0.7	53.1%	+0.2	-32.9%	+1.1	47.8%	+3.1	0.8%
L(3-4)	-0.7	67.4%	-5.6	-40.9%	-2.6	31.5%	-16.5	-3.9%
L(5-6)	-0.5	84.6%	+1.1	30.3%	-23.7	39.7%	-15.6	27.9%

Data source: Eurostat, Ifsa_ergaed, Ifsa_eegaed

The **structure of the labour market in Romania is highly biased towards non-employees, and especially towards contributing family workers** (see fig. 2.6 and 2.8). Less than three quarters (i.e. 71.2%) of the employed adult population, between 25 and 64 years, are employees, with about 12 pp lower than at the European level. The proportion of self-employed is also higher than at the European level, yet the most striking is the high proportion of contributing family workers: 10.1%, i.e. ten times higher than at the European level. What seems to be even more worrying is that this employment structure did not change significantly over the last five years for the adult population (fig. 2.7).

For young employed, between 20 and 24 years, the situation looks even worse. First, **the proportion of employees is even lower than in the overall population**, while at the European level the proportion of employees among young adults is higher compared to that for adults over 25 years. In Romania a mere 61.3% of the young employed are employees, compared to 92.8% at the European level (fig. 2.6). The proportion of self-employed is double, while **the proportion of contributing family workers is more than 12 times higher**. The employment structure for this age group became even more polarised starting with 2009: the proportion of employees decreased, by 7 pp, while the proportion of self-employed increased with 8 pp over the last three years (fig. 2.5). **Almost half of Europe's young contributing family workers live in Romania.**

Data show a **high difference about rural and urban areas in regard to the structure of employment**. First, the proportion of employees equals the proportion of self-employed in rural areas, i.e. about 37% in each category; second, the proportion of contributing family workers in rural areas, about 27%, was in 2010 about 25 times higher than urban areas (fig. 2.9). In addition, the degree of informality in rural area is estimated to be, in rural Romania, about 62.4% of the total employment, 9 times higher than in urban areas, with an anyway high proportion of 6.6% (fig. 2.10).

Poverty and work. Households with dependent children are more exposed to poverty than households without children. In Romania the incidence of poverty among families with children is almost double compared to the incidence in the childless families' population.

Among the former, households with two adults and three or more children face the highest poverty risk. Even if the poverty rate decreased for this category by almost 6 pp in one year, in 2011 one in two persons living in this type of households was still at-risk-of-poverty.

More than one in three single parents are exposed to poverty. Single parents are the only household type for which the risk of poverty increased during 2011, and the increase was dramatic (an increase of 25% compared to the previous year) (fig. 2.11).

Overall, children are more exposed to poverty and social exclusion. In 2011, in Romania, **one in three children** – i.e. 1,3 million children – **was at risk of poverty**, compared to one in five at the level of the European Union; furthermore, **one in two children is at risk of poverty and social exclusion**, a proportion almost double compared to the European average (see fig. 2.13).

Table 2.2. Poverty indicators, Romania, 2011

	At-risk-of-poverty	At-risk-of-poverty or social exclusion	In-work poverty	Severe material deprivation	Persistent poverty
Total population	22.2%	40.3%	19%	29.4%	16.7%
Children less than 18	32.9%	49.1%	30.7%*	35.8%	25%

* at-risk-of-poverty of children living in working households, other than those with very low work intensity

Data source: Eurostat database, ilc_iw01, ilc_li02, ilc_peps60, ilc_md60

What difference does parents' employment make for the child's wellbeing? In 2011, poverty exposure decreases, for households with dependent children, from 27.4% (2011) to 22% (in-work poverty), when taking into account only 'working' households. The poverty reduction rate - by eliminating out-of-work households - is almost 20%, compared to an overall poverty reduction rate, at the European level, of 42% (fig.2.14, fig. 2.15). The highest impact of taking out out-of-work households is observable in the case of single parent families, with a drop of almost 20 pp, and a poverty reduction rate of 45%, slightly higher than the European average. The impact on children does not seem to be so high. Parents' employment per se is not a safeguard against poverty for children.

Romania has the highest rates of in-work poverty across Europe, for all household types⁸. The employment status makes a big difference too. **Employed population, which does not belong to the employees' category** – i.e. self-employed and contributing family workers – **have the highest risk of poverty, ten times higher than that of employees (fig. 2. 12). One in two employed in this category faces poverty.** In fact, the non-employee employed has by far the highest

⁸ Exception makes Luxembourg, for single parents households.

risk of poverty, higher than unemployed, not employed, or retired; and this category makes up for 9.4% of the active workforce in the urban areas and 62.3% of the active workforce in the rural ones.

Children's poverty risk in working households varies from 18.5% in very high **work intensity** households, to 78.9% in very low work intensity households. In these latter households almost 4 out of 5 children live in poverty.

Children's wellbeing is extremely sensitive to the economic context for children living in very low intensity households. They are the most exposed category of children in working poor households (fig. 2.16). The proportion of poor children in households with very high work intensity is extremely stable, and did not vary much during the last five years. The situation in all other work intensity households, from - low to high - deteriorated during the economic crisis. Overall, children living in households at work (other than very low intensity households) face a poverty risk of 30% (2011, see fig. 2. 17), not significantly lower than the overall population of children.

While work intensity and employment status strongly correlates with children's risk of poverty, **education** is an even more accurate predictor. **Only 1.8% of the children living in household where parents completed higher education are exposed to poverty, while 78.3% of the children in households with parents with only primary/lower secondary education are at risk** (fig. 2. 18).

During the last five years children's poverty risk increased for all three types of households, but most spectacular it increased for the children with parents with lower education (L 0-1).

The severe material deprivation indicator had a different evolution. In 2011, a little over three quarters of the children in households with parents having a low educational level faced severe material deprivation; the proportion of children exposed to this decreased over the last five years, unlike the poverty risk (fig. 2.19).

Yet the proportion of children, from households with completed tertiary education, suffering from severe material deprivation increased by 6 pp, from 3% in 2007 to 9.1% in 2011, suggesting a high decrease in the financial stability of households, with a gradual deterioration of long-term goods in the household. The effect of this deterioration and instability exposes households even more, and make them more sensitive, to small economic changes and shocks. This situation can be explained by the doubling of the unemployment rate among high education graduates compared to 2007.

Data show that **while overall teenagers are more exposed to poverty compared to the overall children population, children less than 6 years suffer more from severe material deprivation**. Finally, children from rural households, households with non-employee employed parents, unemployed parents or parents with low education are the most vulnerable groups of children. Parents with low education, and especially those who are contributing family workers, have the most vulnerable position on the labour market.

2.1.2. Active measures and services for increasing parents' access to adequate, sustainable resources

Active measures and labour market activation strategies represent one of the weakest, if not the weakest, area of public policy in Romania. The programmes aimed at integrating unemployed, long-term unemployed, young people, poor people diversified in the pre-accession period and immediately after the accession, but their impact is extremely low (and hard to assess) and the budgetary funds allocated for these are still extremely low and variable.

A considerable proportion (37%, for 2010) of the employed work informally or in the informal sector (according to Voinea and Albu, 2011). The risk of informality was estimated to be 2.3 times higher for young persons (15-24 years) compared to the adults of 35-54 years. The risks associated with informality are multiple. First, it usually reflects a vulnerability of those accepting an informal employment, vulnerability in regard to qualification, educational completion, and technical/ social skills. Informality only perpetuates and deepens these vulnerabilities. Secondly, informality is associated with job instability. Third, informality is associated with underpayment, increasing exposure to poverty. Fourth, informality does not pay health contributions and social insurance contributions, leaving people uncovered in emergency cases or in the long run. Fifth, informality does create a social handicap.

Combating informality was one of the few fights picked up by the government during 2012 and in the beginning of 2013; yet the government's approach was a punitive one. Increasing controls, and regulating part-time and day labour can be part of the solution, but it is not enough to create incentives to bring the over 3 million people into a formal employment system; it mostly destroys employment. This is one of the most important challenges in the labour market area and especially in regard to rural development. It is not clear yet what are the results of these regulatory and enforcement efforts. The only quantifiable result at the moment is the sum of money paid in fines by employees and employers.

Two benefits do impact the decision to enter the labour market. One is directed towards poor, the minimum income guarantee (MIG), and the other one is associated with the child raising leave.

Although the MIG scheme, targeted towards poor households, includes an incentive scheme for beneficiaries to enter the labour market, the proportion of those exiting the system due to employment is extremely low. Incentives schemes, for those marginalised or far from the labour market, to enter a low paid job market (practically inexistent in rural areas) are in fact highly ineffective, if not coupled with strong activation programmes, for increasing outreach, employability and employment opportunities. **An integrated approach, including support and counselling, and a social services network reaching out to those most vulnerable, is entirely missing.**

First, **existing programmes are dissociated from each other. Second, the only programmes that have the power to reach out to poor household/ communities – the MIG, alongside the family support benefit – are passive programmes.** Local teams implementing the MIG could become important hubs for assessing needs, connecting otherwise dissociated programmes, informing and counselling households in regard to their choices, and supporting households in developing a child-centred coping strategy.

The second benefit with an impact on re-entering the labour market is the **child rearing benefit**⁹, a still extremely generous benefit, that absorbed - for the last five

⁹ The child raising benefit – granted up the child's age of 2, respectively 3 years for disabled children – is one of the most controversial benefit in Romania after 1990. First established as a social insurance benefit, it is transformed in 2005 in a social assistance benefit, as a means to ease the burden on the social insurance fund. As a consequence it is transformed into a flat rate benefit, the most generous social assistance benefit. Due to many controversies, in 2007 the benefit is transformed into a two-tier benefit; flat for former low-income beneficiaries, proportional with the former income, for those with a higher previous income. In 2010 it is cut by 15% as a fiscal austerity means, measure supported by the WB within the framework of the social assistance reform project. The benefit is restored, to its previous value, in 2012. In 2011 the benefit introduces a second choice; parents can opt between (a)

years – the economic shock at the level of families with small children; in 2011 the stay-home benefit accounted, on average, for one quarter of the total beneficiary's household consumption, and for a little more than one third of the total consumption of the poorest 20%. In 2011 the benefit system is redesigned, in order to better accommodate earlier return to work. The new incentive structure was a success: the number of passive indemnities decreased by 25% while the number of insertion stimuli increased by 170% (see figure 2.29).

In Romania, parenthood and care giving to dependent children/ adults do not negatively impact employment. The employment rate of parents with at least one child under 6 years (71.6%), although slightly below the European average, is only 1.2 pp lower than the employment rate among adults without children (fig. 2.23 and fig. 2.24). The incidence of employment among teenagers' parents is close to the European average. The differences between employment rates among parents and adults without children are lower in Romania compared to the overall EU(27) (fig. 2.24).

Formal childcare arrangements are still weak, and they do not account for the still high employment rate among parents with young children. Despite a legislative framework that regulates early childhood education (adopted in 2011/ 2012), Romania's crèches (intended for children up to 3 years) are few, covering at most 3% of the respective children population. Existing facilities are in bad shape, underfinanced and still biased towards a medical caregiving (despite the new legislative framework). Kindergartens are more frequent, although still insufficient, and the enrolment rate of children between 3 and the 6 years is of 82%. Informal arrangements with the family or informal baby-sitting arrangements replace the existing gap.

Flexibility of work schedules and part-time work is more the exception in Romania than a generalised rule for employed with children. Part time employment is around 10% in Romania, a stable proportion over the last five years, compared to 20%, in 2012, at the level of the European Union. Limited duration contracts are even less frequent; these represent 1.7% of the total employment, eight times lower than the European average.

2.2. Cash and in-kind benefits as means of access of families and children to adequate living standards

Programmes aimed at ensuring adequate living standards for families are almost entirely revolving around cash transfers. The supply of services is weak, and especially employment services tend to be ineffective as they are not able to reach out to those in need of them¹⁰. Thus, the balance is shifted towards benefits.

There are few in-kind benefits, including subsidies for encouraged goods, limited to children in schools or pre-school education¹¹. ***The overall impact of in-kind***

a two- year benefit, but with a lower upper limit or (b) a one year benefit, with a higher upper limit, followed by one additional year of insertion stimulus, a flat-rate benefit for working parents.

¹⁰ One of the few services consistently offered to poor in many municipalities and some communes since the middle of the 1990s, is the social canteen. Yet not all of the local administrations have the capacity to run a canteen or pay for it, especially in rural areas.

¹¹ Social coupons for crèches expenses for poor families, still ineffective due to a poor supply of services; Euro 200, a subsidy for acquiring computers by low income families with children in school, covering a rather low proportion of school-aged children; milk-and-croissant programmes in primary schools, for all children, school-after-school programme for low income children, a component still delivered selectively and fund-driven; school supplies for low-income children.

benefits is not too high, yet some are really powerful means to impact welfare. For example, the milk-and-corn programme for primary school children has a bigger impact on absolute poverty and poverty gap closing than any school-attendance related cash transfer for low-income children (MLFSP, Indicatori privind sistemul de protecție socială, 2011).

Cash transfers are less sensitive to children's than to adults' risk-of-poverty. The overall impact of benefits on poverty, if it is to exclude pensions, increased slightly during the last years, from a poverty reduction rate of 19.7% (2007) to 23.7% (2011). Yet the increase is mostly due to the high rate of poverty reduction for persons older than 65 years, rather than for children, youth or adults. The impact of social benefits, less pensions, on children and youth is lower than on adults over 25 years (fig. 2.26). At the European level, the poverty reduction power of benefits is higher for children than for adults. Young adults are the most disadvantaged category among adults both in Romania and European Union (fig. 2.26).

Unemployment programmes cover about 6.1% of the poorest consumption quintile and only 1.8% of the Roma population, a lower coverage than in the overall population, of 3% (fig.2.31). Data show that unemployment programmes, mostly limited to unemployment benefits, target those unemployed who previously spent some time on the formal labour market. The generosity of these benefits, i.e. the proportion of the benefit in the total consumption of the households who receive them, is about 42% in the poorest 20%, a relatively high generosity compared to any other social benefit, excepting pensions (fig. 2.33).

Only 1.3% of all funds for unemployment programmes are directed towards Roma population, compared to 42% directed towards the poorest 20% (fig. 2.32). The unemployment benefits received by Roma are on average far smaller than those received by the poorest quintile, as these make up, on average, for only 20% of the household's consumption, a proportion which is less than half of that of the poorest quintile.

Overall, unemployment benefits were granted – in 2011 and 2012 – to only 40% of the registered unemployed. Thus, unemployment benefits are not an effective protection against poverty for the overall unemployed population, and especially for those outside the labour market for long time. Yet their generosity is rather high compared to other benefits.

Social assistance in Romania comprises one universal benefit – the child allowance, one categorial benefit (child raising indemnity/ insertion stimulus) and four important targeted benefits (the minimum income guarantee, family support allowance, heating benefits, and school money through fellowships and the 'money-for-high-school' programme). The efficiency of the social assistance benefit system was the main focus of the 2011 reform of the social assistance (L 292/2011), which largely ignored the need to enforce the development of social services¹². While targeting accuracy of most benefits has been improved, the new law linked all benefit levels to a social reference index (SRI), introduced in 2002 as a means to calibrate unemployment benefits; the value of the SRI did not change for the last five year. The consequence of this arrangement is that all social assistance benefits have been frozen, in terms of their absolute value, since 2009 at least. Many decreased in number, as eligibility threshold

¹² The social assistance reform (L292/2011) was carried out with the help of the World Bank, through a Social Assistance Modernisation Project (2011). The reform starts from the findings of a functional review, carried out in 2009/2010, according to which social assistance benefits are too many, some overlapping, others too generous (especially the child allowance and child raising indemnity, the only universal/ categorial benefits) and other not well targeted (especially the family and heating benefits).

have not been indexed with inflation, and their power to reduce poverty decreased as well.

The **minimum income guarantee**, not aimed as a family support, is the most important means-tested benefit targeted to the poor. It covers 12.7% of the poorest quintile and 26.7% of the Roma population (fig 2.34). The benefit is highly targeted, and its generosity is surpassed only by the child indemnity benefit, which is linked to the previous market income of the beneficiaries. The benefit makes up, on average, for about 20-23% of the total beneficiaries households' consumption level (fig. 2.36).

The number of beneficiaries of MIG (see fig. 2.27) fluctuated during the last years, due to changes in implementation (introducing new conditionality) and financing (re-centralised, in 2010). Yet because eligibility and benefit thresholds did not increase during the last four years (a gradual increase projected to start in August 2013, and end in January 2014 is in effect), the expenditure with the benefit decreased, in 2012 representing 79% of the 2010 value, in real terms.

Multiple conditionality makes the benefit hardly child friendly. Some local administration, although they do not have proper legal means to overcome these issues, try to adopt strategies that protect children in beneficiaries' families against hazardous behaviours and choices on parents' part.

Heating aid benefits during the cold winter season, aimed at compensating the progressive liberalisation of energy prices, have been differently regulated, according to the type of fuel used for heating. Income tested, based on self-reported income, in the beginning, the benefits became means-tested in 2011, as a consequence of the reform of social assistance. The number of beneficiaries decreased dramatically over a two-year period, in 2011/2012 the number being a little over one third of the number of beneficiaries in 2009/10 (fig.2.28). Overall, it dropped from around 4 million households, in 2006 to 1.2 million households in 2011/2012.

While heating aids are very important to low-income families during winter (making up, on average, for about 11.4% of the households' consumption), the poorest benefit only partially, as many of the poor (especially in rural areas and urban ghettos) do not have any heating system¹³.

The ability of the population, respectively of the poor population, to keep their homes adequately warm increased since 2007, while the proportion of persons who consider to face heavy financial burden due to housing costs increased during 2009-2011, with the exception of single parents households (see fig. 2.37, 2.38 and 2.39). While financial power to cope with housing costs polarised over the last years, the capacity of those below the relative poverty threshold to keep their homes warm increased, improving more, relative to the total population. Single parent households are by far the best-protected category among poor households, even compared to the European average (fig. 2.38).

Family support benefits are targeted towards parents with lower income that falls in one of the eligibility income brackets. In 2011, the benefit is transformed from an administratively income-tested into a means-tested benefit. Its targeting accuracy reaches, in 2011, 69.4% (see fig. 2.35). As a consequence of tightening the eligibility testing procedure the number of beneficiaries decreases by 63%, while the coverage dropped from 26% of the poorest quintile in 2009 to 16.2% in 2011. The impact of the loss in beneficiaries is counterbalanced by the low generosity of the benefit, ranging

¹³ The government announced its intention to introduce, starting with the winter 2013/2014, heating aids also for those using electric energy for heating purpose. This measure will restore the equity among users of various types of heating systems but will not help the poorest families to protect their children from improper housing conditions.

from 4.1% of beneficiary household's consumption in the total population, to 7.7% in the Roma population.

The **state child allowance**, extremely criticised by the WB project for its lack of targeting and for the fact that 'it added 0.9% of the GDP to the social assistance bill' (World Bank, 2011a: 7), is the only universal benefit in Romania, and politically very sensitive. Its value was traditionally low, yet in 2007 its level has been increased, and differentiated according to the child's age. Thus, the benefit for children less than 2 years increased to 51% of the minimum wage, while the benefit for children over 2 years remained at a low level (about 10 Euros). In 2012 about one in ten children received the increased allowance.

Child allowance covers, directly or indirectly, 4 out of 5 persons among the poorest 20%, and one in two persons in the overall population. Due to the high level of the allowance for children less than 2 years, this universal benefit makes up, on average, about one tenth of the household income of the poorest 20%; thus, the contribution of the child allowance, while not so important to the poorer households as the child raising indemnity, MIG or heating benefits, is higher than that of other family benefits (fig. 2.36).

The **child raising indemnity/ insertion stimulus** is by far the most generous non-conditional benefit in Romania; this is because it is partially related to the previous market income of the beneficiaries. Its latter form, including a substantial stimulus for re-entering the labour market and a conditional choice, reversed the previous trend that favoured staying home over entering labour market sooner than 2 years (fig. 2.29).

The benefit had a real impact on households' income, especially during an economic crisis period. It makes up (in 2011), on average, for 26% of the budget of all beneficiaries; for the poorest segment the proportion increases to 35.6%. For Roma population the benefit had a similar impact as on the poorest 20%, representing a little over one third of the families' consumption.

It is interesting to note the **contribution of various benefits and programmes to the reduction of absolute poverty**. First, the impact of labour market programmes on the poorest 5% of the population (on an absolute poverty scale), is sizeable only through cash transfers. No other programme related to labour market (in particular any active employment measure) has an impact on this category. This seems to indicate a high incapacity of these programmes to reach the poorest individuals. Still, the poverty reduction power was of 11% in 2011 in regard to absolute poverty.

The child raising indemnity, with a similar poverty reduction power, of 11%, has a lower capacity to close the poverty gap. As the benefit is substantial, this signals that it is relatively infrequent in the poorest population. The same holds true for heating aids, especially for those for gas users.

Table 2.3. The impact of different social benefit categories on poverty, poverty gap and inequality¹, 2011

	Poverty* reduction rate	Poverty reduction rate gap	Inequality reduction rate**
Total social protection	86%	95%	41%
Social insurance	82%	94%	36%
Labor market programmes and benefits	11%	18%	2%
Unemployment benefits	11%	18%	2%
Social assistance	47%	67%	9%
Child allowance	24%	36%	3%
Child raising indemnity	11%	10%	1%
Insertion stimulus²	2%	<10%	<1%
Family support allowance	4%	<10%	<1%
MIG	12%	25%	1%
Heating aids for wood, coal, petroleum	2%	<10%	<1%
Heating aids for gas	0%	<10%	<1%
Heating aids for thermic energy	2%	<10%	<1%
School related benefits	7%	10%	1%
Benefits for disabled	11%	<10%	1%

* An absolute poverty rate is used, with a 2011 value of 5%; absolute poverty threshold for 2011 was aprox. 46 Euros monthly/ per adult equivalent
 ** Using a Gini coefficient
¹ - The impact is calculated by simulating the absence of each benefit/ programme

Data source: data is calculated based on MLFSPE (2012), Indicatori Statistici corespunzatori anului 2011 privind sistemul de protectie sociala in Romania, table 11 (pp.38-40)

Among all social assistance benefits, the **universal child allowance has the highest capacity to reduce absolute poverty**, to close the poverty gap, as well as to reduce inequality. The **second high-impact benefit for the poorest 5% is the minimum income guarantee, with a poverty reduction power of 12% and a poverty gap reduction rate of 25%**. The fact that the child allowance is a more powerful means of closing the poverty gap than the well-targeted minimum income guarantee indicates a relative low take up of the latter¹⁴.

Within the category of benefits directed to schoolchildren, the **corn-and-milk programme has the most important impact on the poorest poor**. This, again, suggests that the incidence of money-for-school benefits and social fellowships is very low in this category.

General conclusions:

- One of the most worrying facts is that parents' employment has an extremely low impact on children's risk of poverty (see table 2.2). Despite the weak formal childcare arrangements and the inflexibility of the labour market, the proportion of working parents with dependent children and adults is high, even compared to other European countries. This is a very important pre-requisite for children's access to adequate resources; unfortunately not also a sufficient condition. **Being not an employee, being low educated and working fewer hours and living in rural areas, throws children of these households directly into poverty;**
- The risk of children's material deprivation increased more than monetary poverty for children in working households;
- Most important social benefits during the economic crisis have proved to be those that also have been the most controversial, i.e. the child allowance and the child

¹⁴ It is true that in Romania the median at-risk-of-poverty gap (based on the relative poverty thresholds) has the highest value, compared with any other European country.

raising indemnity. Both of them represented an important support for families with young children. Child allowance, followed by the MIG and child raising indemnity, has the highest impact on the poorest 5%. **Older children have been more exposed to poverty because of the lack of a substantial financial support;**

- Active unemployment programmes, school dropout preventive programmes, child-raising indemnity, and heating aids **do not adequately cover persons living under an absolute poverty threshold**. This category contains a high proportion of persons who find themselves far from the labour market, without an assigned address or identity documents, out-of-school children, early school leavers, without a proper dwelling or heating system.

Urgent intervention areas:

- To **identify the strategies of increasing formal work that pays off, especially in rural areas**; possible interventions:
 - Increase the chances for high-school/ professional education for rural children;
 - Increase the linkage between high-school /vocational education and local labour markets (work fairs/ presentations/ professional counselling in schools/ internships);
 - Increase formal employment, especially in rural areas, by (a) modifying legislation on social economy in order to accommodate also cooperatives, rural lucrative associations etc., (b) linking social insurance benefits/ tax credits for housing/ heating investments to formal work and (c) introducing an activation contract (between regional labour force offices, city halls, beneficiary and other social service providers), whenever possible, in order to provide personalised assistance for low-intensity work families or unemployed (for MIG recipients, for families requesting social assistance support etc.);
 - Increase mobility on/ flexibility of the labour market: mobility premiums, mortgage credits, 'pre-paid' social insurance packages for free-lancers, rural entrepreneurs and vulnerable groups;
- **To address the financial stability of families with older children**; The easiest way to target this category is by diversifying the in-kind benefits, and especially those related to extracurricular activities, for school aged children, keeping in mind that for one third of the employed work still does not pay off;
- **To diversify and increase the number of in-kind benefits /tax benefits in order to improve living conditions for children** (dwelling and immediate environment): subsidised credits for home improvements, thermic insulation, efficient heating systems, partially subsidised mortgages for vulnerable groups, expansion and improvement of the social housing stock etc.;
- **To set up emergency teams to cover poverty enclaves and marginal communities with basic services – health care and early childhood education – and a strategy for improving basic living conditions** (dwelling, heating, nutrition), while **identifying strategies to overcome the existing barriers** (lack of official documents, lack of stable residency, improvised housing, lack of heating, infestation risks, lack of accountability of local governments for public spaces around living areas etc.) **to access existing resources and services** (getting children in regular schools, obtaining social benefits).

3. Access to affordable quality services

3.1. Early childhood education

Early childhood education proves to be not only one of the most significant cognitive developmental predictors, but also an important part of the solution to many problems related to children's and infants' wellbeing.

First, it is – along other medical preventive strategies – a good policy to curve infant, child mortality and accidental death rates. Romania still has the highest mortality rate among infants and children less than 5 years across Europe (fig. 3.1, 3.2 and 3.3, see also UNICEF, 2012; UNICEF, 2013).

Second, it can work – along other preventive and counselling services – as a means of preventing child abandonment and abuse. The number of abandoned children increased during the last three years, by around 12%; about 60% of these children were abandoned in 2012 directly in the maternity (fig. 3.7). Family violence and child abuse can also easily be screened and prevented in preschool facilities.

Third, consistent and extended early childhood educational services can prevent later school abandonment, as it levels up children's cognitive development and knowledge before entering primary school, thus increasing the probability for overall better school results. Pre-school experience is shown to be an important factor in preventing future school dropouts, and, most important, making children attend school in the first place.

Finally, educational facilities are important means of socialising, creating desirable habits and educating both children and parents. These can become a gateway for disadvantaged children to basic health care, adequate nutrition and psychological comfort, in the absence of a comprehensive network of social services at local level, and especially in rural areas.

3.1.1. Public policies in the field of early childhood education

The above-mentioned arguments in supporting early childhood education have been articulated for the first time in Romania in 2007, when the strategy for early childhood education was passed, and, later on, in 2009, in a public policy proposal for initiating a legislative framework and institutional reform of the early childhood education, elaborated by the Ministry of Education and Research (MER, 2009). Although in 2008 a curriculum for early childhood education was established (MER 2008), the legal framework for developing these services was established only in 2011, through the new law on education (L 1/2011). Early childhood education was included as a part of the 'lifelong on-going education', with two components, the ante-preschool education¹⁵, and the pre-school, kindergarten level.

¹⁵ The state showed, in principle, its support for ante-preschool education, by introducing the so-called 'social coupons', granted in accordance with the family's income. GD 1252/2012 establishes the functioning and organisational methodology for ante-preschool educational facilities. Parents with a cumulative gross income higher than around 150 Euros (700 Lei) pay 20% of the child's food costs (10% if siblings), 10% if the parents' income is between 50 (225 Lei) and 150 Euros (respectively 5% per child, if more siblings). Parents with lower cumulative income than 50 Euros are waived from any contribution (in accordance with GD 1252/2012). The social coupons are thought to replacing the crèches tickets, introduced in 2006, and financed by the employer; yet the number of beneficiaries was low, as the number of crèches was very low and because the legislation favoured child-rearing leave over childcare benefits.

Childcare and early educational services for infants and preschool children are still scattered among various governmental and decentralised actors, in regard to their organisation, functioning and financing. This led to a lack of homogenous, clear-cut educational, cognitive and developmental standards. The quality of these services, especially those provided in *crèches*, is poor, also due to an acute underfinancing.

While the law creates a new framework for the functioning of these services, ***crèches*** are still very scarce, underfinanced and inadequate in terms of approach and quality.

The number of *crèches* did not exceed 300 over the last seven years (fig. 3.23). In 2010 the total number of *crèches* in the country was 289, of which 4 private, with an average capacity of 51 children per facility. This number indicates a coverage capacity of 2.7% of the total number of children aged 6 month to three years.

The new legislative framework shifts the accent from a strictly medical perspective about infant childcare to a more integrative perspective, comprising an important educational component. So, *crèches* have to hire medical staff and infancy educators, and to develop a support network at the community level for any other needs from legal counselling and intervention, to social assistance and psychological support. The law unifies methodologies for all facilities, including day centres for children at risk, under the authority of the decentralised, county level, General Directorate for Child and Family Protection (MER, 2009).

The number of ***kindergartens*** is more than 5 times higher than the number of *crèches* in 2010 (fig. 3.24), and their presence in urban areas is 12.4 times higher than in rural ones (fig. 3.25). Over the last 5 years the number of kindergarten dropped by 30%, and by 90.5% compared to 1996 (fig. 3.26). Yet the number of children enrolled in this educational form 45.3 times higher.

The quality of kindergarten services is questionable. Many of the kindergartens provide only child supervision, while not able to form separate age groups. In 2009 only 90% of the urban ones and 55% of the rural ones managed to maintain proper age groups (MER, 2009). Disabled children have a low access to kindergarten, as only a mere 5% of these are able, in principle, to accommodate them.

Physical accessibility of kindergartens is an important issue for at least 7% of these facilities (especially in the rural areas). Most of the facilities, *crèches* and kindergartens, need current repairs and maintenance while one fifth of these need major repairs and investments. In 2009, more than one third of the rural facilities and 2.1% of the urban facilities had no access to individual water source. Due to a chronic underfinancing barely one third of the urban kindergartens, and 2% of the rural ones, could afford to hire a medical nurse (MER 2009).

3.1.2. Preschool attendance and disadvantaged groups

Rural versus urban children. Rural children are by far more disadvantaged than urban ones. Preschool enrolment rate (82.1%, fig. 3.27 and 3.28), was in 2010, with about 4 pp higher in urban areas compared to rural ones. Enrolment rates are higher for older children (5/ 6 years) and lower for 3 years old children (fig. 3.29). However, the difference between urban and rural areas in regard to out-of-preschool proportion of children, while still significant, decreased over the last five years, due to an increase in the enrolment rate in rural areas, while in urban areas the percentage of children not attending any formal education remained constant around 17%. There are no sizeable gender-biases, neither in rural nor urban area, in regard to pre-school education (UNESCO, UNICEF, 2012, p. 17-18).

Worldvision's report on Rural Children's Wellbeing (Badescu and Petre, 2012) estimates, based on the survey carried out during 2012, that 5% of the rural

households with children have at least one child who never attended kindergarten. Most of these households invoked the distance to the kindergarten as the main reason for not bringing children to kindergarten.

Roma children are also a highly disadvantaged group, in terms of both preschool attendance and quality of educational services, when received.

Segregation of educational facilities / classes according to ethnic criteria seems to be a relatively spread practice, especially in areas with concentrated poor/ Roma communities. 45% of the preschools attended by Roma children are exclusively hosting Roma children, thus situating Romania, next to Slovakia, as one of the European countries with a high level of segregation (WB, 2012, p. 29). Thus, there is no surprise that school became, for Roma children, rather 'a social facility and, in the best case, a service for combating analphabetism' (Flecker and Rughinis, 2008, p.159).

In Romania, preschool education of Roma children has been estimated between 4.3% to 28%, according to the child's age by a study undertaken by Romani Criss (see UNICEF/ UNESCO, 2012), and respectively, 37% on average by the comparative study undertaken by the WB, as compared to 45% in Bulgaria and 76% in Hungary (WB, 2012). Whatever figures are taken into account, these are less than half compared to non-Roma children. The highest gaps among overall children population and Roma children population is at the age of 3 and at the age of 6 (fig. 3.29).

The most frequently cited reasons of Roma parents, in Romania, for not putting children in kindergarten, are (a) 'too young children' 46% (b) do not need, parents are at home anyway, 21%, and (c) associated costs (22%). Caregivers who themselves attended preschool are more probable to put their children in preschool; enrolment chances are also higher in communities with Roma teachers and/or mediators (WB, 2012, pp. 39-43).

3.2. Primary and secondary education

3.2.1. School attendance, dropouts and performance

Primary school attendance is high for both rural and urban areas, yet the proportion of **out-of-school children** almost doubled between 2005-2009 – from 3.3% to 6.5% – with a slightly higher risk for girls (UNESCO/UNICEF, 2012, p. 21). While in 2005 the proportion of out-of-school children varied with the wealth index of the family, the difference between the poorest and the richest quintile reaching almost 8 pp, in 2009 the correlation between wealth and school attendance was weaker, with a slightly higher proportion for children in the average wealth quintiles (3rd and 4th) (Idem, p. 23).

An estimated number of 400,000 children of school age do not attend school regularly (MLFSPE, 2013, p.20). A multi-dimensional assessment of children's situation in Romania (Stanculescu, 2012) shows that school dropout and early school leaving are negatively correlated with parents' education, households' income and school related expenditure at the level of the households. Low values on these indicators are more probable in rural area, in Roma families, and households with a many children. Being identified in school as a Roma increases exponentially the chance of school dropout.

Table 3.1. Enrolment rates and school dropout rates by age groups

	Enrolment rate 2010/11	Difference in pp between enrolment rates in 2010/11 and 2007/08	School dropout rates, 2009/10	Difference in pp between dropout rates in 2009/10 and 2005/06
7-10 years	94.6%	-1.4	1.4	-0.1
11-14 years	94%	-0.4	1.7	-0.4
15-19 years	80.8%	+3.4	2.2	-0.5
19-23 years	56%	-7.8	8.6	+1.2

Data source: Romanian Annual Statistical Yearbook, NIS

Data suggest that overall dropout rates improved for all pre-university educational level, with the exception of professional higher secondary education (fig. 3.33), while enrolment rates decreased slightly for primary education and dramatically for higher education. This suggests a polarisation of the population in regard to education, with a significant impact on equality of opportunities.

3.2.2. Public policies in education

The economic crisis affected education in many ways. First, instead of increasing expenditure for a chronic sub-financed educational system, in order to prevent and absorb many of the consequences of the economic crisis on children's and youth's wellbeing, expenditure continued to shrink, with a mere 3.63% in 2011, respectively 3.65% of the GDP in 2012 (even lower figure if taking into account only state and local budgetary funds, see fig. 3.36). Although the education law specifically states a minimum of 6% of GDP allocated to education, this percentage never exceeded 4.25% (for 2007). Romania is one of the countries that not only did not increase, but decreased expenditure with education during the economic crisis.

Many households decreased, on their part, expenditure for education in order to cope with increasing financial hardship. In 2011, 45% of the rural households were reducing expenditure with children's school supplies and 44% dropped or were about to drop extra-curricular activities in which kids have been previously enrolled. 3% of the households decided to temporary or permanently withdraw children from school in order to be able to cope with the living costs (Badescu and Petre, 2012, p.66).

Educational policies are still far from providing an adequate framework for a high quality education. Revisiting the educational curricula and human resource policies has to be done concomitant with the institutional reform of educational services. The actual system is still heavily underfinanced, with rather low qualified, under-paid teachers and a rigid, bureaucratic teaching process. While schools have been financially decentralised, most of them are not in control of any of their income or expenditure, and have no say in regard to their management.

Educational policies concentrated during the last five years mostly on: (a) creating a framework for early education services, which would offer an integrated perspective on childcare; (b) developing programmes aimed at decreasing the chances of school-dropouts. But despite the legislative efforts, nothing about preschool and ante-preschool education improved; the only real change was the introduction of the preschool class in school, as a compulsory component of preschool education.

Programmes aimed at preventing school dropouts had a mixed impact. For example, the 'money-for-high-school' programme and social fellowships seem to contribute to keeping children in school. Others, as school-after-school, or 'second-chance',

although regulated through the new law on education, are less generalised, and developed as European funded programmes (see Annex 3 on education).

The even grimmer perspective of early school leaving makes efforts to develop an effective early childhood education system even more important. Complementary programmes, targeted towards disadvantaged groups and not only, alongside the need to improve the quality of education, are extremely important to prevent a polarisation of children in regard to education.

Involving parents in their children education is proven to have an even higher impact on educational performance than school attendance itself. Thus any strategy to increase implication of parents might make a big difference in the short run on children's performance.

In addition, there is urgency for developing a support framework for students (student's loan, higher fellowships, opportunities to work for faculties etc.), in order to increase both their professional performance and enrolment rates. During the last few years all governments ignored this category.

3.3. Access to health services

3.3.1. Health related issues and access to basic medical services

Children are faced, in Romania, with multiple health and health care related challenges. Infant mortality and mortality among children less than 5 are more than double the European level (fig.31.1, 3.2). About 40% of deaths of children under 5 are preventable, a very high figure compared to other European countries (MLFSPE, 2013). Living in rural areas and especially in remote areas, far away from a hospital, decisively increases the risks. Almost 9% of all childbirths are premature or low-weight births (fig. 3.6). The incidence of low weight at birth is more than double in the poor population (Stanculescu, 2012).

Children's nutrition. Children in poor households tend to be less breastfed (one third, compared to two third in middle class families), and under-nourished. In severely poor households 13% of the children had nothing to eat/ starved once or several times a week and 42% of them starved few times a or less in a month during 2011 (Stanculescu, 2012). In 2011 about 5,000 children less than 3 years have been diagnosed with protein-caloric malnutrition, and about 8200 children were still in the medical records at the end of the year (Institutul National de Sanatate Publica 2011, p. 15). At the opposite end of the spectrum, one in three children is overweighted (Stanculescu, 2012). Under-nourishment, respectively over-nourishment in middle class households, is doubled by malnourishment, with socially and cultural determinants.

Preventive health practices among children vary with households' wealth. Children from poor households are more disadvantaged: while almost three quarters of the children in middle class households have a regular medical and dental checkup, in poor households the proportion of children decreases to 40%, respectively 29% (Stanculescu, 2012). The proportion of children in **rural areas** who were not seen by a doctor for more than six month and had no blood tests within a year, especially children less than 2, is alarming. Alarming is also the fact that parents seem to be rather content with the medical services provided by physicians in the commune, nearby city and regional hospital. Favourable assessments of medical services are less frequent among more educated adults, or among households with family members working abroad. In rural areas, the only factor influencing significantly the exposure to medical services is the wealth of the households (Badescu and Petre, 2012).

Families with **disabled children** face an additional problem: high costs related to equipment and drugs. As a higher proportion of disabled children live in severely poor or working poor households, many families admit not being able to cope with these costs. Drug costs, in all poor households, exceed the costs for hygiene (Stanculescu, 2012). Low availability of drugs in rural areas is an important issue especially for chronic sick children and emergency cases.

Table 3.2 Data on children's access to primary medical services in rural areas (2011)

- 2/3 of the children have not been seen by any doctor when sick;
- 41% - had a routine/screening medical exam in the last 6 months (with a lower proportion for children less than 2 years!!!);
- 19% - had blood test run during the last 12 months;
- 90% of the adults in households with children are satisfied with the services rendered by the family physician in the village;
- 88% of the adults in households with children are satisfied with the services rendered by the physicians in the closest city;
- 78% are satisfied with the regional hospital.

(Worldvision survey, Badescu and Petre, 2012, p. 34)

Romania (2011) had the second highest proportion of population across Europe, which reported unmet medical needs due to high medical costs (11%). For young population (16-24 years) the situation is reversed; a surprisingly high proportion report no unmet medical needs, while only a low proportion report costs as a barrier (fig. 3.15- 3.21).

Even if the economic crisis affected negatively the perception of all age and income groups, the perceptions of the young population are alarming, suggesting, rather than a good health and access to medical services, a lack of education for health and a lack of exposure to preventive services. This is not surprising as all studies show that teenagers are the least exposed age group to medical preventive services and monitoring by the parents in regard to their health routines and nutritional habits.

These findings indicate an extremely low outreach of preventive medical services, cost barriers to primary medical services, and a lack of basic parenting skills and medical education among parents, especially low-income parents. Most disadvantaged age groups are children under 2 and teenagers.

3.3.2. Public policies: history and challenges

Medical services, while free of charge for children, pose a series of costs that make them less accessible for children coming from poor households/communities or from rural areas.

Basic medical services used to reach out to children – until the late 1990's – by providing permanent medical and dental surveillance in schools. Financial decentralisation of schools and a strong separation of medical from educational budgets ended this practice. At the moment **children's health and preventive care is delivered, and gated, by family physicians**. Yet enrolment with a family physician is not required.

A **first obstacle** in accessing primary medical care by children is the fact that **many parents, especially in rural areas¹⁶, are not insured** and not enrolled on the list of any family physician.

A **second obstacle** is the **relatively small number, and unevenly distributed family physician practices¹⁷**, with a far lower coverage in rural areas (fig.3.10). Only two third of the communes benefited of the services of a family physician at least during the weekdays (Badescu and Petre, 2012, p.35).

A **third obstacle** refers to the **quality of primary medical care**. The number of patients registered with a family physician is still very high (fig. 3.12) and unevenly distributed among rural and urban areas. The average of number of patients on the list of a family physician was – in 2012 – 1,599 in urban areas and 2,103 in rural ones. Lack of resources (drugs, basic medical equipment) to deliver proper basic medical care adds up to the high number of patients per family physician. Sometime family physicians lack even the basic preventive drugs, as vaccines¹⁸.

A **fourth obstacle** is the perceived **high costs of medical services**, as shown above. If the perception is due to a rooted conception that medical attention is bought by gifts and informal money it is less clear. Yet it constitutes a systematic barrier for the access to medical services of children from poor households.

Least, but not last, there is no outreach of these services in many remote and poor communities. At the moment, the only way of reaching out to poor or disadvantaged children is rather punitive: children cannot be enrolled in any educational or childcare facility without completing a medical screening and making prove of immunisations.

While medical needs of children are many times inadequately met due to a restricted and unequal access to medical services, **preventive health** care suffer most from these institutional shortcomings. The *most disadvantaged age group among children in regard to preventive medical care, alongside children less than two years, are the teenagers*. First because parents tend to bring children less frequently to the family physician, concomitant with shifting away their attention from children's health habits and nutrition. Secondly, health education in schools is still inconsistent and unsystematically provided. Increasing numbers of smoking teenagers and young adults, alcohol and illegal drug use by young people indicates an insufficient attention for preventive care in this age group. For example, in 2010, of all patients reporting at the emergency room due to the consumption of psychoactive substances, about 58% were young persons under 24 years (MLFSPE, 2013, p.37, see also ANA, 2013).

Another medical related issue is the **poor outreach of emergency medical services**. Isolated/ remote rural communities or compact Roma communities are hardly reached by ambulances, if at all. This has a negative impact on accidental deaths. **First aid points** or **pharmacies** are missing in many communities. This increases costs especially for children with chronic diseases/ disabilities (e.g.

¹⁶ Most people living in rural area are self-employed or contributing family members – two third of all adults. These categories are not automatically covered by health insurance, and have to pay, on a voluntarily basis, health insurance contributions in order to have a free access to medical services.

¹⁷ The number of family physicians increased during the last five years, yet the increase rate was higher for urban than for rural areas. Yet their number is still not sufficient. The fact that only 85.5% of the overall insured population, respectively 74.6% of the rural insured population, were registered, in 2012, with a family physician (fig. 3.11), is indicative for this shortage.

¹⁸ It happened several times during the last years that the Ministry of Health made vaccines unavailable for entire time periods, for various reasons, mostly financial ones. Thus, immunisation rates fluctuated, tending to decrease (fig.3.4).

tuberculosis, diabetes, mental health issues) impacting mostly vulnerable children (Roma children, rural children in remote areas, poor children, children living in poverty exclaves or poor neighbourhoods, disabled children) and especially children with disabilities. The distance to a pharmacy decreases the access to an otherwise considered free of charge treatment and sometimes decreases children's chance to attend school due to a medical condition.

3.4. Children's housing and living environment

Housing is one of the areas with a lot of problems in Romania. Most of the houses in rural areas do not have a flushing toilet inside the house (three quarters of the rural population lives in households without a flushing toilet) and almost the same proportion does not have a bath or shower inside the house. In addition, problems related to roof leaking, damp walls and floors or rotten window frames are frequent in Romania as well. The proportion of population, respectively children, living in dwellings with problems is higher than the European average, although not higher than in other Eastern European countries.

To start with, **children are more exposed to inadequate housing conditions than adults**. The proportion of children living in households without indoor flushing toilets is by far the highest across Europe. 3 out of 4 children living below the relative poverty threshold do not have an indoor flushing toilet or an indoor bath.

Table 3.3 Proportion of total population, children and poor children living in dwellings with problems, 2011 (%)

	TOTAL POPULATION		CHILDREN LESS THAN 18 YEARS		CHILDREN LESS THAN 18 YEARS, BELOW POVERTY THRESHOLD	
	Romania	EU(27)	Romania	EU(27)	Romania	EU(27)
No indoor flushing toilet	38.7	3.1	43.7	3.2	76.6	8.6
No indoor bath/ shower	36.8	2.8	41.9	2.8	75.6	8
Leaking roofs, damp walls, floors, foundations, or rot window frames	18	15.5	20.7	17.1	35.5*	26.6
Too dark	7.7	6.8	9	7	13	10.5
Overcrowded	54.2	16.9	70.1	22.7	78.2	39.3
*Exceptionally, children under 6 years are the most disadvantaged age group; usually, housing indicators look grimmer for the age group 12-17 years						

Data source: Eurostat, ilc_mdho01, ilc_mdho02c, ilc_mdho03, ilc_mdho04, ilc_lvho05

While dampness and rotten frames and floors affect more rural dwellings than urban ones, darkness is rather a more frequent issue for urban households. The proportion of children in single parents households is higher in urban areas, while households with many children and two or more adults more frequent in rural areas. Therefore, poor children in single parents households are more exposed to darkness, while in poor children in households with many children prevail the problems related to dampness and rotten windows/ floors. The latter one affects mostly poor children less than 6 years (46%).

Public policies or programmes in this area are almost entirely missing. The government grants some financial support to low-income families for acquiring individual heating systems and to homeowner associations for thermic rehabilitation of dwellings. Yet many of the poor families in rural areas have no access to gas, and usually do not live in homeowner association that can afford improvements (in urban areas). Issues of dampness are a real concern for children's health.

3.5. Family support and alternative health care

The number of abandoned children started to decrease in 2007 and begun, again, to raise once the economic crisis stroke. In 2012, out of the 1,474 abandoned children in medical facilities, 63% were new-borns (fig. 3.7).

The number of child abuse cases increased dramatically during 2012, compared to 2011. Overall, during 2010-2012 cases of reported physical abuse, work exploitation, and sexual exploitation decreased, while emotional abuse, neglect, and exploitation for criminal activities increased, as a proportion in the total cases. The incidence of registered abuse cases, in the total population of children, is during 2010-2012, about 0.3%. Most of the registered cases take place in the family, with neglect being the most prevalent form of abuse, and followed by emotional and physical abuse.

Table 3.4 Cases of child abuse by type of abuse

As a % of total cases	2010	2011	2012
Physical abuse	11.2%	9.8%	8.7%
Emotional abuse	10.8%	10.9%	12.3%
Sexual abuse	5.5%	4.6%	4.7%
Neglect	68.0%	71.8%	71.6%
Exploitation through work	3.3%	1.8%	1.7%
Sexual exploitation	0.5%	0.4%	0.3%
Exploitation for criminal activities	0.6%	0.6%	0.7%
Total cases of child abuse	11,232	11,036	12,074

Data source: http://www.copii.ro/alte_categorii.html, accessed August 20, 2013

Survey data (Save the Children, 2013) suggests that only severe physical abuse decreased over the last 12 years, while the attitude and appreciation of parents in regard to the use of mild physical violence remained constant; thus, about 38% of the adults in the sample admitted to use mild physical violence (e.g. hand slapping).

As the number of reported/ registered child neglect increased, so did the number of children who benefited of prevention services. In 2012, 1.2% of the total children population benefited of prevention services, with an increase rate of 34% over the last five years (fig.3.51). In about 40% of the cases, the services aim directly the children, through day centres, while in 60% of the cases services are provided to parents. About 20% of the prevention cases unfold through private NGOs (a proportion that slightly decline during the last 2 years).

Romania committed in the beginning of the 1990s to deinstitutionalisation, as a result of the disastrous situation of children in residential care. The deinstitutionalisation trend was positive, yet slower than expected. Data show that, the number of children in residential care decreases slower than the number of children in family type care (fig. 3.53). Still many efforts to improve living conditions and approach to childcare have been made; regulations on mainstream school attendance, on educational services provided in institutions have been adopted and mostly enforced. A national strategy for supporting children leaving with 18 years residential services was adopted. In regard to family type alternative care, one in two children is in the care of a paid professional maternal assistant (fig.3.54).

Developing services has to be a priority for the social policy in Romania. The following services **require urgent action**:

- **The development of an effective and quality early childhood education and care system.** Crèches and kindergartens can become the most important hub for accessing primary and preventive medical care, adequate nutrition, educating parents, and identifying family problems with impact upon children. Especially in rural areas, a good coverage with early childhood facilities could increase access to health care and would prevent future educational inequalities. In this context, de-

segregation of poor/Roma children schools and preschool facilities is a must. These services already benefit of the necessary framework legislation, can use partially the existing infrastructure, yet the most important challenge is identifying sustainable ways of allocating resources. Financial decentralisation of these services, without a state budget support, and without extra-budgetary investments, would perpetuate the actual situation. Financial resources should be gathered not solely from the education budget, but also from health, social assistance and employers.

- **A second urgency refers to primary and preventive health care services.** The situation is dramatic, especially in rural areas and affecting mostly children less than two years, teenagers and Roma children. This can be ensured by increasing the coverage with primary medical services, especially in rural areas, improving the outreach of medical emergency services, and introducing health screenings in schools (and especially in high schools). Prevention should be considered a priority and introduced as mandatory primary health care practices.
- **A third urgency refers to local, integrated social services.** Communities are in need of a 'one stop shop' social assistance service, able to reach out to most vulnerable groups, poor or remote communities, and to create a linkage between the needs of the households, bearing in mind children's needs first, its resources (human capital, social skills, capacity to plan, or cope with vulnerabilities), and existing social services and benefits. Personalised interventions to increase and facilitate access to social services and activation programmes are crucial especially when social services are weak and their accessibility low. Local administrations built up experience in working with households while implementing, for over 15 years the MIG scheme. Local services can build on this experience, and use existing teams as 'access-regulators'.
- **A fourth urgency is to develop effective activation services/ labour market programmes, able to reach out to those outside the labour market and to ensure a framework for a life-long education and training approach.** A prerequisite for this is a better linkage between school/ universities and labour market (introducing professional counselling/ orientation, involving employers/ professionals in teaching/ research project, regulating/ stimulating internship programmes etc.); the law on apprenticeship has been already passed; yet a mechanism to adequately financially support these programmes has still to be identified.

4. Addressing child poverty and social inclusion in the European Semester

Child poverty and social exclusion is poorly reflected by the governmental documents within the European Semester 2013.

The 2013 progress report on the implementation of the National Reform Programme (2011-2013) reflects, in many respects, the governance and political crisis of the last year, lacking a systematic or integrated approach in assessing agreed objectives and targets within the framework of Europe 2020. It also reflects the low capacity for strategic planning and problem-centred policy making at the level of central administration.

In regard to children, the progress report mentions the 'increase of quality of social services of children in special protection', social integration of disabled children and youth', 'prevention of school dropout among vulnerable children', setting up public day-care for children', 'preventing early school leaving', all of which are exemplified by isolated and short-span programmes, with low impact on the sustainability of social policies in these thematic areas.

Among the main commitments for the National Reform Programme made by the government in 2013, children's welfare is addressed through the stated intention to adopt a new strategic document on children's rights protection (aimed at increasing living standards and prevent poverty and social exclusion for children). Children make the indirect objective of another promised strategy, in the field of early school leaving.

Thus, it is not surprising that specific targets in regard to children's welfare, when present in strategic documents, are formulated with a variable degree of specificity. Monitoring mechanisms for set targets are barely in place; usually the assessment of the effectiveness of a strategy is done ex-post.

The number of adopted ***national strategies*** for 2014-2020, directly affecting or aiming children's welfare, is still extremely low.

A ***National Strategy for the Employment of the Labour Force (2014-2020)*** is under public consultations, announced the MLFSPE (August 28th, 2013). The strategy, not yet adopted, aims, among others, at decreasing the proportion of youth not in employment, education or training and to increase the access of women, and vulnerable persons (by combining social support with activation measures) to the labour market. The strategy emphasises the need to decrease employment in the subsistence agriculture sector (i.e. diminishing contributing family workers in rural areas) and reallocate the work force to non-agriculture jobs.

The *Youth Guarantee Scheme* has been projected to start, as an experimental programme, at the end of the school year 2012/2013, by addressing a number of 5,000 high school graduates who will not pass the bacalaureate examination. Results are not yet available. The MLFSPE announced its intention to extend the programme starting with the next European financing period.

In February the government promised a Strategy for the Stimulation of Youth Employment, of which the youth guarantee scheme should have been an important component (as announced in April by the MLFSPE). The strategy is still not elaborated. In May 2013 the law on apprenticeship has been amended, as part of the to-be-strategy for the stimulation of youth employment. The law aimed at reviving the technical/ professional education, which lost its credibility (a dropout rate of 8.6% in 2011 from technical education), and at ensuring effective transition strategies from school to an active life.

In education, for the time being, the only policy counterpart to the comprehensive objectives set by the governance programme in 2012 is the **National Anti-Corruption Strategy in Education (2013-2015)**. This follows a series of scandals about corruption in education and is aimed to precede an institutional reform of the educational system.

A *Strategy on Reducing Early School Leaving* was promised by the government as early as 2012, when the vocational education and training system was re-launched; the strategy, while a conditionality for the next OPs, is still not elaborated. Besides the general framework set by the new Education Law, no support strategies have been yet developed.

A strategy for the *Tertiary Education System*, respectively a *National Lifelong Learning Strategy* (the law on profession training of adults was amended, in order to become part of this to-be-strategy), have been promised; yet not delivered. The amendment of the existing law regarding the professional formation of adults (Law 167/2013) was intended to be part of this latter to-be-strategy.

In the area of child and family protection, no significant legislative or institutional developments have been initiated during this year. Still no *Strategy on Children's Rights Protection* or on *Social Inclusion* has been elaborated. The only existing strategies for the forthcoming period are the **National Strategy for Combating and Preventing Family Violence (2013-2017)**, adopted in October 2012, and the **Strategy for Inclusion of the Romanian Citizens belonging to Roma Minority (2012-2020)**, adopted in 2011, and under revision since January 2013. The latter one had an extremely low impact at the operational level.

At the regional (county) level, decentralised General Directorates for Child and Family Protection have been more active in regard to their strategic planning. As mentioned above, the administrative capacity of these Directorates varies a lot, mainly with the resources of the county. Some of them are extremely professionalised institutions; others are weaker in terms of human resources and expertise. Yet most of these (40 out of 47) have their own webpage, reflecting their own approach to child and family protection, and the level, respectively scope of provided services. Half of these Directorates do have a county level strategy in the field of child and family protection or social inclusion. Some of the strategies are extremely general; others are extremely elaborated and completed by operational plans, targets, and monitoring indicators. Three counties already elaborated their strategies for the forthcoming period. This shows an uneven development in the field of child protection and a lack of national strategy to guide regional developments.

The legislative and institutional efforts of the government in the field of child poverty and social exclusion are meagre, surpassed by some (still few) of the decentralised county level specialised services for child and family protection. There is an important gap between the governance programme for 2013-2016, adopted by the new government in 2012 (*Uniunea Social Liberala*), and the actual social policy evolutions, respectively the strategic documents adopted during 2013 in regard to the next period.

The **governance programme** proposes some strategies to meet the objectives formulated by the National Reform Programme (2011-2013), which are not reflected further in the government's policies. Some of these are extremely relevant for blocking the inter-generational transmission of poverty in Romania and still have no counterpart at strategic, not to mention operational level. For example,

- *Rural development*, based on developing a formal labour market in agriculture (as opposed to shifting the rural labour force employed in subsistence agriculture to non-agriculture jobs);

- *'Social guaranteed package for education'*, as an integrated approach to equitable access to social services for all children (includes assistance and counselling for parents in regard to new born childcare, integration of children in early educational programmes, introducing a quality programme in schools, granting children access to medical services in schools, to sport clubs and extra-curricular activities, after-school programmes and camps);
- *Reform of the educational system*, not limited to increasing the quality of human resources/ teaching staff but also by granting attention to professional delegation and responsible decentralisation;
- *Involving communities and parents* in public -private partnerships in education;
- Reforming the *social assistance system from a passive system*, dominated by benefits, to an *active one, balanced, and enriched with support services*;
- Shifting the accent from a social assistance system centred on individuals, to responsible and socially secure protection system for families and children;
- Family and children policies revolving around granting access to adequate resource for parents, by increasing programmes aimed at balancing work and family life;
- Increasing access to emergency health services and consolidating the primary health care system;
- Supporting identified vulnerable groups: Roma children and youth, disabled children and youth, children exiting residential institutions, early school leavers, rural children.

The **council's recommendations for Romania (2013)** converge in many ways with the governance programme formulated in 2012 by the new government.

Country recommendations stipulate the need increase the quality, efficiency and accessibility of health services, especially for vulnerable persons and remote/ isolated communities, yet no particular attention is given to children or preventive medical services. Further, it points out to the importance of a national plan for the employment of young persons, subsuming the guarantee for youth programme, which combines support with activation measures, transition strategies from school to an active life. This strategy is still not available. To reach an adequate and effective balance between active measures and social assistance support in promoting youth employment is probably the most challenging endeavour for Romania at the moment. Thus, it is associated with many risks, and in the absence of a strong political will it will remain at the level of isolated, short-term efforts.

Recommendations in the field of social assistance are rather general, limited to poverty reduction, increase of efficiency and effectiveness of social benefits, especially with regard to children, the continuation of the reforms of social assistance services. Early school leaving is also an important issue, for which a national strategy is expected.

In **conclusion**, **most of the problems that Romania has to cope with** – such as youth unemployment, early school leaving, children's precarious health and nutrition, lack of exposure to primary and preventive medical services, lack of support services for a wide range of needs (from disabilities, to drug addiction, psychological counselling, problems related to violence in the family), lack of quality education, extremely weak early childhood educational programmes - **are aggravated by monetary poverty, but can not be solved by cash transfers and in-kind benefits alone. It takes extensive, coordinated and intertwined networks of services to address these issues.** Low administrative capacity to coordinate and implement national programmes, especially at the level of central agencies, is an impediment. Thus, in parallel with developing capacity and creating service networks (a time consuming process), some of the already existing institutional 'hubs' –as

schools, or kindergartens, can be used to address these problems. Increasing the centrality of schools in communities would make education more trusted and parents more involved.

The most urgent actions, also underlined by the council's country recommendations for 2013, involve social services and labour market related reforms, and basically aim at stopping the depreciation of, and at re-building the human capital stock. Thus, to better make sense of these and integrate the implementation of these recommendations in the European semester, especially as it refers to services and medium-term outcomes, key-actions regarding monitoring should be considered:

- **Monitoring human capital related outcomes** of programme / services, not mere outputs: instead of monitoring a few disparate indicators, to put in place a comprehensive monitoring framework based on educational, labour market and health outcomes, that contribute to a sustainable economic and human capital development (similar to those already agreed upon, and used at the European level, to assess wellbeing – e.g. monetary poverty, material deprivation, social exclusion etc.);
- **Monitoring sustainability** of reforms by introducing **indicators for sustainability of interventions**, referring to the comprehensiveness and stability of: (a) legislative framework; (b) implementation structures; (c) institutional accountability; (d) required resources and (e) participatory mechanisms/ stakeholder involvement. In Romania, of particular interest would be to (1) increase stability of legislation, by avoiding the practice of governing through emergency ordinances, (2) reduce the gap between legislation and putting policies in practice and (2) ensure a relative stability (thus accumulation of an appropriate amount of experience and professionalism) of the implementing institutions.

The risks associated with adopting and effectively making use of a proper monitoring framework are related to the need to initiate a functional inter-sectorial/ inter-ministerial cooperation; replacing a check-marking, unsubstantial progress report of the national reform strategy with a similar one, could be avoided by putting up a national monitoring unit, to both initiate a participatory process for the design of a monitoring system (including European partners and national experts) and ensure an on-going monitoring of all relevant policies and especially of the European funded programmes.

5. Mobilising relevant EU financial instruments

Romania's situation in regard to EU funds absorption is consonant with the challenges faced by the central administrations. Public actors, and especially ministries and national agencies, are characterised by very low administrative capacity. The reason for this is not as much the lack of professionals or experience at the level of agencies, as a ***structural instability of these institutions and a permanent intrusion of politics in their functioning***. Institutional changes are extremely frequent in Romania, and most of these happen when governments or political majority changes. Frequent reorganisations and politically assigned management impede the accumulation of knowledge and experience and create an opportunistic behaviour at the organisational level. Lack of transparency is perpetuated, from general organisational practices to hiring strategies and financial management.

Therefore the low absorption of structural funds, respectively of the total cumulative funds, does not come as a surprise. In March 2013, according to the Council's Recommendations for Romania, the absorption of structural and cohesion funds was a mere 13%. In fact, last year, many European funds have been blocked, and many of the programmes in the field of education and social assistance suffered as a consequence. The blockages, due to funds management problems and procurement practices, brought into light another important issue. The lack of transparency not only of financial management of the European funded projects and programmes, but also a high lack of transparency in regard to these programmes.

The practice of pioneering policies through European funded programmes is extremely frequent in Romania. The shortcomings of this practice are the lack of transparency regarding implementation, monitoring system and lack of published data regarding the programmes and their performance. Most of these programmes are presented in descriptive terms, without any possibility to evaluate their effectiveness or efficiency.

The only sources of data about these programmes are the annual implementation reports of the implementation units managing these funds. These mostly contain information on overall financial indicators and number of participants in the programmes by intervention type and priority axis, on the one hand, by socio-economic characteristics, specific for the targeted groups, on the other hand.

The MLFSP manages the funds allocated to Romania from the ESF, within the Sectorial Operational Programme for the Development of Human Resources (POSDRU 2007-2013). The funds allocated to Romania from the ESF amounted to 3,684 million Euros, i.e. about 19% of the total Structural and Cohesion Funds for Romania.

Of the 7 priority axis within this OP the ones that include children or youth as target groups, or do directly benefit these, are: (PA1) education and professional formation in supporting economic growth and development of a knowledge society (a small intervention line is aimed at pre-university schoolchildren); (PA2) Correlating life-long learning with labour market; (PA5) Promotion of active employment measures and (PA6) Promotion of social inclusion.

The first two are targeting the educational system. While the first is mainly centred on higher education and investment in human resources at the level of higher education services, the second axis is directed towards two of the most important challenges faced by children and youth: early school leaving (PA2.2) and transition from school to an active life (PA2.1).

The last two are crucial as they focus on developing social services and strategies for activation, with a special emphasis on rural areas (5.2) and vulnerable groups

(PA6.2). The latter component addresses young people, Roma, youth leaving residential social assistance institutions.

The absorption rate of the overall ESF for Romania was, at the end of 2012 about 10.5%, as compared with 5.4% at the end of 2011. Of the above-mentioned priorities, the promotion of active employment measures had the highest absorption rate. Overall, for all seven priority-domains, the absorption varied between 4.1% for the second component (correlating life-long-learning with labour market) and 24.6%, for the component regarding the increase of adaptability of employees and entrepreneurs. The proportion of contracted, in allocated sums is also relatively low, ranging from 56% for PA6, to almost 90% for PA1.

PA5 and PA6 programmes, both with relative high absorption rates compared to the first two priority-components, had practically no sizeable impact on poverty or inequality in 2011. Active measure programmes have been acknowledged as failing to effectively precipitate labour market insertion, especially for those groups, which are most distant from the labour market. For example, within the PA5 programmes, the target for long-term unemployed participating in various courses was reached, but the certification rate was only 37%, below the set target (at 58%). In regard to the take-up of rural risk groups, the proportion was well below the set target for 2012, a mere 30%, yet the certification rate, of 59%, was above the set target. For PA6 programmes, the take-up for vulnerable groups (Roma, youth who leave residential social assistance institutions, drug addicts etc.) was also problematic, and well below expectations, while the number of jobs created in the social economy exceeded the targets set for 2012.

PA2, with a very low absorption rate, of only 4.14%, was more successful in supporting students/school graduates in their transition to an active work life. For this intervention the target for 2012 has been met, while for all other components – career counselling, and ‘second chance’ programmes, the take-up rates compared to set targets were really low (about 18-19%, counselling and qualification courses, and 36% for ‘second chance’ programmes). The proportion of those certified, of those participating in qualification and training courses, was satisfactory, yet the take-up very low. The same holds true for the ‘second chance’ programmes, with a performance rate of 73% of the set target, but a take-up rate of 37%.

As a conclusion, absorption of funds was low, and contracting capacity below allocated funds. The programmes with the highest challenges, those trying to reach the most distant persons from the labour market and most vulnerable groups, where the least well performing and the least contracted. Take-up rates among target groups, for educational and qualification/training programmes, were rather low; these rates are indirectly proportional with the distance from the labour market of the target group. Not only take-up is a concern, but also performance rates. Although performance is estimated only based on certification rates, and more rarely based on employment rate, performance is rarely reaching expected target levels.

The socio-economic analyses for European funds planning (for 2014-2020) point out to the need to rethink the types of programmes within the priority directions formulated in the previous period. Within the component aimed at developing active employment measures, it became evident that effective programmes cannot be developed without a sensible mechanism of assessing market demands and coordinating market demands with supplied qualifications. Furthermore, it is also important to couple all the efforts to change, and increase, rural employment with a development strategy for rural markets.

In regard to social inclusion, programmes had an extremely low impact, and a low take-up rate at the level of target-groups. Thus, the analysis on social inclusion (MLFSPE, 2013a) points out to the need of changing the whole approach and focusing

on integrated social services at local level, able to take up not only employment concerns, but also to address needs in regard to health care, educational services, social assistance support. The outreach of employment/ activation services, in the absence of a personalised, family centred, intervention plan, based on a 'minimum social service package', will continue to be extremely low.

While the government, respectively the MLFSPE, undertook a thorough need diagnosis for European funded programmes for the next period, the institutional preparedness (in terms of legislative and strategic framework requirements) is still low, putting future funding at risk.

Bibliography

Badescu, G., Petre, N. Bunastarea copilului din mediul rural 2012. World Vision Romania, Cluj-Napoca: Risoprint, 2012.

Casa Nationala de Asigurari de Sanatate. "Raport de activitate 2012." Casa Nationala de Asigurari de Sanatate. 2012. <http://www.cnas.ro/informatii-publice/rapoarte-de-activitate> (accessed August 15, 2013).

Duminica, G., Ivasiuc, A. (eds). The Roma in Romania. From Scapegoat to Development Engine. Bucuresti: Agentia Impreuna, 2013.

European Commission . "Labour Market Developments in Europe 2012." European Economy, 2012.

European Union. "Social Europe. Current challenges and the way forward." Annual report, Social Protection Committee 2012, 2012.

Fleck, G., and C. Rughinis. Incluziunea si excluziunea romilor in societatea romaneasca de azi. Bucuresti: Human Dynamics, 2008.

Guvernul Romaniei . "Programul de guvernare 2013-2016." Guvernul Romaniei. 2012. <http://www.gov.ro/content/index/l/1/p/1/c/12/> (accessed August 15, 2013).

Institutul National de Sanatate Publica. "Principalii indicatori ai cunoasterii starii de sanatate a populatiei in anul 2011 comparativ cu 2010." Institutul National de Sanatate Publica, Centrul national de Statistica si Informatica in Sanatate Publica. 2011.

http://www.ccss.ro/public_html/sites/default/files/Pincipalii%20indicatori%20ai%20cunoasterii%20starii%20de%20sanatate%202011_0.pdf

Ministry of Education and Research. "Anti-Corruption Strategy in Education 2013-2015." Romanian Ministry of Education. 2013. <http://administraresite.edu.ro/index.php/articles/c481/> (accessed August 25, 2013).

Ministry of Education and Research. "Curriculum pentru educatia timpurie a copiilor cu varst acuprinsa intre nastere si 6/7 ani." Portalul educatiei timpurii, MEC. 2008. <http://www.timtim-timy.ro/sites/all/themes/timtimtimy/pdf/curriculum.pdf> (accessed august 15, 2013).

Ministry of Education and Research, Directorate for Management of Pre-university Education. "Propunere de politici publice: Educatie timpurie - prima treapta a educatiei formale." Ministerul Educatiei si Cercetarii. 2009. <http://administraresite.edu.ro/index.php/articles/8619> (accessed august 18, 2013).

Ministry of Labour, Family, Social Protection and Elderly, Unitatea de implementare POSDRU. "Raportul anual de implementare 2012." POS DRU FSE Romania. 2012. <http://www.fseromania.ro/index.php/posdru/rapoarte-evaluare> (accessed August 10, 2013).

Ministry of Labour, Family, Social Protection and Elderly. "Strategia Nationala pentru Ocuaprea Fortei de Munca 2013-2020. Proiect." 2013. http://www.mmssf.ro/nou/images/Documente/Proiecte_in_dezbatere/2013-08-23/Anexa1_Strategie_Anexe%20I_XII.pdf, accessed September 1, 2013

Ministry of Labour, Family, Social Protection and Elderly. "Analiza socio-economica pentru programarea fondurilor europene 2014-2020." Grupul de lucru tehnic Afaceri Sociale si Incluziune Sociala, 2013a. <http://www.fseromania.ro/index.php/posdru/programare/programare20142020>, accessed August 12, 2013.

Ministry of Labour, Family, Social Protection and Elderly. "Analiza socio-economica pentru programarea fondurilor europene 2014-2020 in domeniul antreprenoriat si economie sociala." 2013b, <http://www.fseromania.ro/index.php/posdru/programare/programare20142020>, accessed August 12, 2013.

Observatorul European pentru Droguri si Toxicomanie, Agentia Nationala Antidrog. Situatia drogurilor in Romania 2012. Ministerul de Interne, 2012.

Sanduleasa, B, A. Matei, N. Ghenta, and N. Racoceanu. "Romanian single-parent families: quality of life." World Academy of Science, Engineering and Technology, no. 53 (2012): 397-403.

Save the Children Romania, Directorate for Child Protection, MLSFFE. Abuzul si neglijarea copiilor. Studiul sociologic la nivel national. Bucuresti: Speed Promotion, 2013.

Societatea Academica din Romania. Diagnostic: exclus de pe piata muncii. Esantion national reprezentativ pentru persoanele cu handicap 18-55 ani. Bucuresti: SAR, 2009.

Stanculescu, M., and Marin. Invatamantul gratuit costa! Bucuresti: Salvati Copiii, 2011.

Stanculescu, Manuela Sofia, and Monica Marin. "Impacts of the international economic crisis in Romania 2009-2010. In 2009 'only on TV', in 2010 'it kneeled us'." UNICEF. 2011. http://www.unicef.org/romania/Impacts_of_the_international_crisis.pdf (accessed March 20, 2013).

Stanculescu, Manuela Sofia, Monica Marin, and Alina Popp. Being a child in Romania. A multidimensional diagnosis. Bucharest: Vanemonde, 2012.

Tarnovschi, D. (ed.). "Roma from Romania, Bulgaria, Italy and Spain. A comparative study." (Soros Foundation Romania) 2012.

UNESCO, Institute for Statistics, UNICEF. ALL CHILDREN IN SCHOOL BY 2015. country study: Analysing the situation of out of school children in Romania. Global Initiative on Out-of-School Children, UNESCO Institute for Statistics and UNICEF, Bucharest: UNICEF, 2012.

UNICEF. Children in an Urban World. The State of Wolrd's Children 2012. UNICEF, 2012.

UNICEF. "Children with disabilities. The state the world's children 2013." Annual, 2013.

Voinea, Liviu, and Lucian Albu. "Economia informala si impactul ei asupra pietei muncii." BLocul National Sindical. 2011. <http://www.bns.ro/wps/wcm/connect/b53004b1-7995-4c5d-994a-68eb345ef0c9/Economia+informala+si+impactul+ei+asupra+pietei+muncii.pdf?MOD=AJPERES&CACHEID=b53004b1-7995-4c5d-994a-68eb345ef0c9>

World Bank. "Project Information Document - Social assistance system modernization project." World Bank. May 26, 2011a. <http://documents.worldbank.org/curated/en/2011/03/14004969/romania-social-assistance-system-modernization-project-romania-social-assistance-system-modernization-project> (accessed May 10, 2012).

World Bank. Toward an equal start: closing the early childhood education gap of Roma children in Eastern Europe. Washington DC: World Bank, 2012.

Annexes

Annex 1: A brief institutional history of the field of child protection in Romania (1997-2006)

Until 1997 the protection of children in difficulty contained to residential institutions for abandoned children, which fall under the responsibility of different Ministries, according to the medical condition and age of the institutionalised children. Institutions for children less than 3 years of age were under the authority of the Ministry of Health, thus the emphasis was put solely on the medical aspect of care. After this age, children were moved in institutions under the authority of the Ministry of Education. Disabled children were treated strictly as medical patients thus institutionalised in hospital departments or in institutions, hidden – during the communist regime – from the public eye, in deep rural areas.

In 1997 child protection is financially decentralised, and transformed into a regional, county level, issue, by establishing a commission and a specialised public service under the authority of the regionally elected county council. The county council becomes responsible for all day-care and residential institutions for abandoned and disabled children, and the Specialised Service for Child Protection becomes the first administrative structure to define child protection in a broader and integrative manner. The 1997 legislation still separates the area of children's rights and legal guardianship from child protection, addressing these issues through a legal, separate, department, at the local administrative level. Yet it creates the first framework for a child-centred policy approach.

The 1997 legislation did not put in place a strong mechanism of coordination and strategic planning at central level; in addition, local councils had hard times to finance residential institutions, anyway degraded and in need of investment. In **2000/2001** the legislation is revisited and a balance between the local and central institutions is re-established. At the central level the National Authority for Child Protection and Adoption is constituted and a co-financing mechanism is put in place, such a to create incentives for local councils to de-institutionalise children and identify alternative care options. *Child protection focused, at this stage, on identifying alternative care and placement strategies, training professional maternal assistants, and regulating adoptions.*

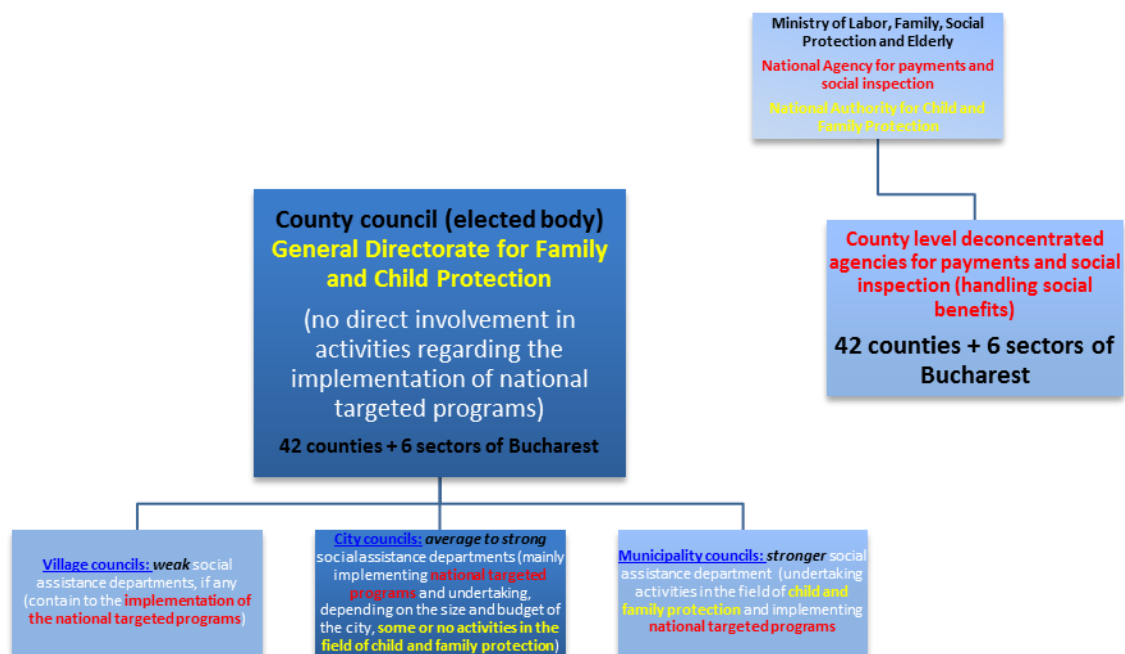
In 2002/2003, in addition to the Specialised Child Protection Services, social assistance services are established at the local level and a governmental Anti-poverty and social inclusion commission is constituted, thus creating a framework for social inclusion strategies, social problem diagnosis and monitoring of social programmes.

In 2004 the child protection service is unified with the social assistance service into the General Directorate for Social Assistance and Child Protection. Child protection field is broadened, dealing, for the first time, not only with coping strategies for child abandonment, but also with preventive and support services in regard to abandonment, family violence, child abuse, economic child exploitation, drug consumption, trafficking, juvenile delinquency. In addition, child protection becomes a component of a broader approach to local social problems, along anti-poverty and social inclusion strategies.

Starting with 2006 the role of the central administration increases. The former governmental Anti-Poverty and Social Inclusion commission is replaced by a similar structure, but this time under the authority of – by then – Ministry of Labour, Social Solidarity and Family. Commissions are established also at the county level, but not under the authority of local councils, as the child protection and social assistance

services; these structures emerge at the level of the deconcentrated agencies of the Ministry.

Annex 2: Institutions involved in child protection and anti-poverty programmes



Annex 3: Educational facilities, performance measurements and complementary programmes for school dropout prevention

History of crèches and kindergartens in Romania. At the moment, the coverage of children between 0 and 3 years with crèches can be estimated around 2.7%. The governance programme (2012) specifically states the increase of the number of places in crèches, from about 13,000 in 2012 with 50,000 over the next three years. The number of crèches dropped from 902 (in 1990), with a number of about 90,000 children enrolled (i.e. 6 times more than in 2010). This dramatic drop had various reasons. First, because Romania adopted a very generous child rearing indemnity that permitted to one of the parents to take a leave up to two years while benefiting of about 85% of her/his former average income. In addition, the universal child allowance for children up to two years increased, beginning with 2007, by almost 9 times. Secondly, the lack of financial resources allocated to these facilities (decentralised since 2003) eroded further the conditions in, and quality of services rendered by, the crèches. Therefore, mostly working parents, with a rather low income, who had no alternative childcare, took advantage of these. Obviously this did not happen for educational reasons (only 8% of the fathers, and 4% of the mothers of children in crèches were not employed, according to the 2009 policy proposal of the MER). Any other option, like grandparents, extended family, or nanny – if available or affordable – was preferable. Third, the preference for other alternative childcare is not only culturally embedded, but also the effect of the way these services are still designed. Their approach to childcare was mostly medical, without any regard or competence in the area of children's cognitive development. The medical emphasis along with the chronic underfinancing led to a further decrease of demand for this service, especially in urban areas. In rural areas crèches, if any before, disappeared with their financial decentralisation.

The number of **kindergartens** decreased also dramatically starting with the mid 1990s. The dissolution rate of preschool facilities was about 90%, with an even higher figure for rural areas (fig. 3.26): 99.1% in rural areas and 66% in urban ones. Kindergarten facilities practically disappeared in rural areas. The most important reasons for this extremely severe drop are the decrease in the number of new-born children in rural areas, and the financial decentralisation of these facilities. This does not mean that children in rural areas do not attend kindergarten at all; even if attendance rate is lower than in urban areas, kindergarten groups are hosted mostly in elementary schools, in the commune centre. In urban area, a widespread practice was for crèches to host also children over 3 years in order to prevent their dissolution.

Quality of pre-school and lower pre-university education and performance measurements

Up to this date Romania does not have any national tests to assess children's cognitive skills and knowledge, until the end of 8th grade, when the tests determine their future educational track. Surveys aimed at assessing the situation of Roma children, or children in rural areas, point out to the extremely low performance of the pre-school and primary school system, and to the big gaps between children in urban and rural areas, Roma and non-Roma children.

There is no significant correlation, states the WB report (2012), between preschool attendance and cognitive performances. Parents have a far higher impact on children's cognitive development than educational facilities. The report outlines an extreme situation for Romania: while non-Roma children are rather better off than their European counterparts in the study, the cognitive skills and knowledge of Roma-children aged 5-6 years are far lower than of any other Roma children population throughout Europe. Only one quarter of Romanian Roma children recognise ten letters of the alphabet, compared to about 50% in other European country, and three quarter

of the Romanian non-Roma children. Only 12% of the Roma children in Romania can read 4 simple words compared to one quarter, on average, in the other European countries in the study. Only 15% can write their names, compared to the overall double proportion in other countries, and compared to 53% of non-Roma children. The same holds true with recognising numbers from 1 to 10 (WB, 2012, p.33).

Parenting practices prove to have a significant impact upon the cognitive development of children, especially in Romania where the correlation between preschool attendance and cognitive outcomes is not significant. Parenting practices for Roma children in Romania show a low involvement of the parents and interest for the cognitive development of children compared to other countries (WB 2012, p. 35).

In **rural areas**, 20% of the children between 7 and 14 scored, on a math test (administered by Worldvision on a representative sample of rural households with children), on average, lower than if they would choose the answers arbitrary. The correlation between age and score tests, while positive, was of low intensity and after 10 years of age the performances did not increase anymore. Reading tests showed that 40% correctly read a simple 60 words text and only half of them proved to have a good comprehension of the text. Score results did not vary with the distance to the commune centre, which is rather surprising, meaning that there is no high correlation between school attendance and performance (Badescu and Petre, 2012, p. 92).

Overall, results to the OECD-PISA test for 2009 show that over 40% of the 15 years old children do not reach the basic competences in reading, math or science (MLFSPE, 2013, p. 21). Only recently, the minister of education announced that starting with 2013/2014 the Ministry intended to introduce national assessment tests at the end of the 2nd, 4th, and 6th grade¹⁹.

Programmes intended to prevent school dropouts are rather heterogeneous. Some of these, intended to support disadvantaged children, have been consistent during the last five years, and offered a continuous support (e.g. 'Money-for-highschool', a fellowship for children from low income families, 'Euro 200', money support for acquiring a computer for children from low income families). Money-for-high-school programme, for example covered, since it started, in 2004, yearly between 11% and 20% of all high-school children. The peak was in 2007, of 19.8%, decreasing afterwards to about 14%. Although the percentage decreased, the number of benefits matched, during the last year, the number of applications, thus signalling a decrease in the demand for the benefit (fig. 3.37-3.38). Most probably this happened due the decreased real value of the benefit, not indexed since 2004 (around 40 Euros, at the actual value). Euro200, aimed at families with low income who decided to buy a computer for their children, covered in the beginning a maximum of 5% of the school children, the percentage decreasing to about 2% for the last years (fig. 3.39).

Others, although very well received, have been developed less systematically, as 'school-after-school' programme, intended to offer a support for families and children from poor families/ Roma communities, to improve their school results and increase incentives for school attendance. In a similar situation is the programme 'second-chance' aimed at those who exited the educational system and wanted to complete/ resume education. Although it benefits of a solid methodology and legal framework, its implementation has been rather sporadic. Both these programmes have been developed as European programmes, and financed from European funds; while they contributed a lot to the increase of institutional and legislative capacity, it is hard to

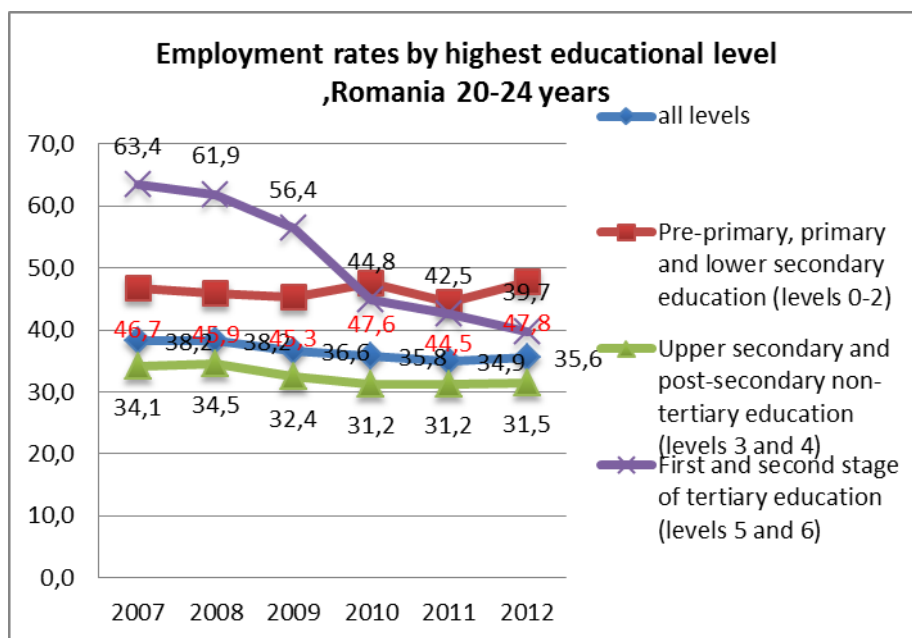
¹⁹ <http://www.mediafax.ro/social/schimbari-in-invatamant-pricopie-din-anul-scolar-2013-2014-vor-fi-evaluari-nationale-la-clasele-a-ii-a-a-iv-a-si-a-vi-a-11262016>, accessed August 24th, 2013.

assess precisely their impact on school dropouts. There are not many data available in regard to their design, implementation and outcomes.

For example, the National Agency for Roma (Romanian Government) presents the number of beneficiaries of the programmes undertaken by the agency in partnership with the Ministry of Labour, Social Protection, Family and Elderly, as part of the Social European Fund, Sectorial Programme for the Development of Human Resources. In accordance with the Agency (<http://www.anr.gov.ro/html/ProiecteFSE.html>), 63.738 persons benefited of various programmes of job creation within the social economy sector and school attendance improvement. Of these, 4,000 persons benefited of the programme 'the second chance', which is aimed to reach out to those who exited the educational system and want to finalise either the primary or the secondary educational cycle. 1,415 Roma children benefited of the 'school-after-school programme'. Numbers by themselves do not say much, yet the need to generalise and institutionalise some of the programmes is evident.

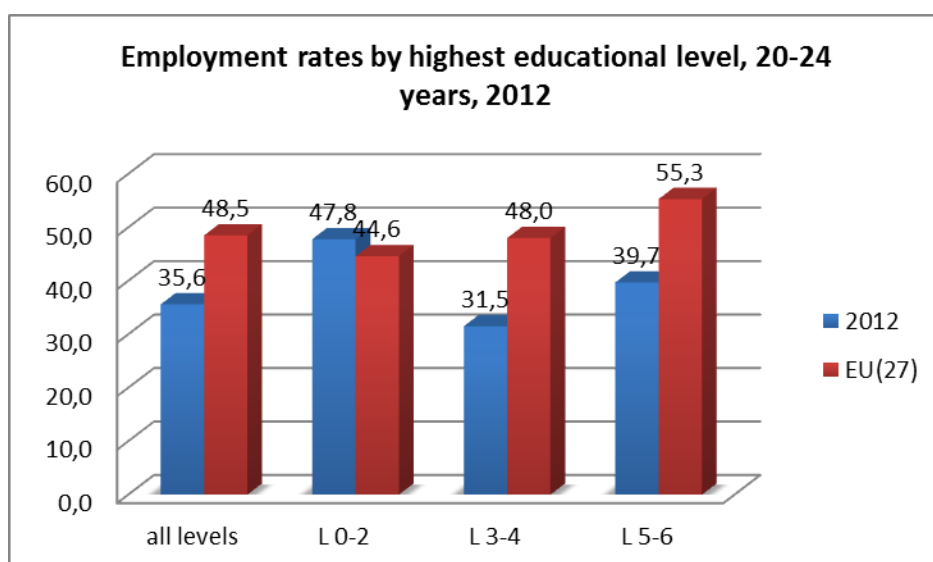
Annex 4: Access to adequate resources

Figure 2. 1



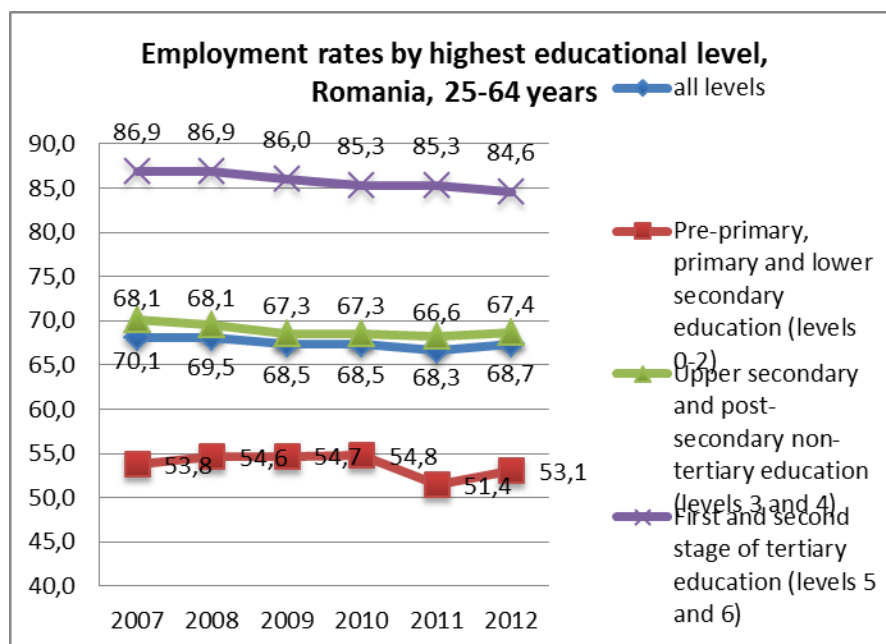
Data source: Eurostat database, Ifsa_ergaed, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

Figure 2.2



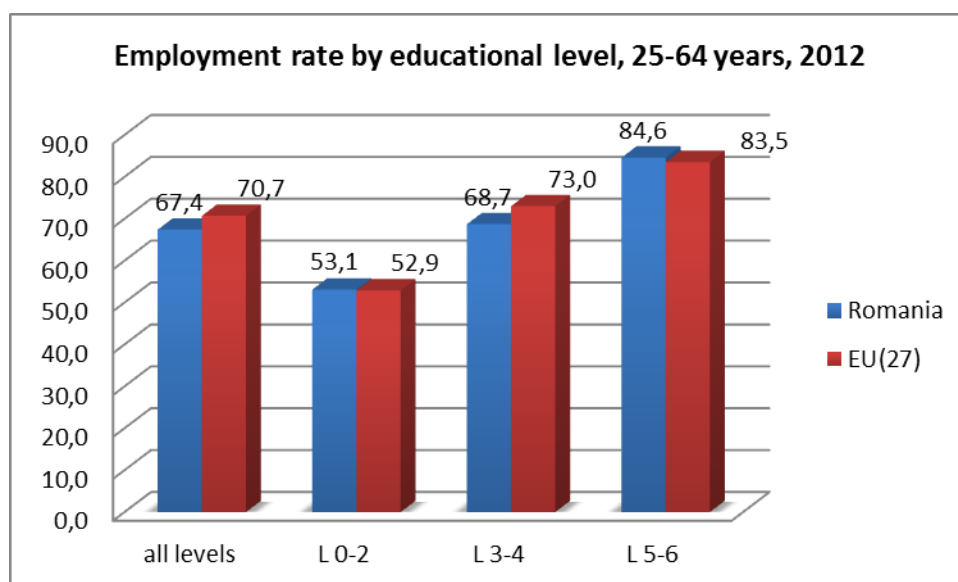
Data source: Eurostat database, Ifsa_ergaed, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

Figure 2.3



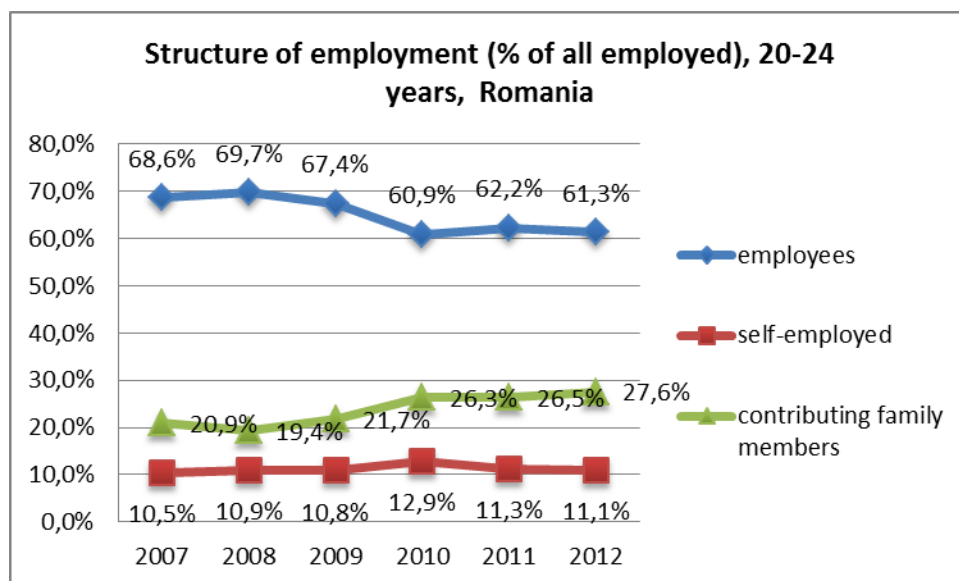
Data source: Eurostat database, Ifsa_ergaed, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

Figure 2. 4



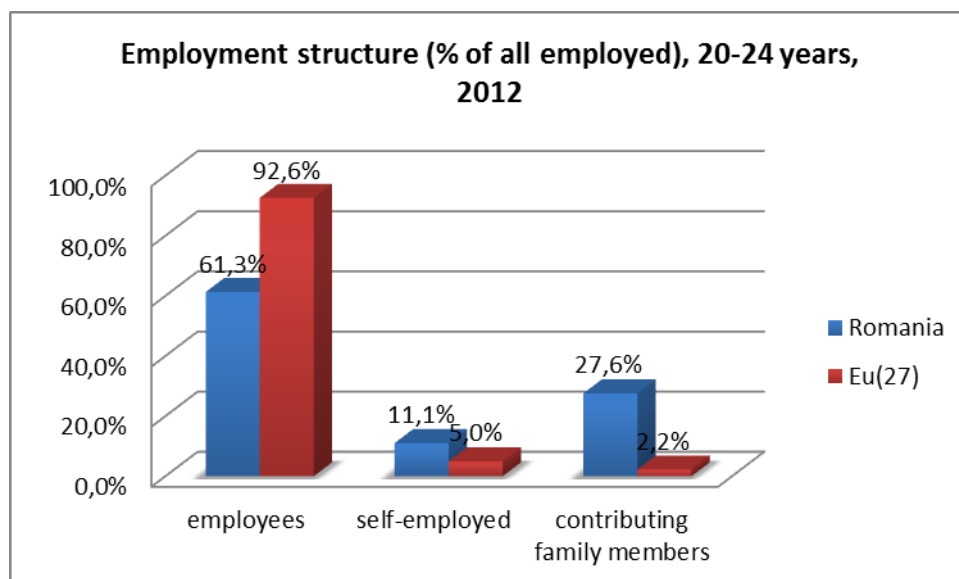
Data source: Eurostat database, Ifsa_ergaed, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

Figure 2. 5



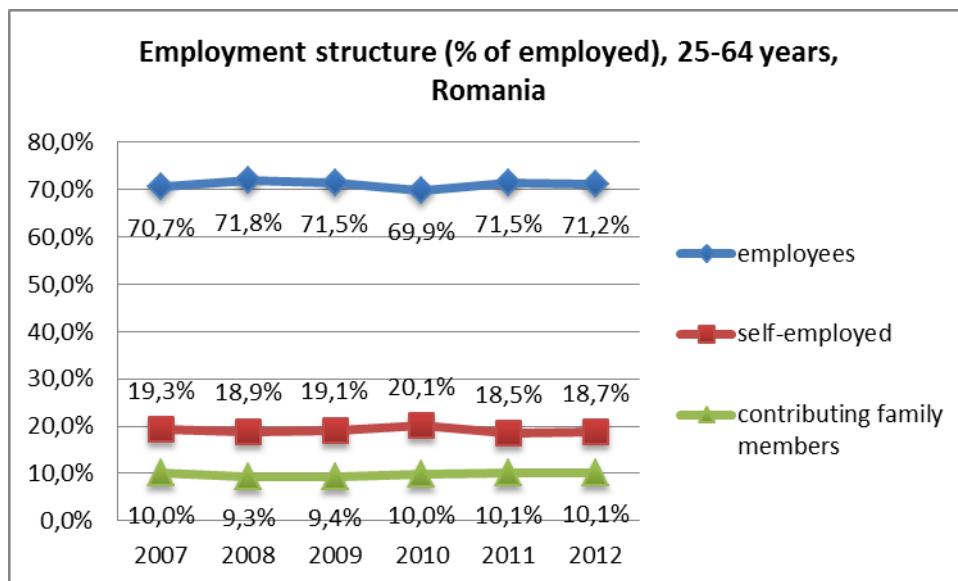
Data source: Eurostat database, Ifsa_egaps, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

Figure 2.6



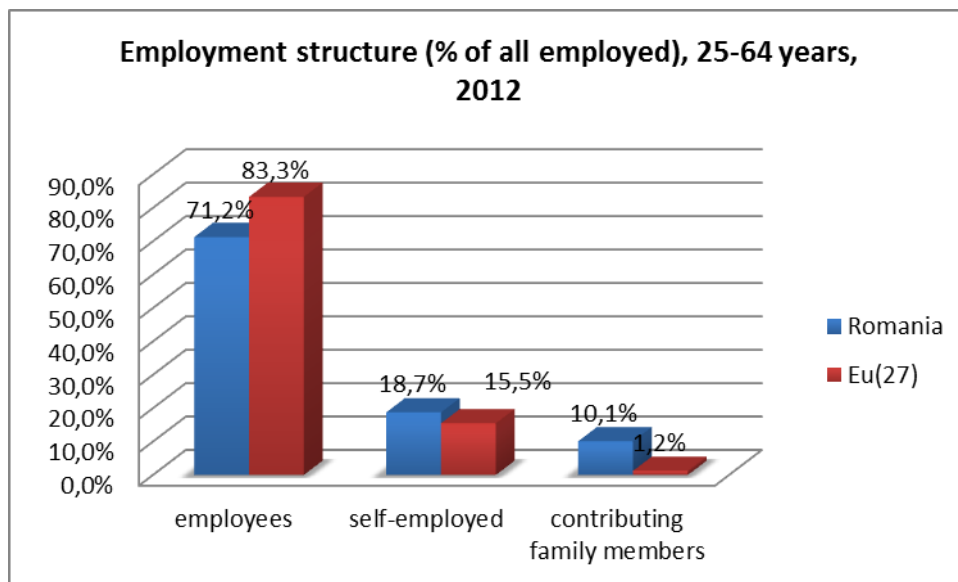
Data source: Eurostat database, Ifsa_egaps, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

Figure 2.7



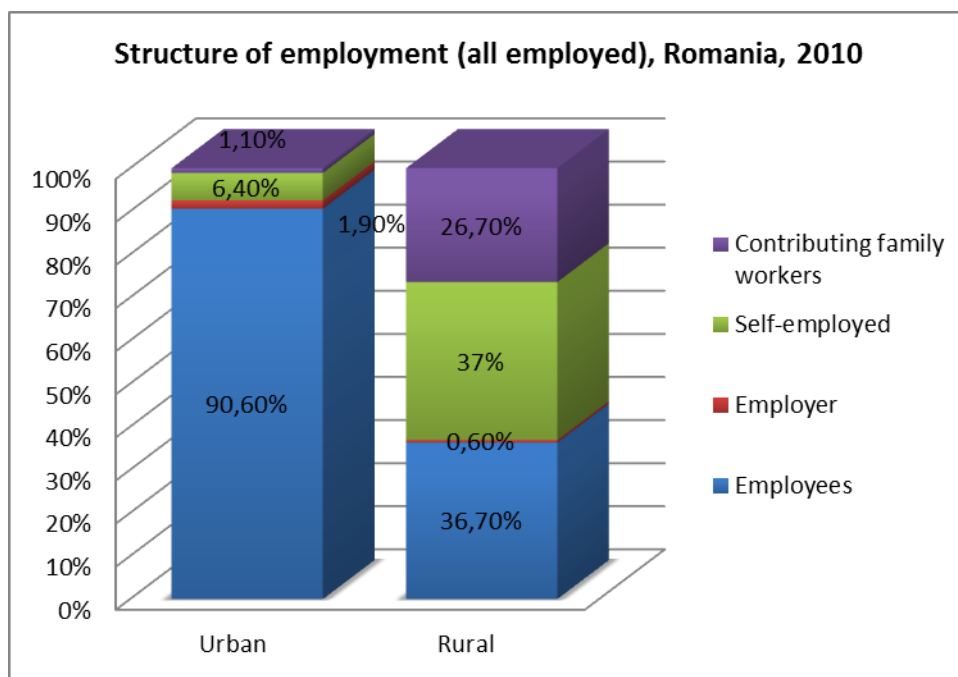
Data source: Eurostat database, Ifsa_egaps, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

Figure 2.8



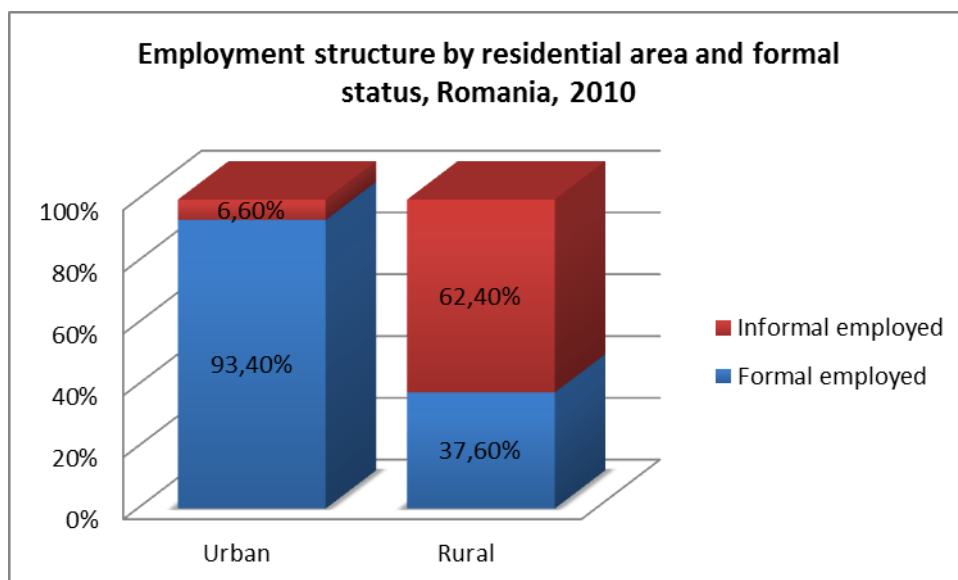
Data source: Eurostat database, Ifsa_egaps, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

Figure 2.9



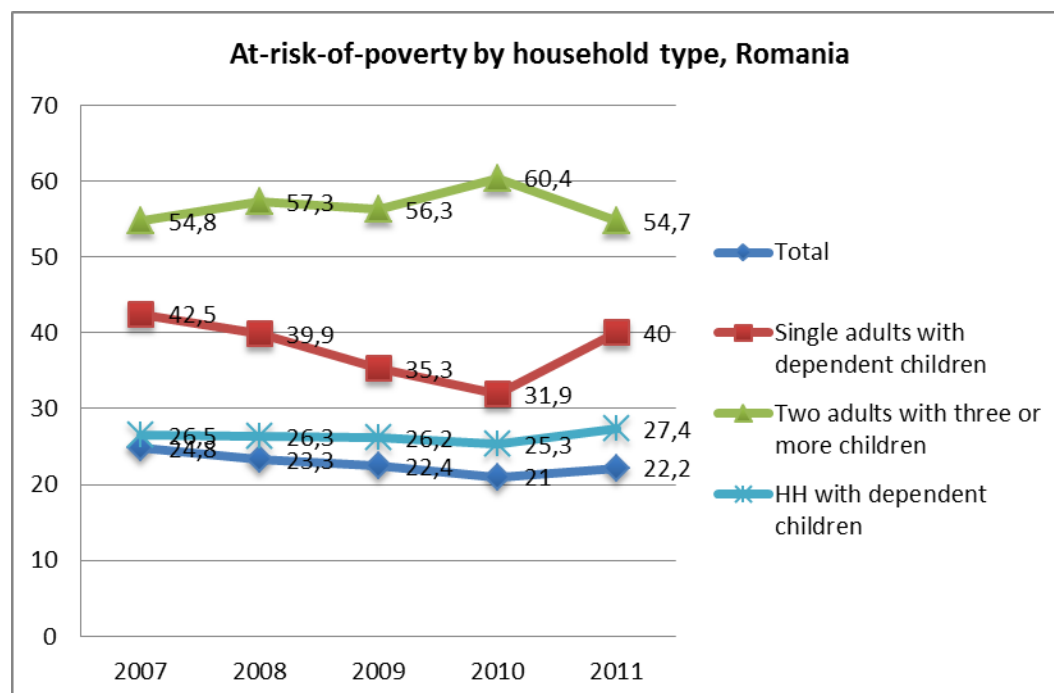
Data source: Romania's Annual Statistical Yearbook, NIS, Chapter 3

Figure 2. 10



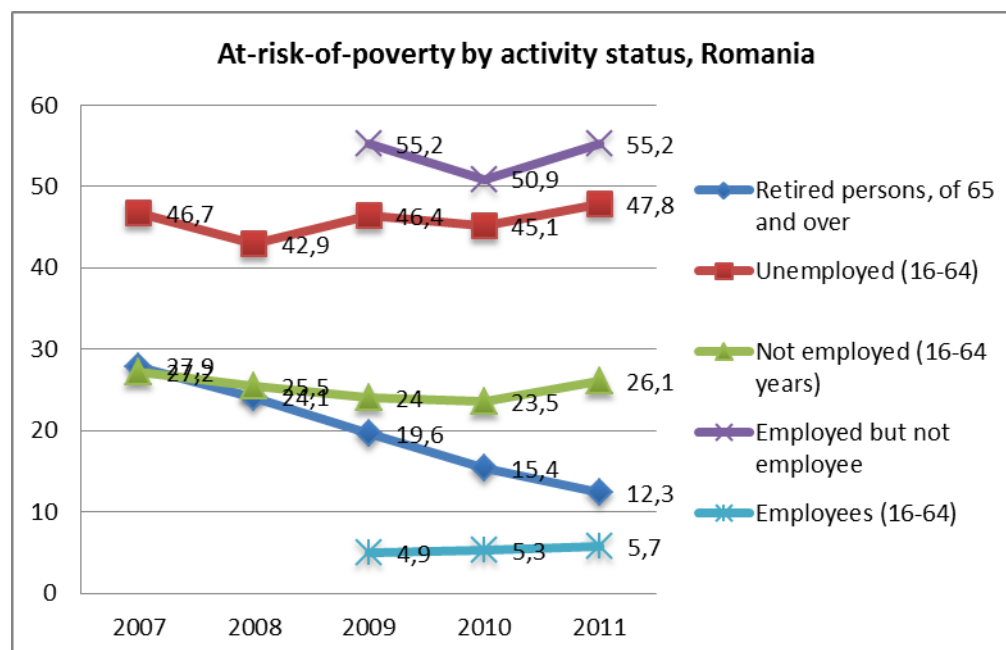
Data source: Voinea and Albu (2011)

Figure 2.11



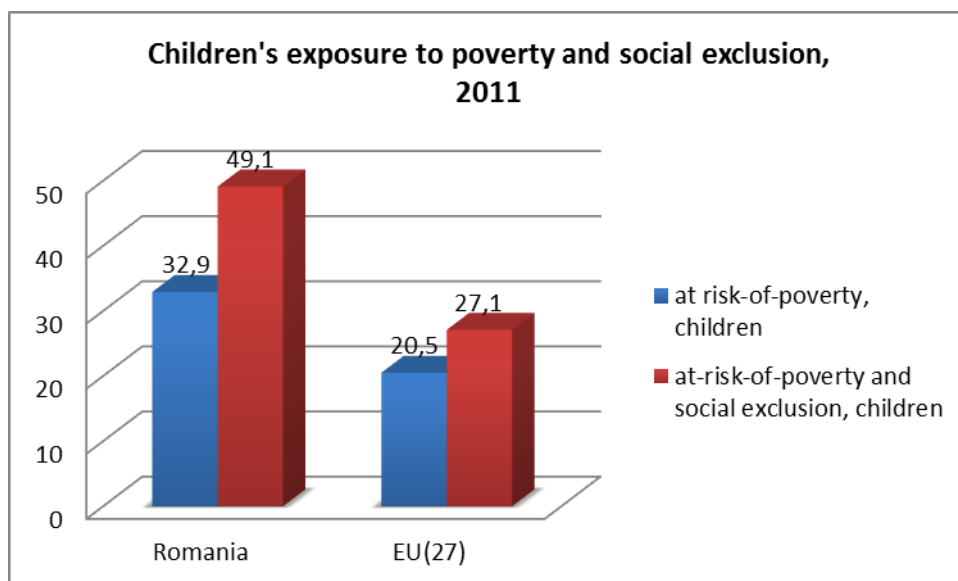
Data source: Eurostat database, ilc_li03, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

Figure 2. 12



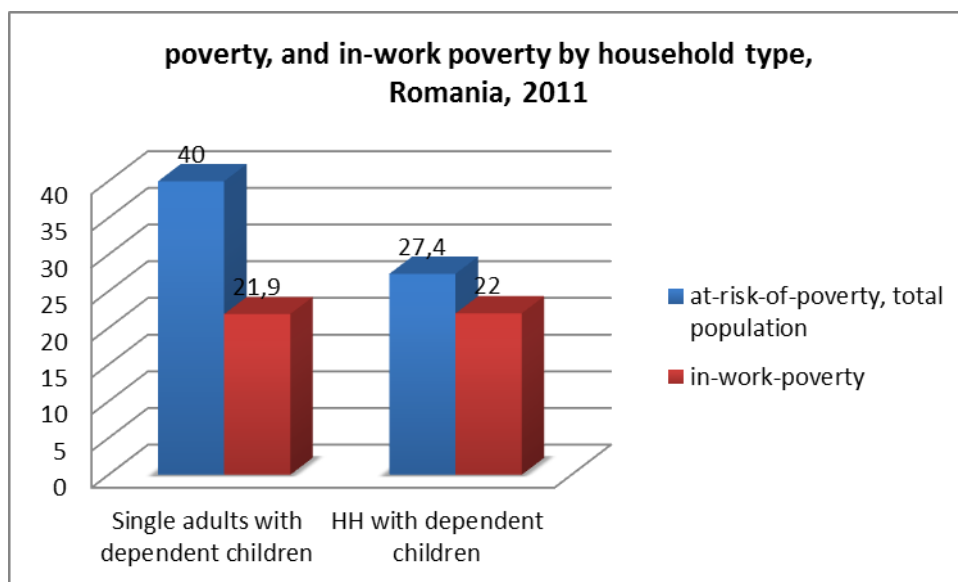
Data source: Eurostat, ilc_li04, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

Figure 2. 13



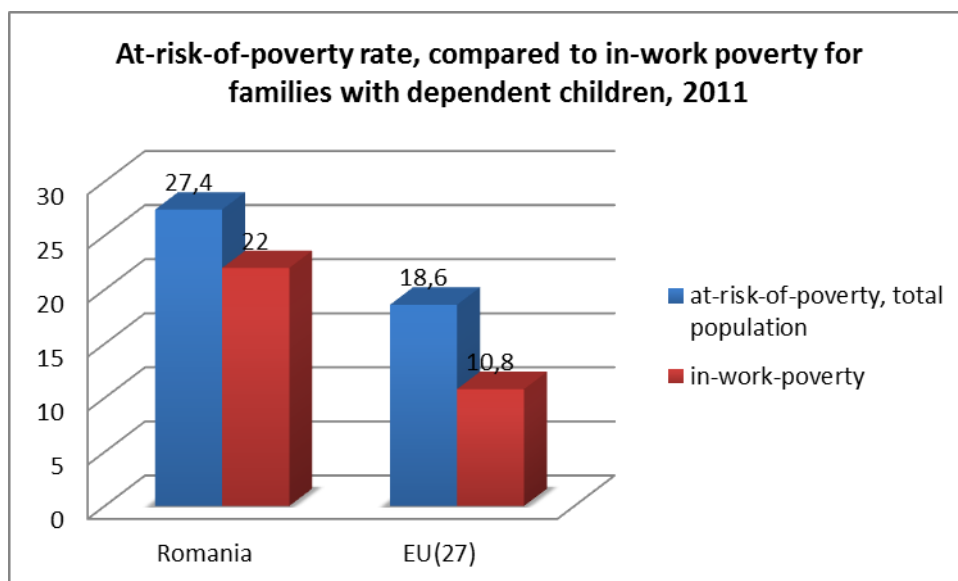
Data source: Eurostat, ilc_li02, ilc_peps60, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 5, 2013

Figure 2. 14



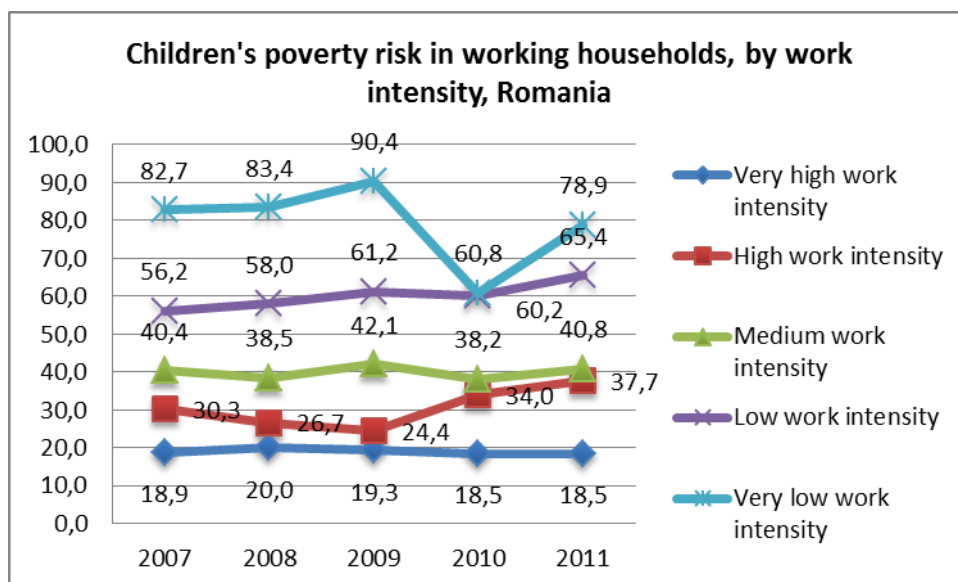
Data source: Eurostat, ilc_li03, ilc_iw02, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

Figure 2. 15



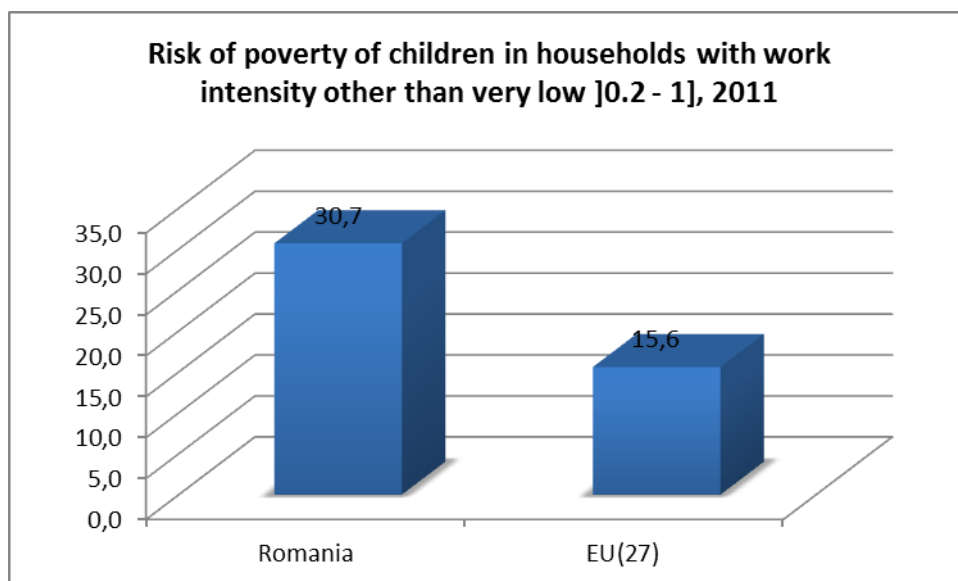
Data source: Eurostat, ilc_li03, ilc_iw02, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

Figure 2. 16



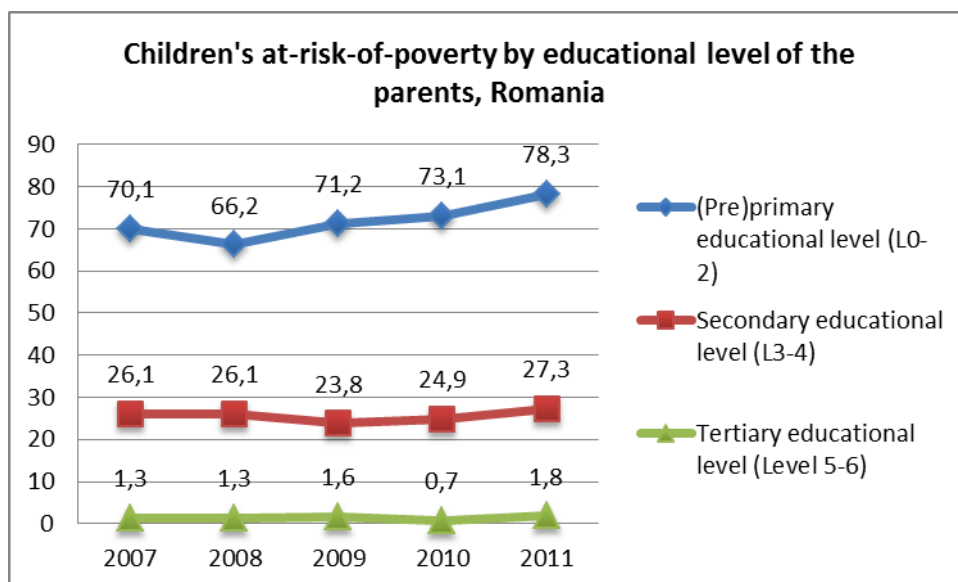
Data source: Eurostat database, ilc_li06, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

Figure 2. 17



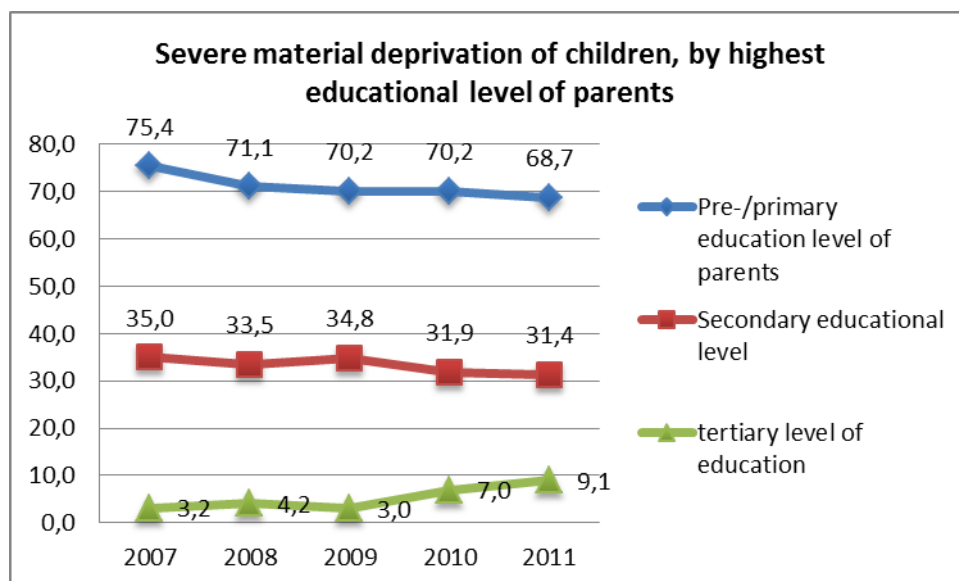
Data source: Eurostat database, ilc_li06, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

Figure 2.18



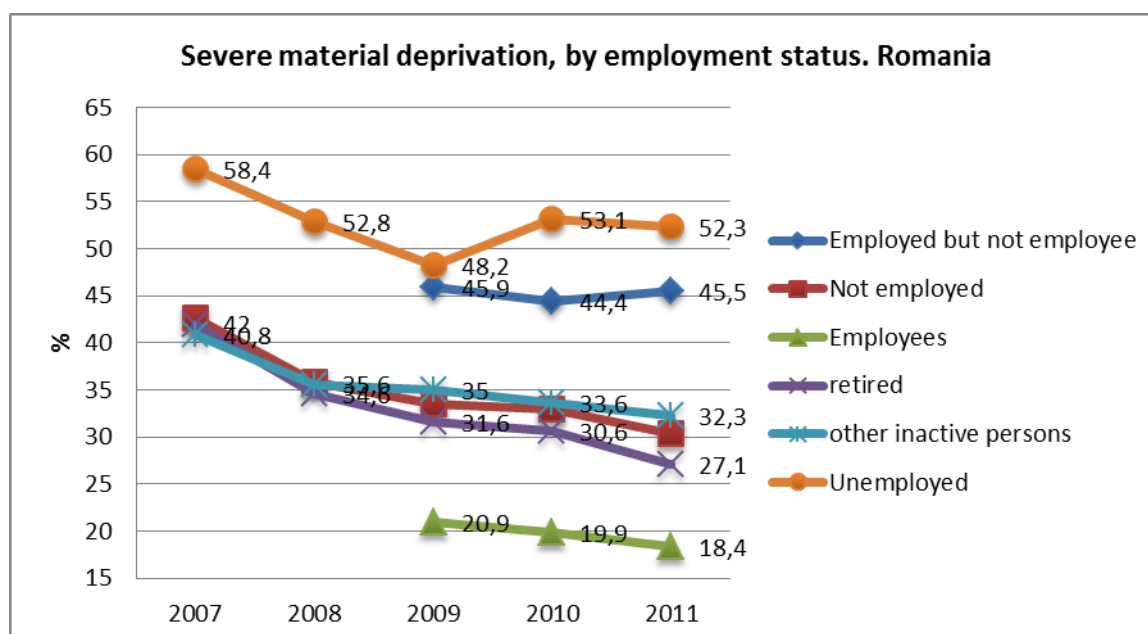
Data source: Eurostat database, ilc_li60, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

Figure 2.19



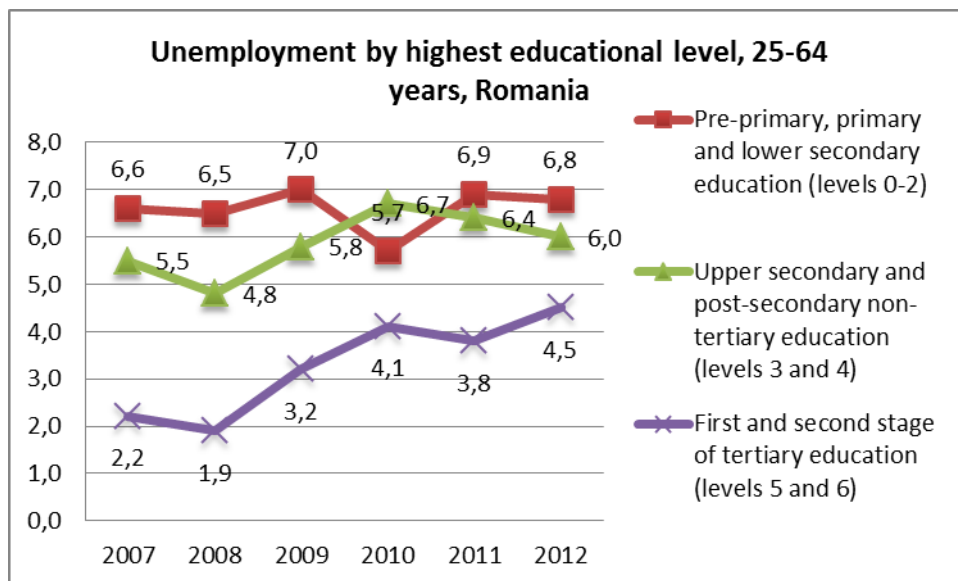
Data source: Eurostat, ilc_mddd60, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

Figure 2.20



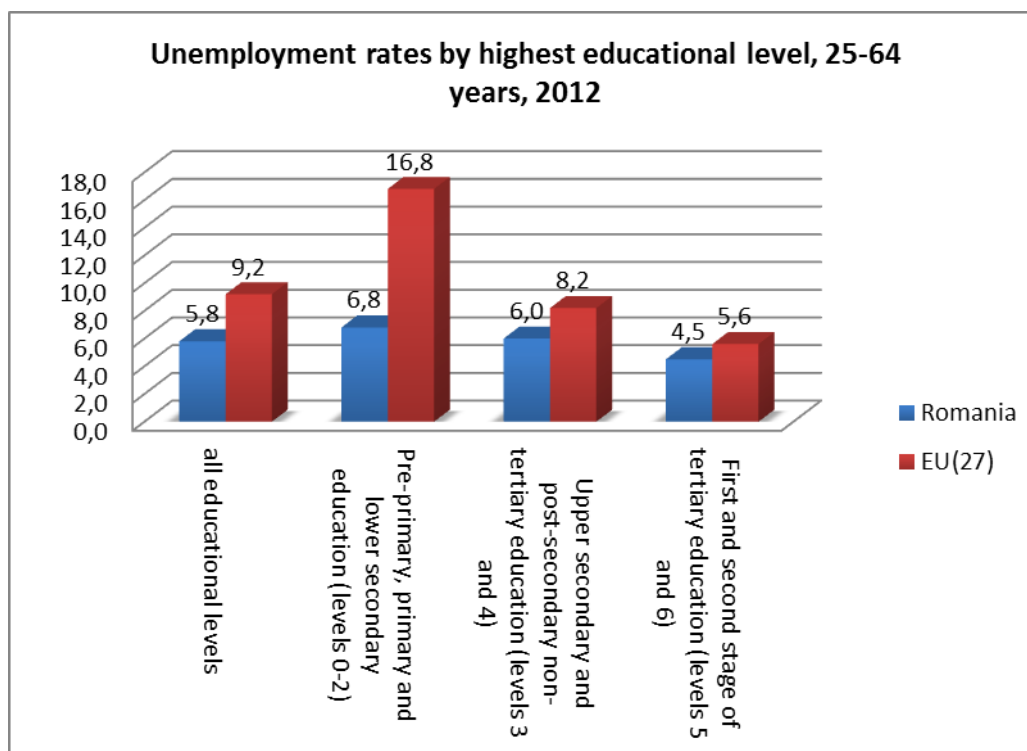
Data source: Eurostat, SILC (ilc_mddd12) http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, retrieved August 10, 2013

Figure 2.21



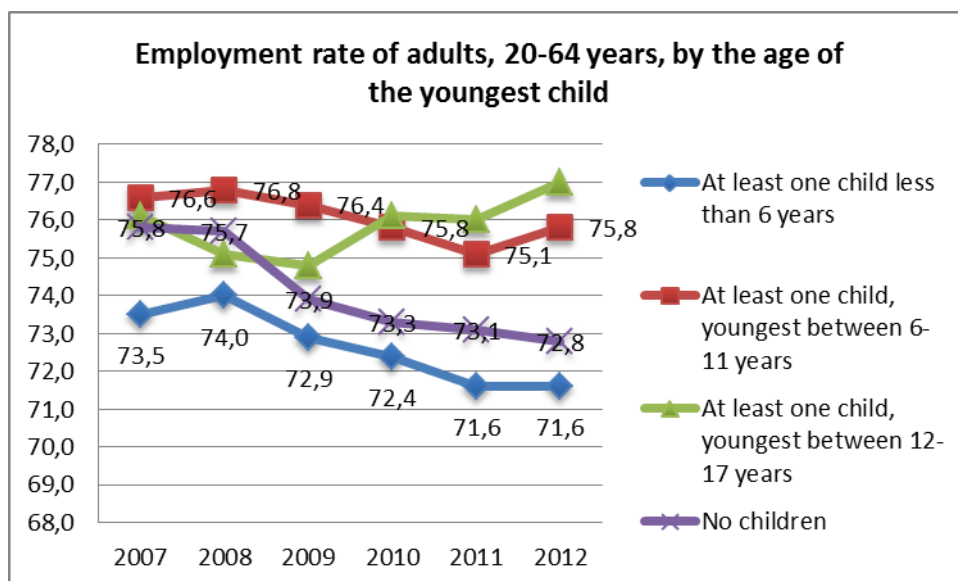
Data source: Eurostat, Ifsa_urgaed, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

Figure 2.22



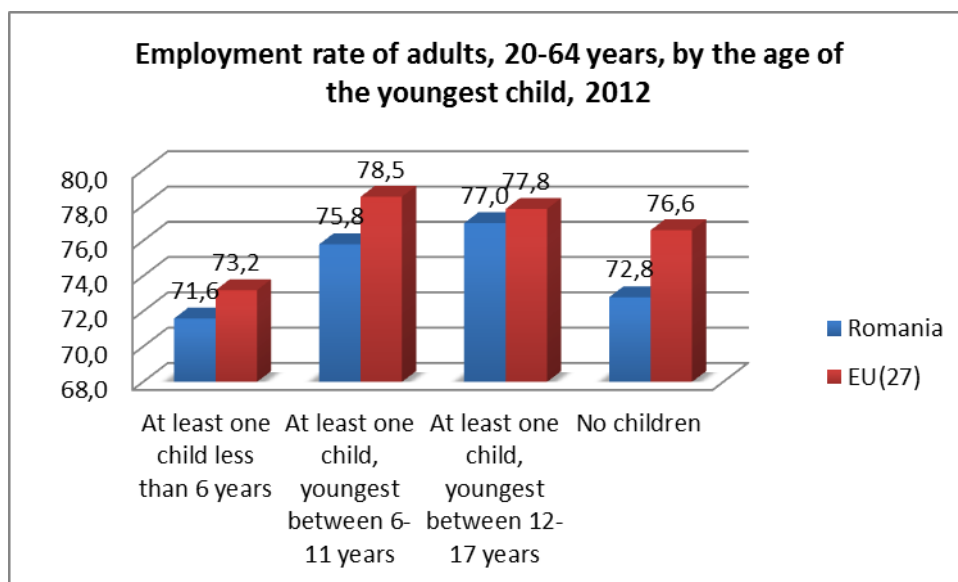
Data source: Eurostat, Ifsa_urgaed, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

Figure 2.23



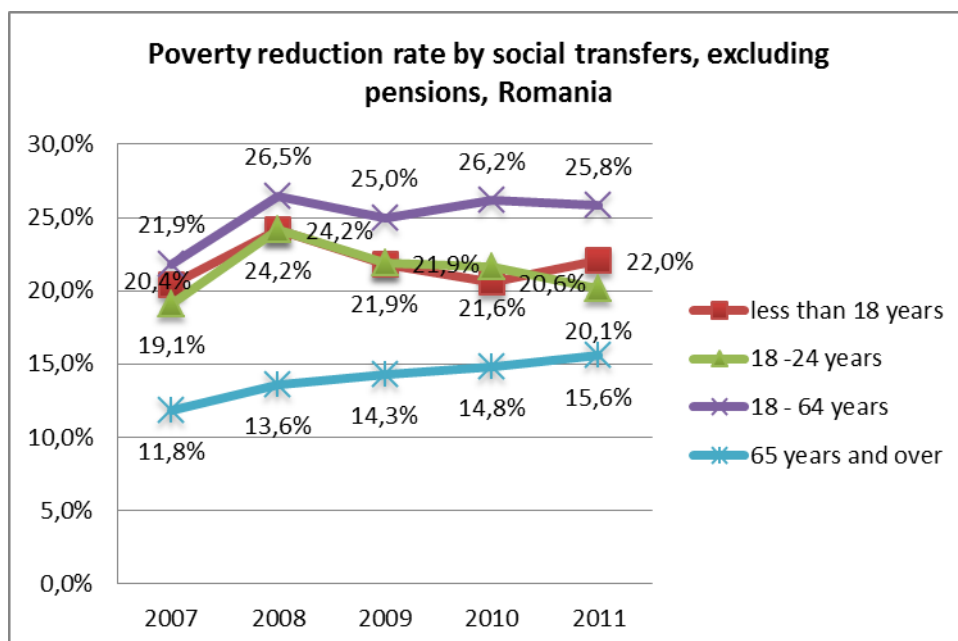
Data **source:** Eurostat, Ifst_hheredch, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

Figure 2.24



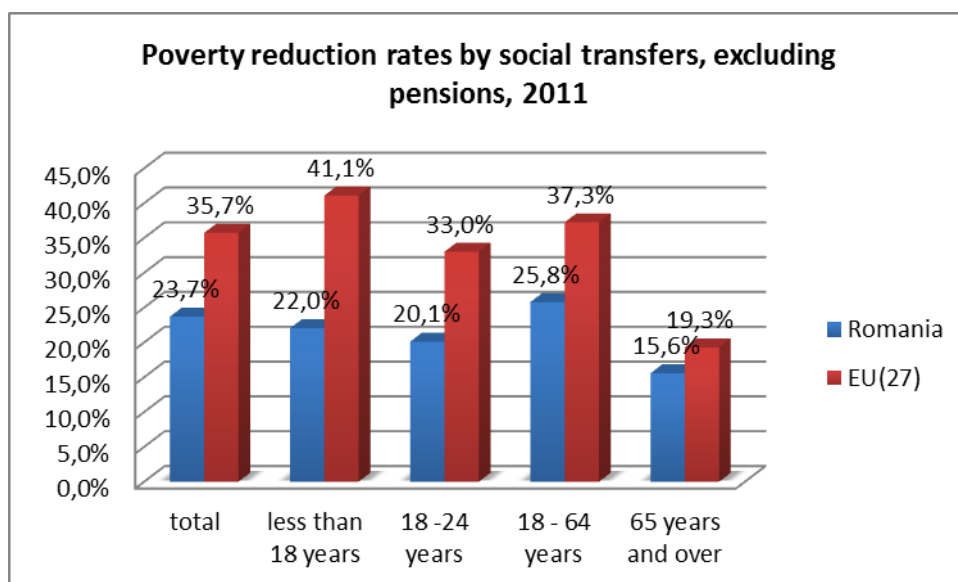
Data **source:** Eurostat, Ifst_hheredch, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

Figure 2.25



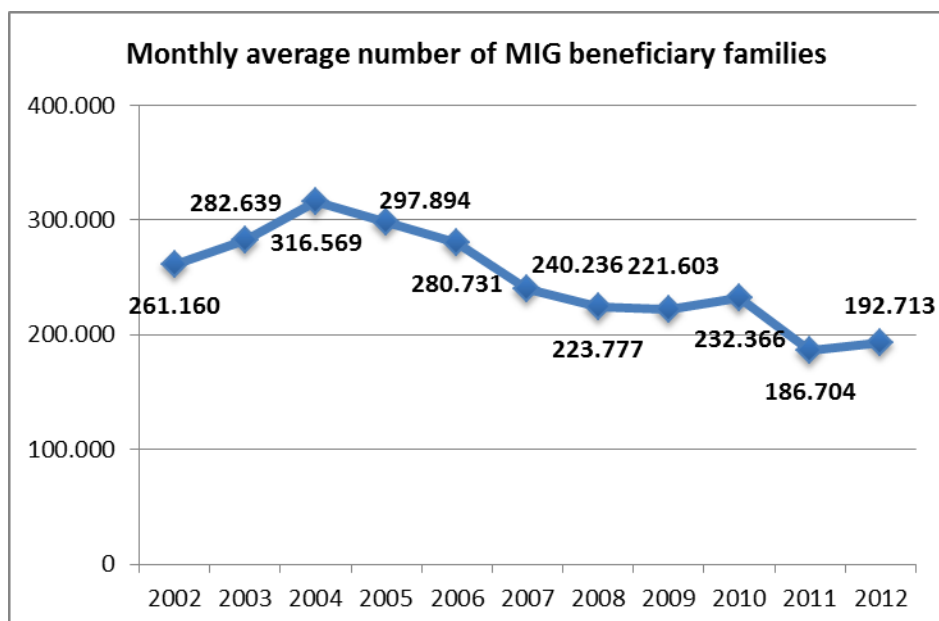
Data source: Eurostat database, calculations based on ilc_li02, ilc_li10, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

Figure 2.26



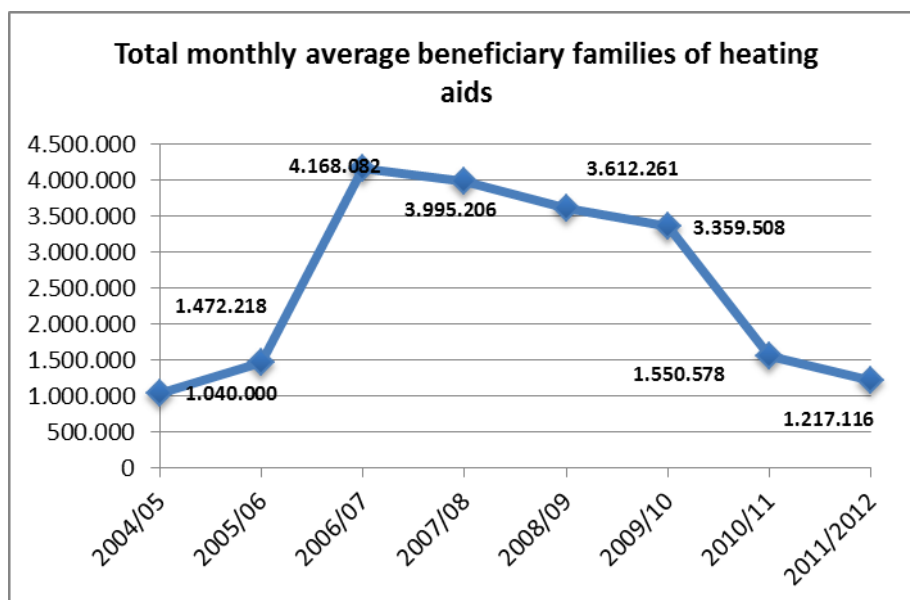
Data source: Eurostat database, calculations based on ilc_li02, ilc_li10, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

Figure 2.27



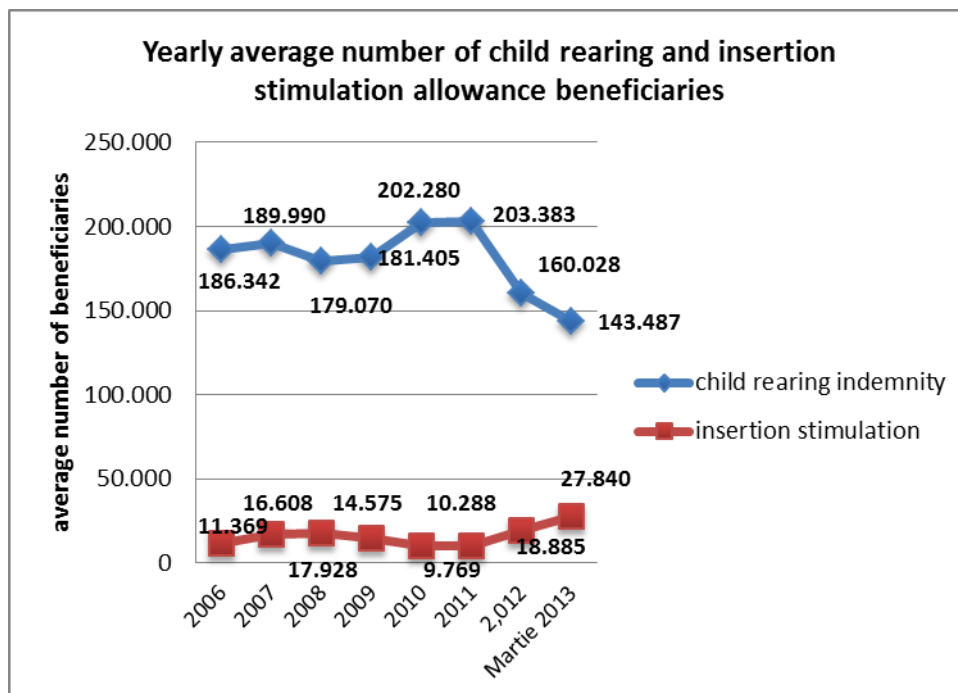
Data source: MLFSPE, Statistical bulletins, Social assistance, <http://www.mmuncii.ro/nou/index.php/ro/transparenta/statistici/buletin-statistic>, accessed August 7, 2013

Figure 2.28



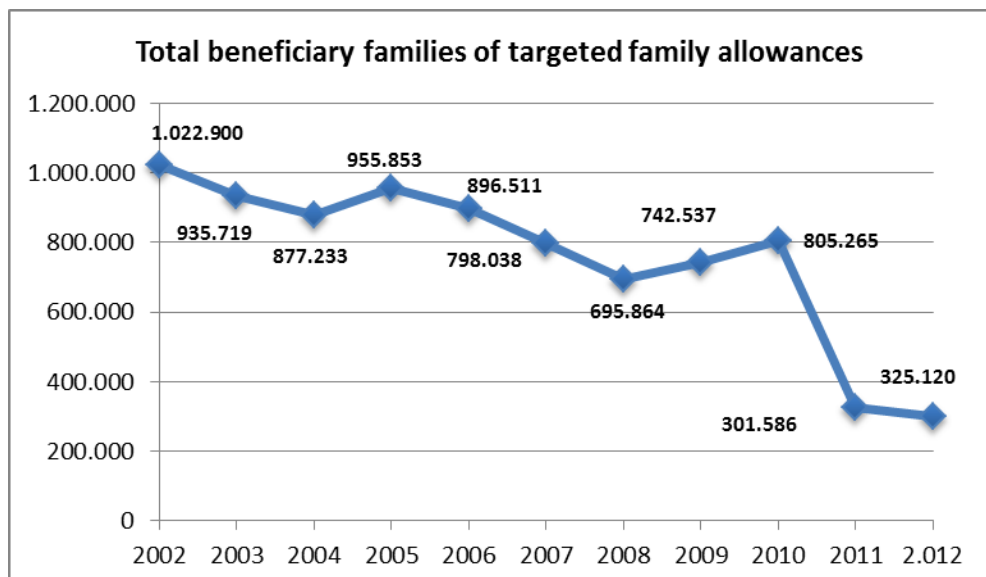
Data source: MLFSPE, Statistical bulletins, Social assistance, <http://www.mmuncii.ro/nou/index.php/ro/transparenta/statistici/buletin-statistic>, accessed August 7, 2013

Figure 2.29



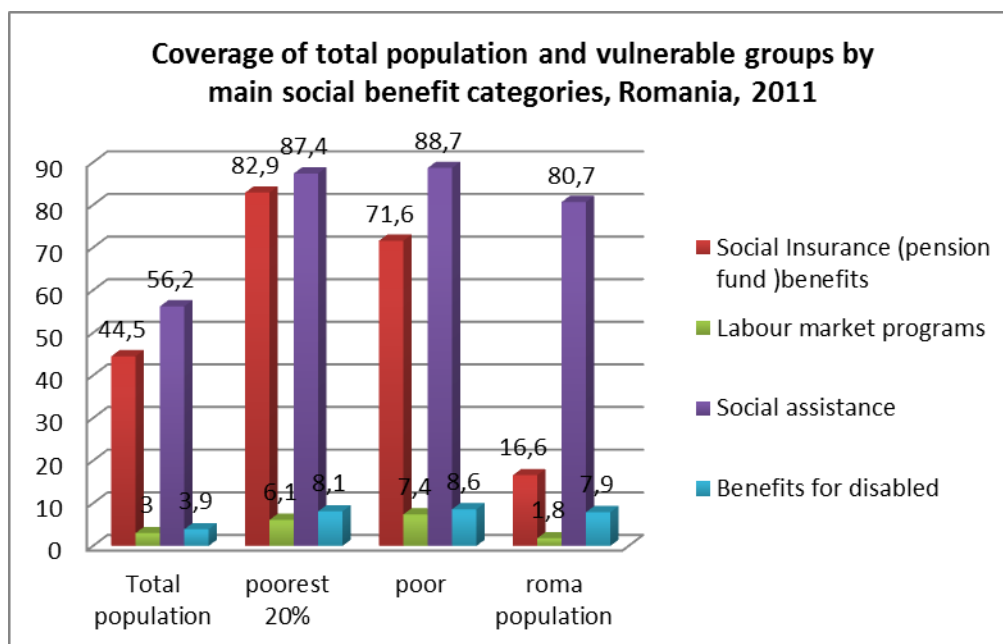
Data source: MLFSPE, Statistical bulletins, Social assistance, <http://www.mmuncii.ro/nou/index.php/ro/transparenta/statistici/buletin-statistic>, accessed August 7, 2013

Figure 2.30



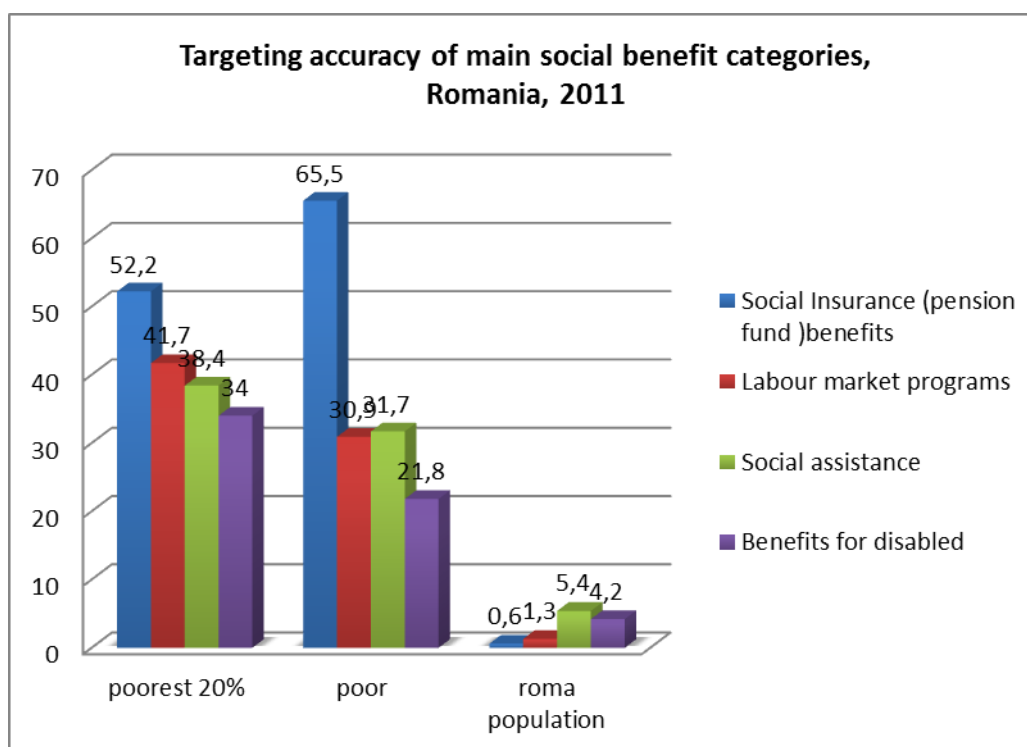
Data source: MLFSPE, Statistical bulletins, Social assistance, <http://www.mmuncii.ro/nou/index.php/ro/transparenta/statistici/buletin-statistic>, accessed August 7, 2013

Figure 2.31



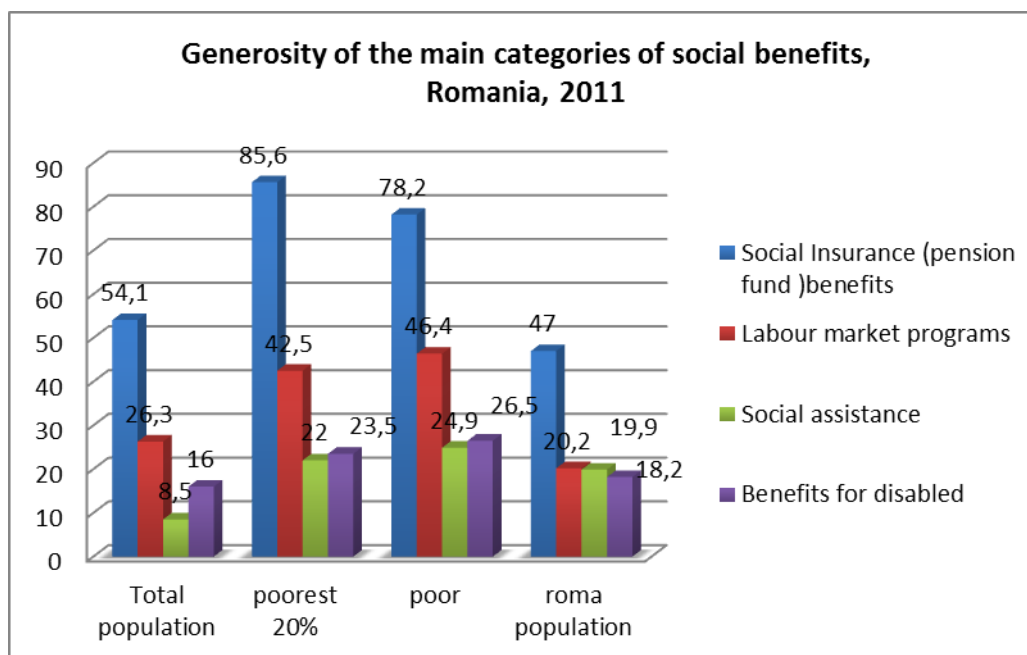
Data source: Ministerul Muncii, (directia Servicii Sociale si Incluziune Sociala) Indicatori Statistici privind sistemul de protectie sociala in Romania, 2011 (revisited data)

Figure 2.32



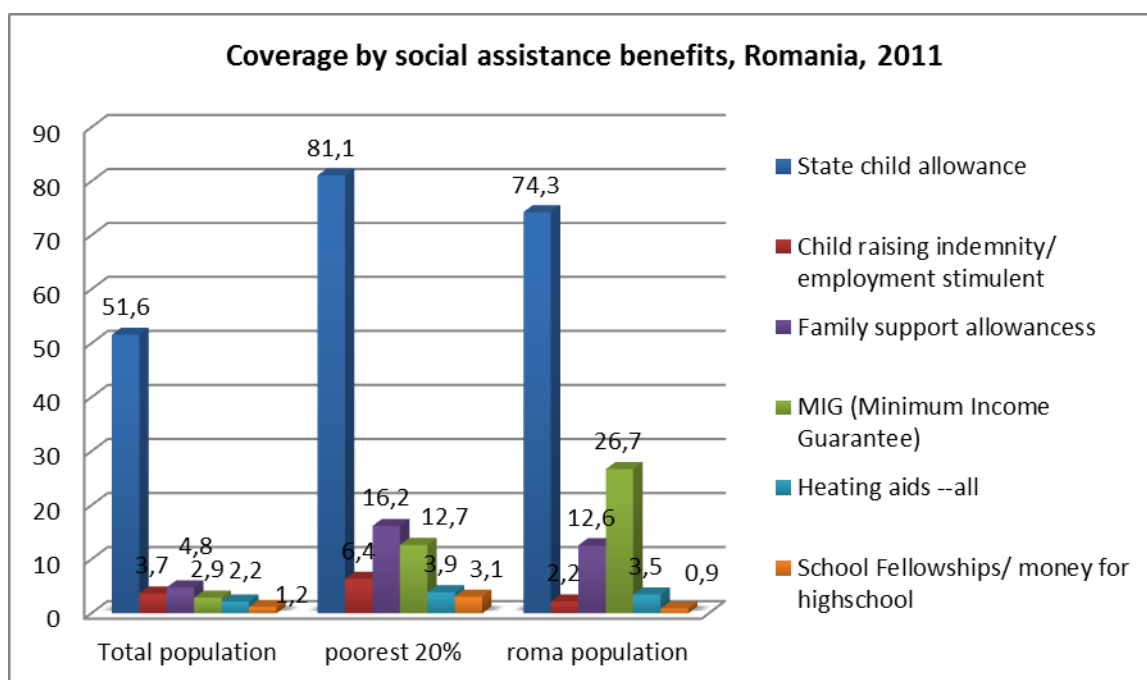
Data source: Ministerul Muncii, (directia Servicii Sociale si Incluziune Sociala) Indicatori Statistici privind sistemul de protectie sociala in Romania, 2011 (revisited data)

Figure 2.33



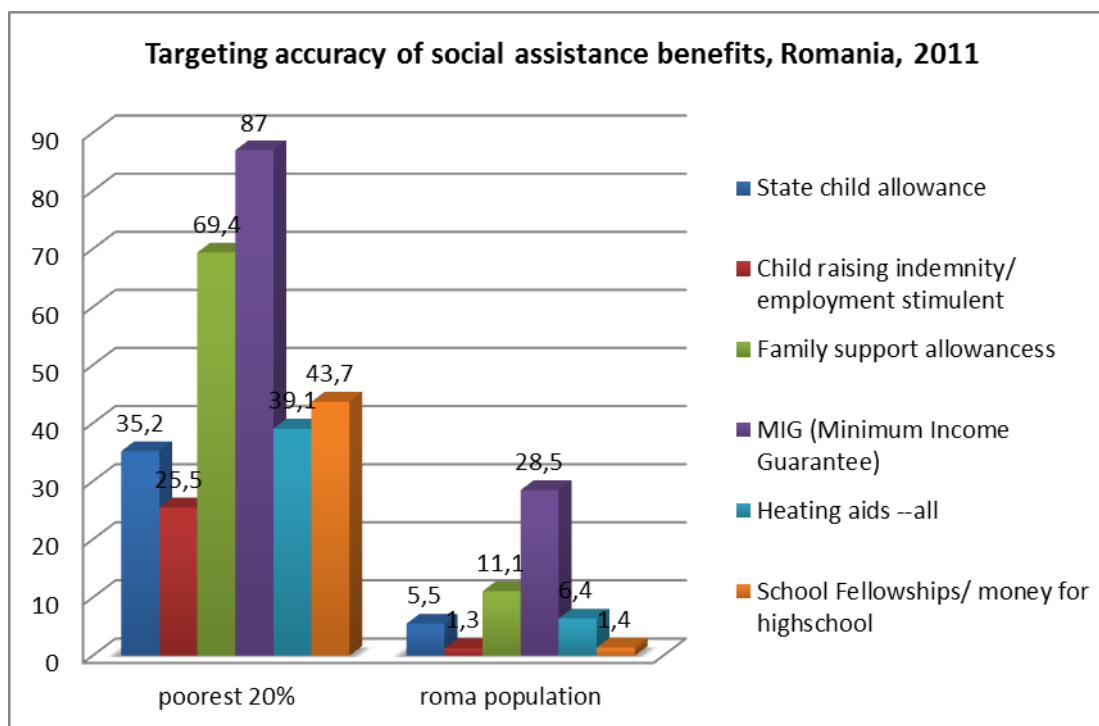
Data source: Ministerul Muncii, (directia Servicii Sociale si Incluziune Sociala) Indicatori Statistici privind sistemul de protectie sociala in Romania, 2011 (revisited data)

Figure 2. 34



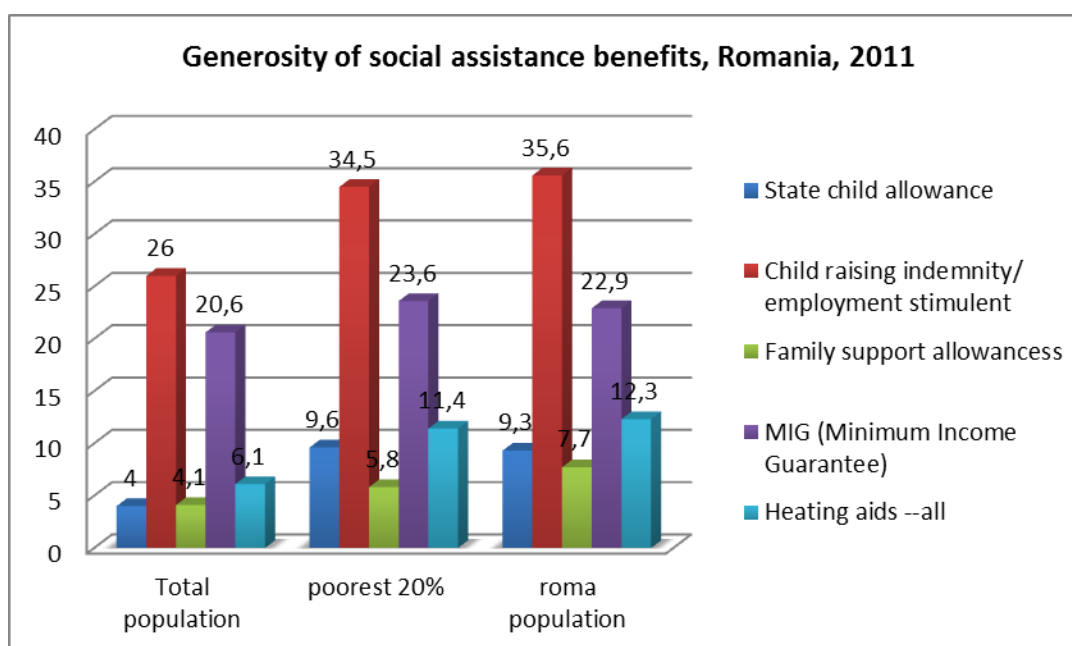
Data source: Ministerul Muncii, (directia Servicii Sociale si Incluziune Sociala) Indicatori Statistici privind sistemul de protectie sociala in Romania, 2011 (revisited data)

Figure 2. 35



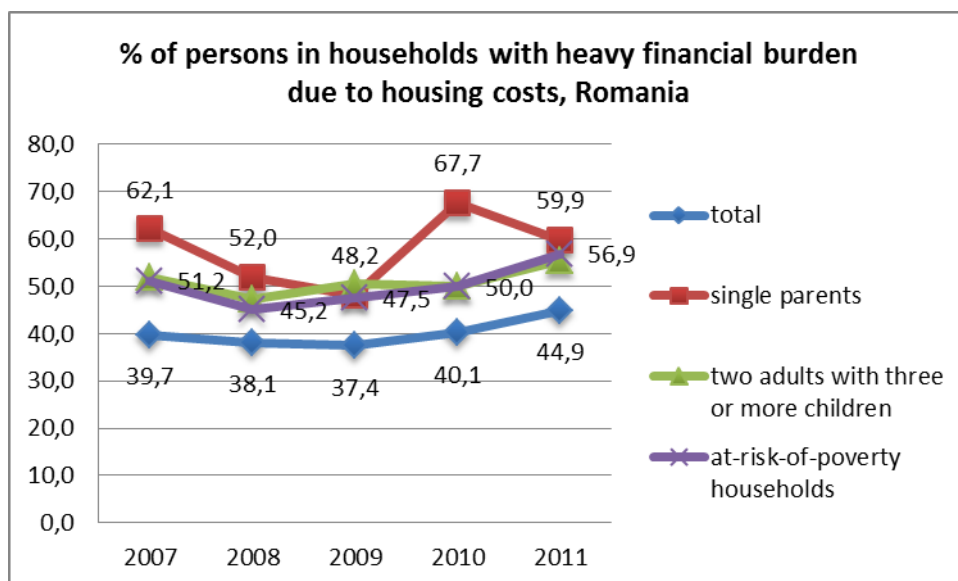
Data source: Ministerul Muncii, (directia Servicii Sociale si Incluziune Sociala) Indicatori Statistici privind sistemul de protectie sociala in Romania, 2011 (revisited data)

Figure 2.36



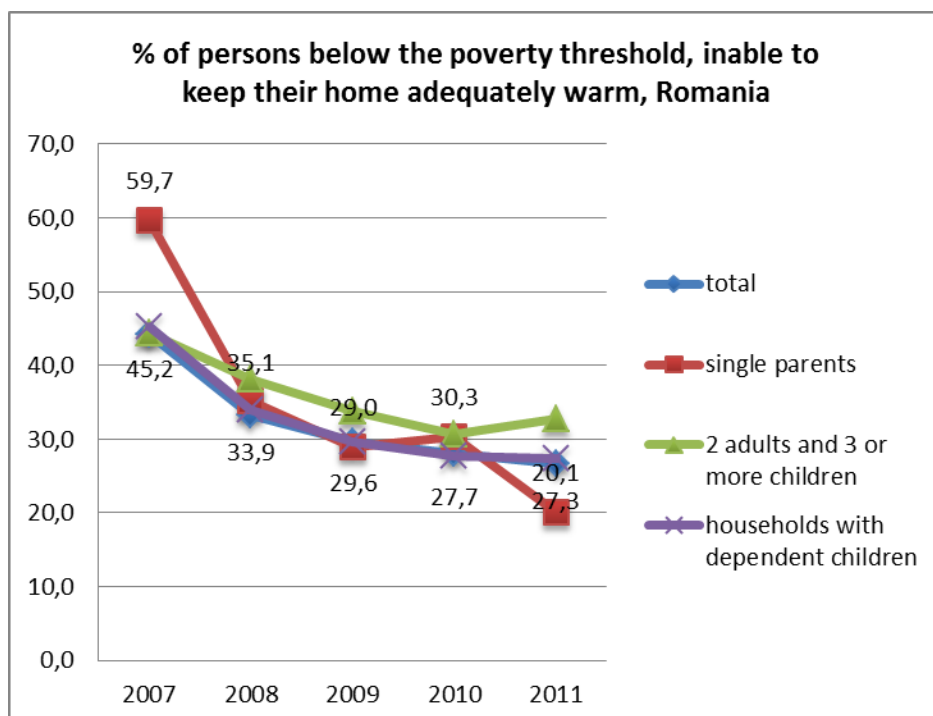
Data source: Ministerul Muncii, (directia Servicii Sociale si Incluziune Sociala) Indicatori Statistici privind sistemul de protectie sociala in Romania, 2011 (revisited data)

Figure 2.37



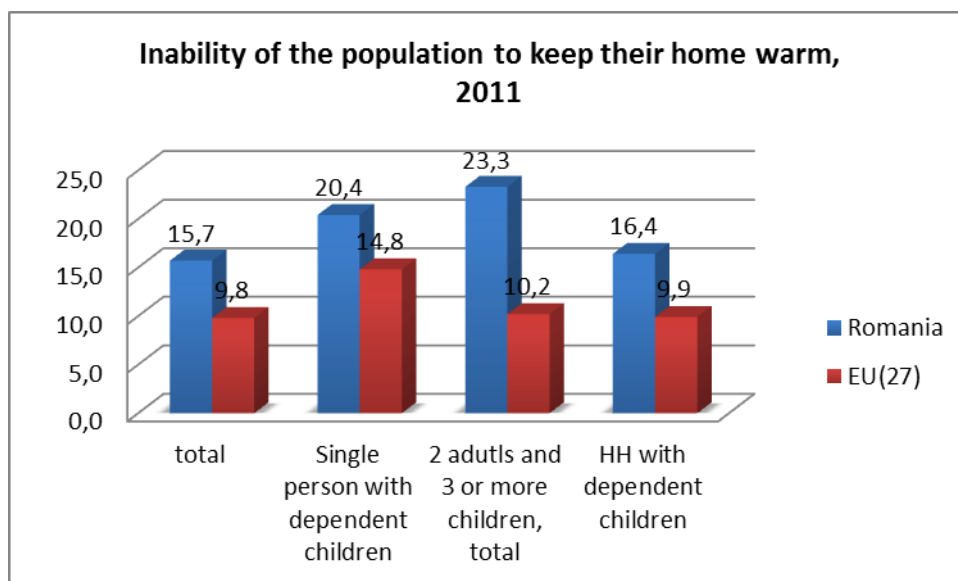
Data source: Eurostat database, ilc_mded04, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

Figure 2.38



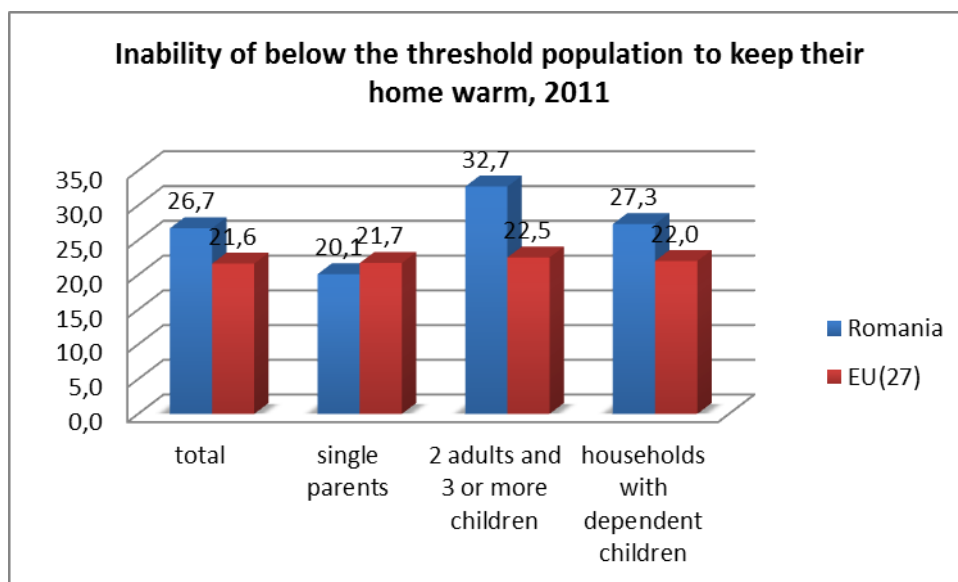
Data source: Eurostat database, ilc_mdex01, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

Figure 2.39



Data source: Eurostat database, ilc_mdcs01, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

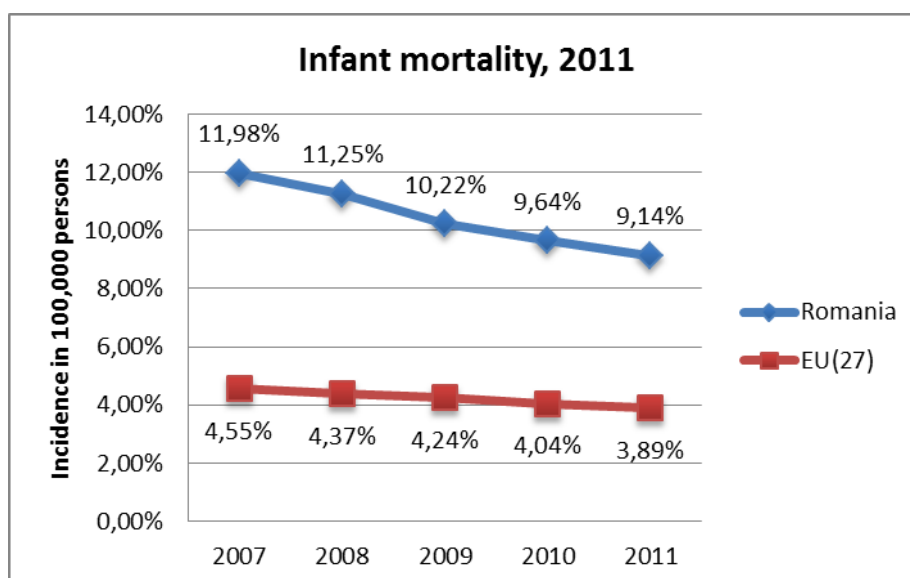
Figure 2.40



Data source: Eurostat database, ilc_mdcs01, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 3, 2013

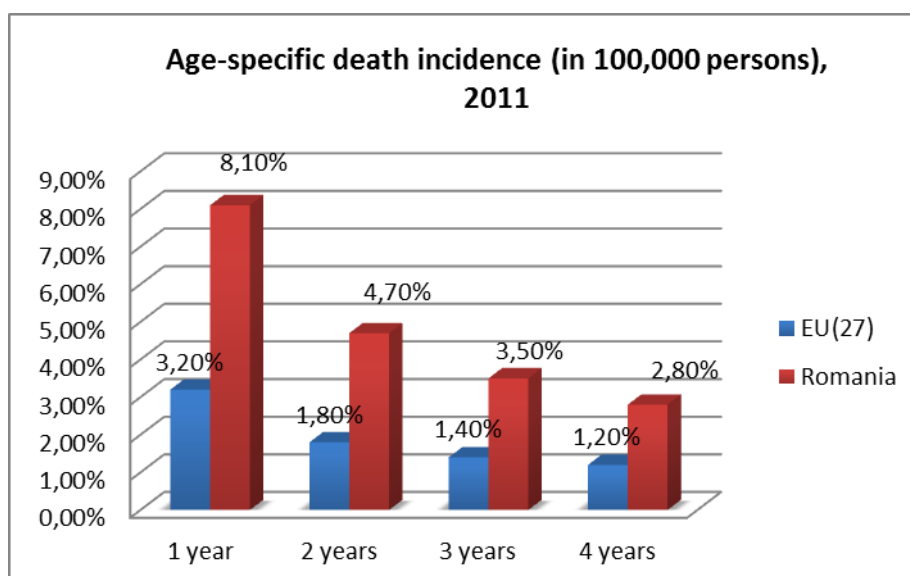
Annex 5: Access to affordable quality services

Figure 3. 41



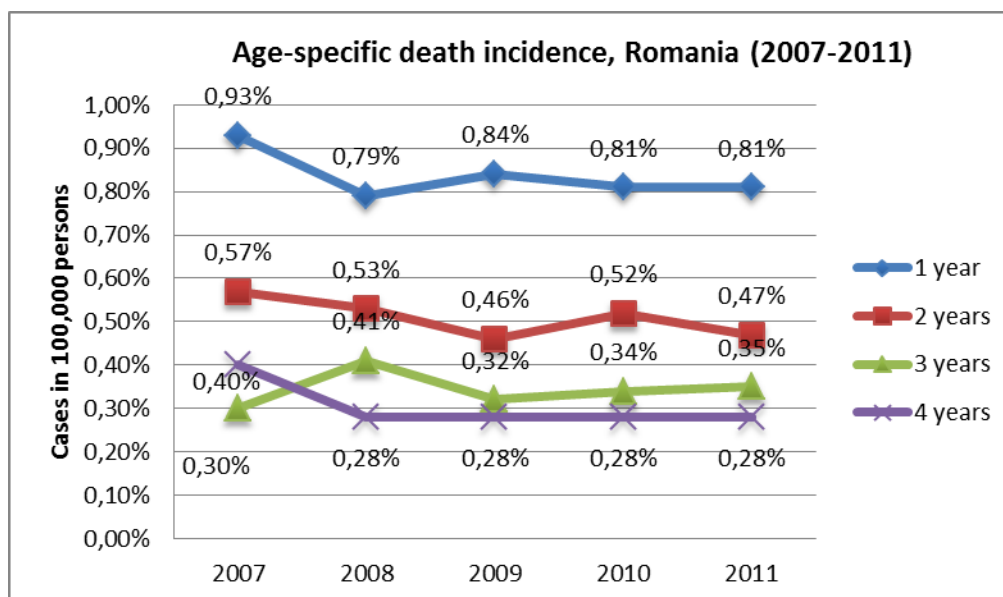
Data source: Eurostat, demo_mlifetable, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 14, 2013

Figure 3. 42



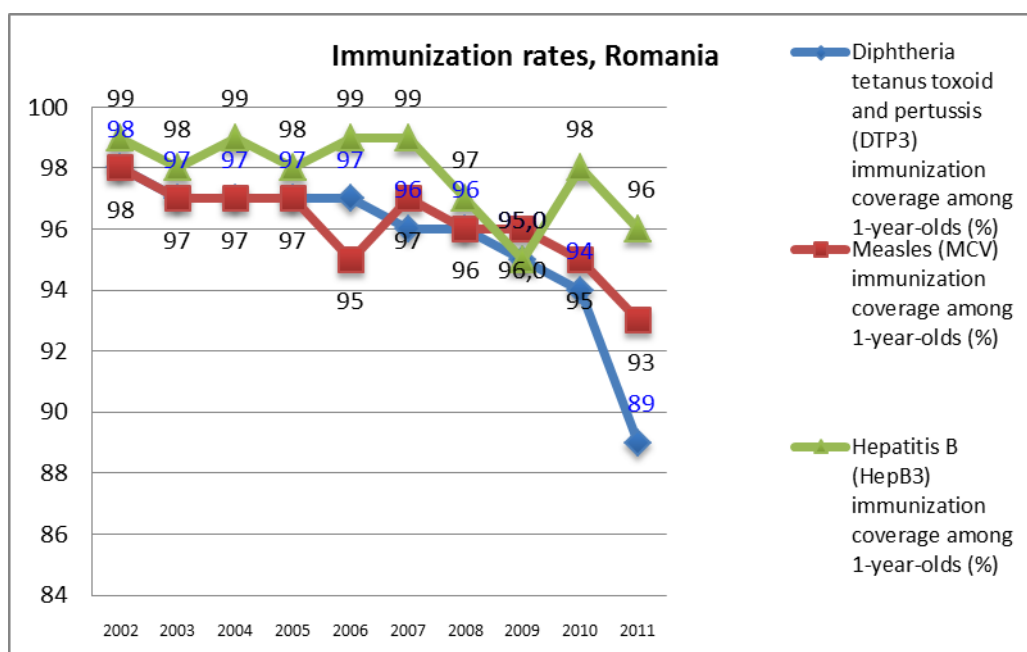
Data source: Eurostat (demo_mlifetable), http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 14, 2013

Figure 3. 43



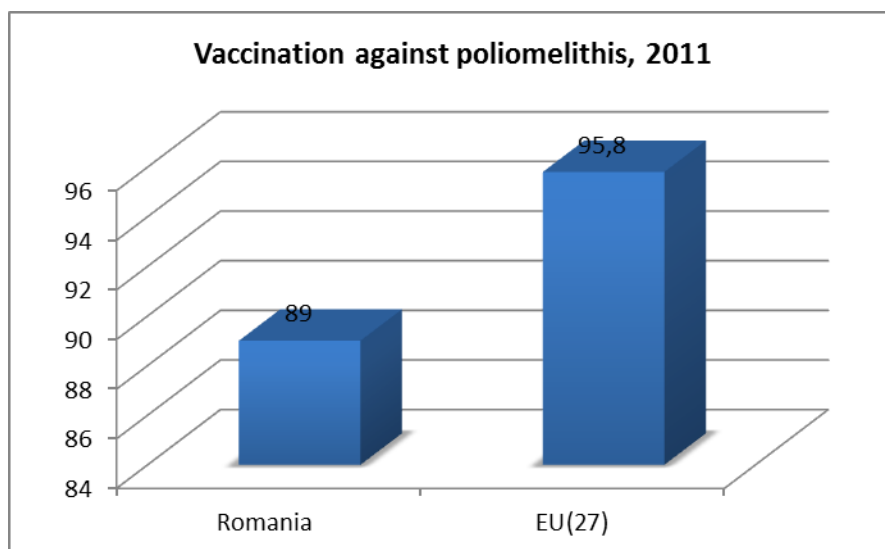
Data source: Eurostat (demo_mlifetable), http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 14, 2013

Figure 3. 44



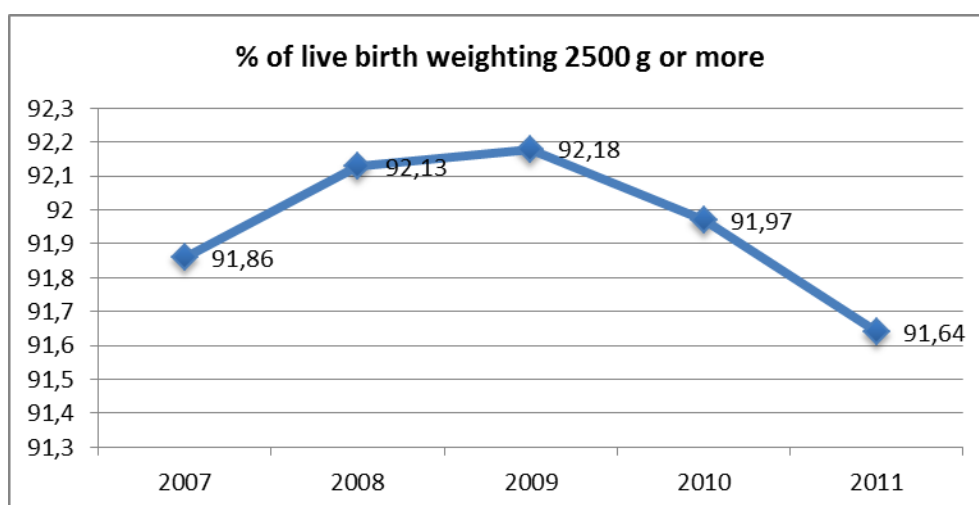
Data source: World Health Organization, <http://apps.who.int/gho/data/view.country.16500>, accessed August 10, 2013

Figure 3. 45



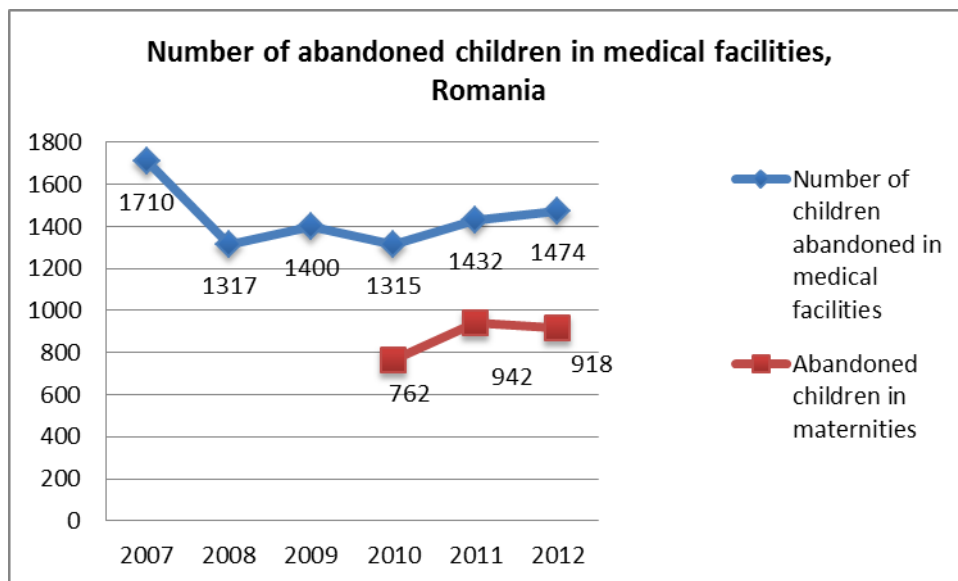
Data **source:** Eurostat,
http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database,
accessed August 14, 2013

Figure 3. 46



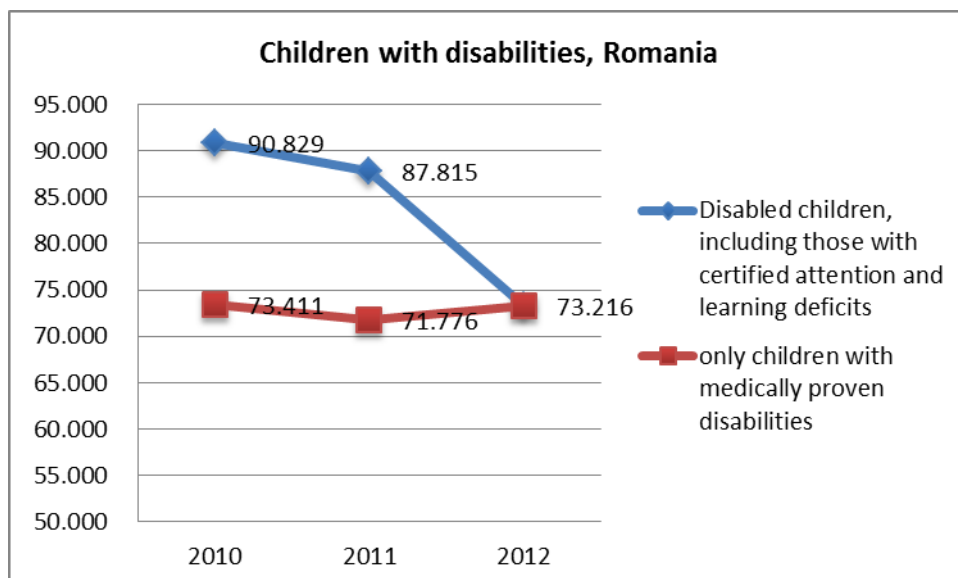
Data Source: World Health Organization, <http://data.euro.who.int/hfad/>, accessed August 2013

Figure 3. 47



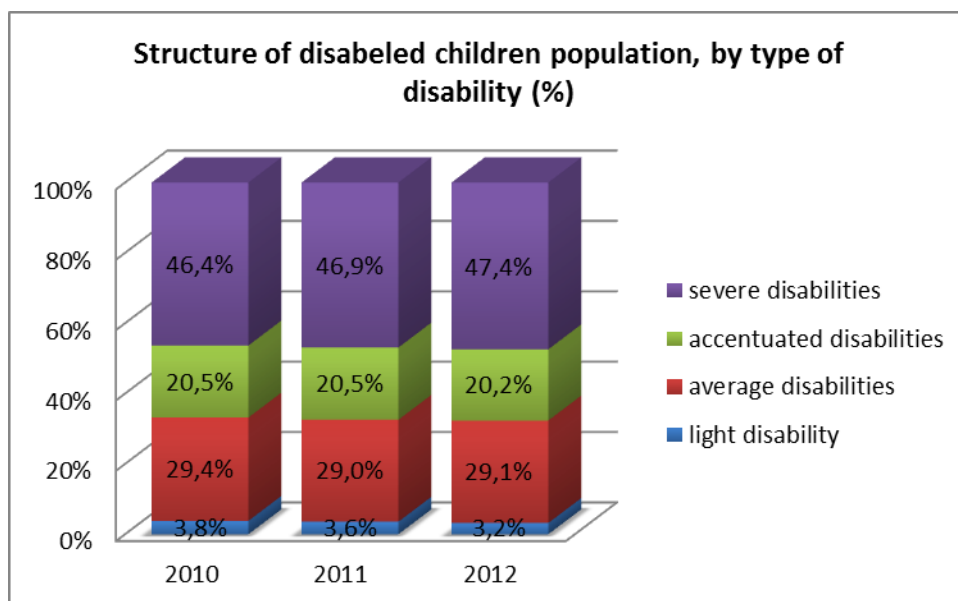
Data source: MLSPFE, http://www.copii.ro/alte_categorii.html

Figure 3. 48



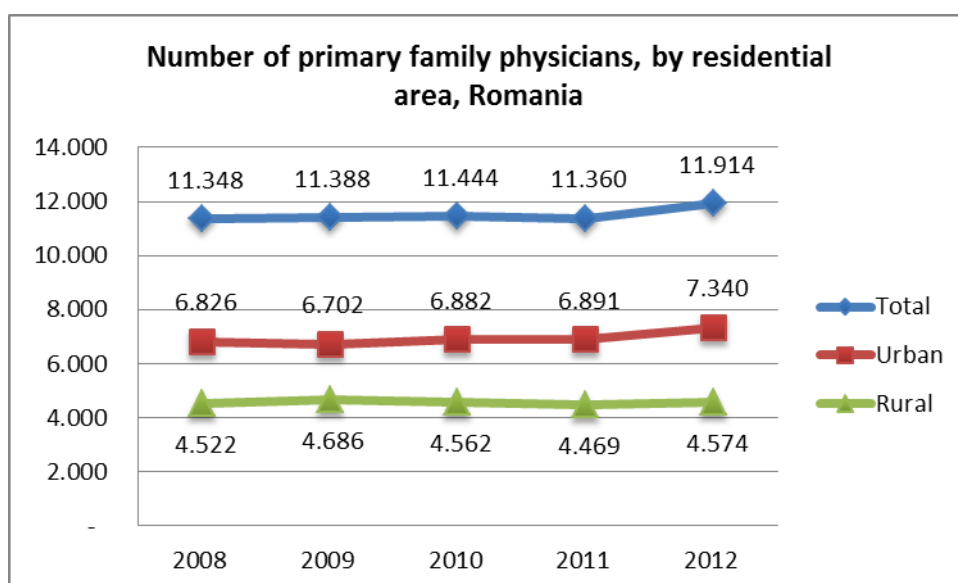
Data source: Directorate for Child and Family Protection, MLFSPE, http://www.copii.ro/alte_categorii.html

Figure 3. 49



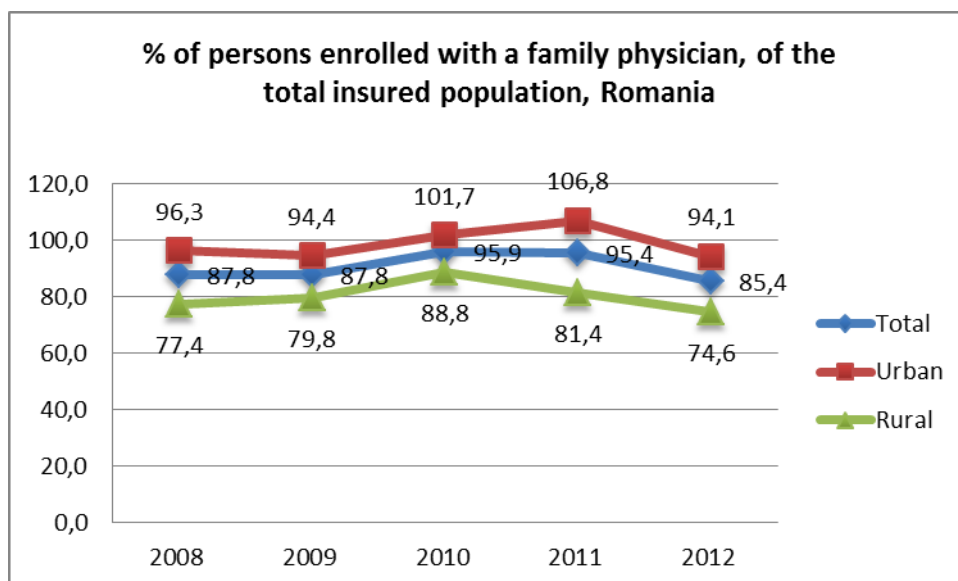
Data source: Directorate for Child and Family Protection, MLFSPE, http://www.copii.ro/alte_categorii.html

Figure 3. 50



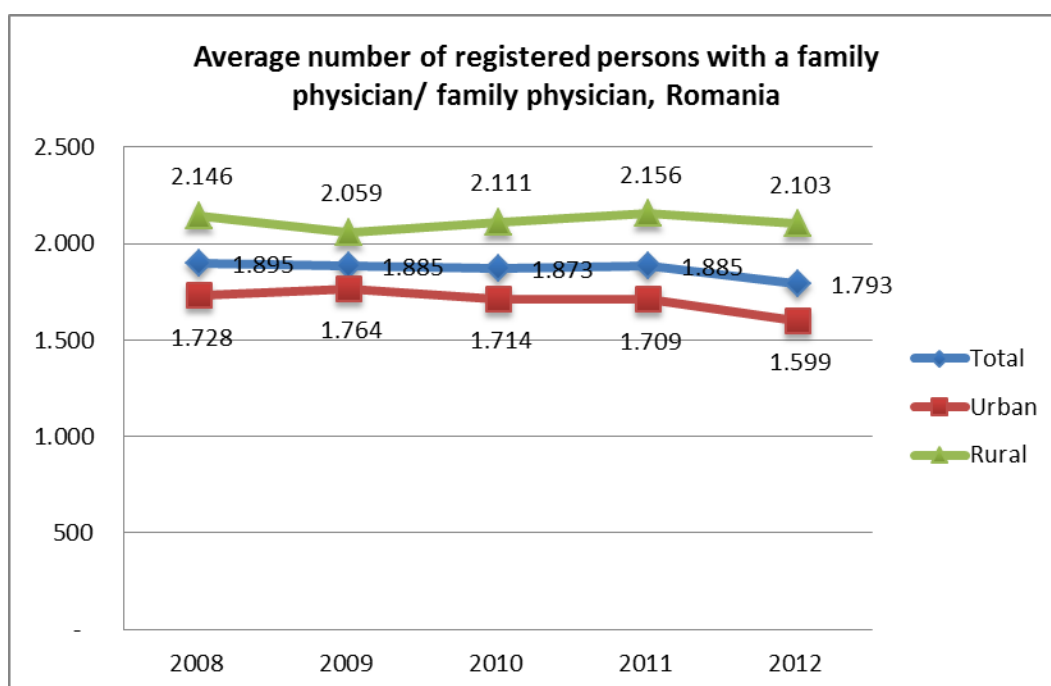
Data source: National Health Insurance House, Activity Report 2012, <http://www.cnas.ro/informatii-publice/rapoarte-de-activitate>, accessed August 23rd, 2013

Figure 3. 51



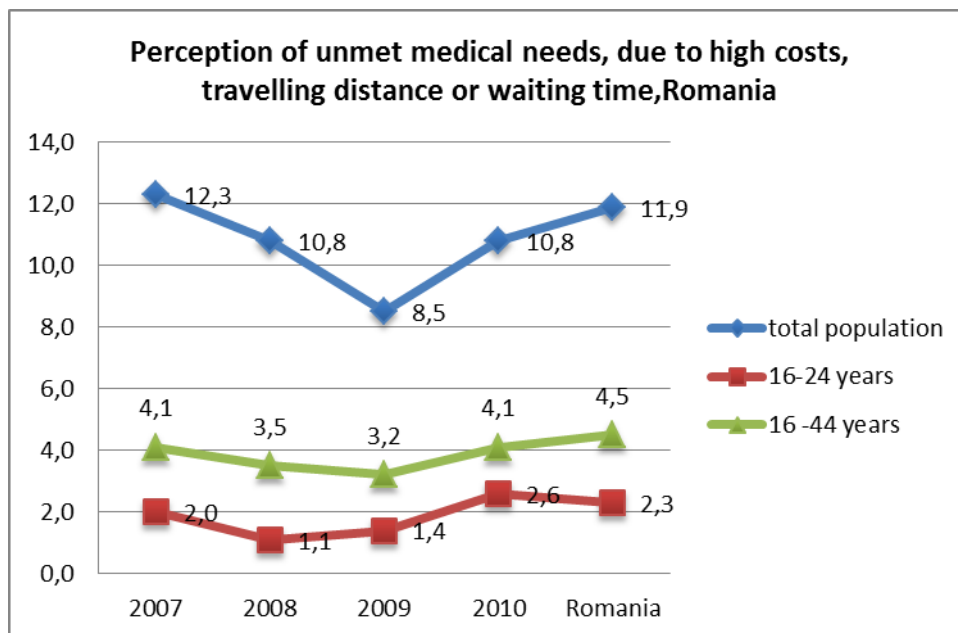
Data source: calculation based on the data of the National Health Insurance House, Activity Report 2012, <http://www.cnas.ro/informatii-publice/rapoarte-de-activitate>, accessed August 23rd, 2013 and population data, Tempo-online, NIS

Figure 3. 52



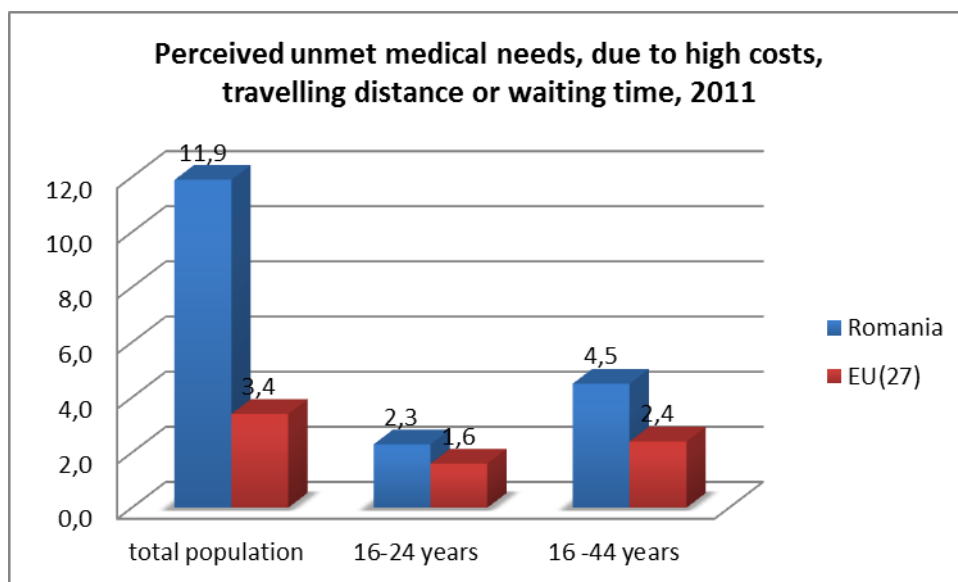
Data source: calculation based on the data of the National Health Insurance House, Activity Report 2012, <http://www.cnas.ro/informatii-publice/rapoarte-de-activitate>, accessed August 23rd, 2013 and population data, Tempo-online, NIS

Figure 3. 53



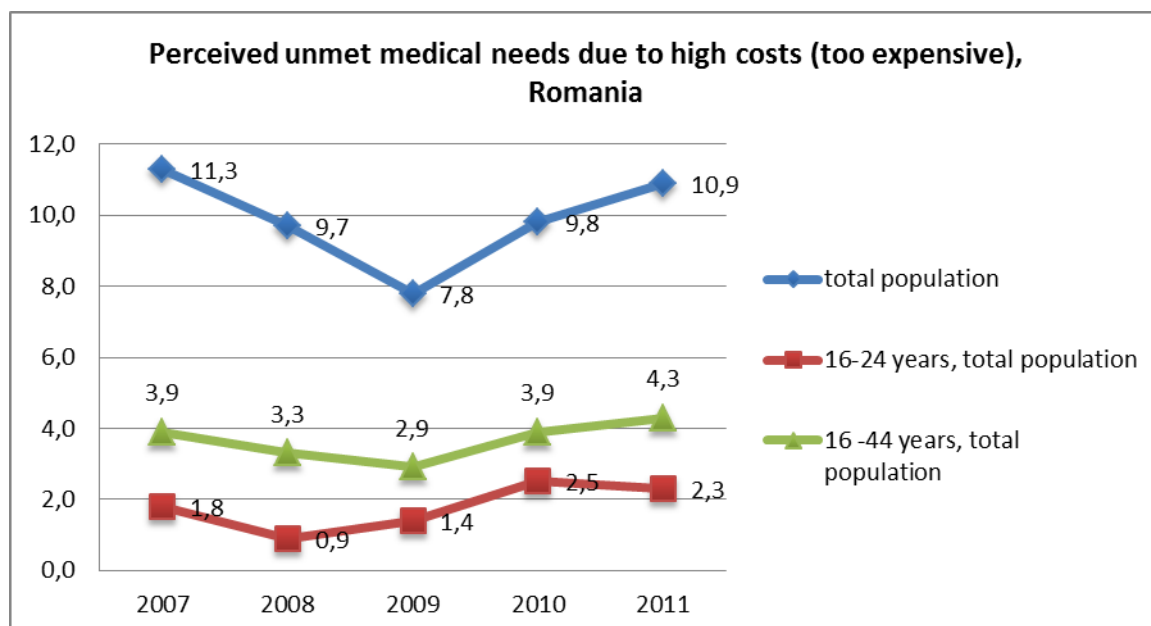
Data source: Eurostat database, hlth_silc_03, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 2nd, 2013

Figure 3. 54



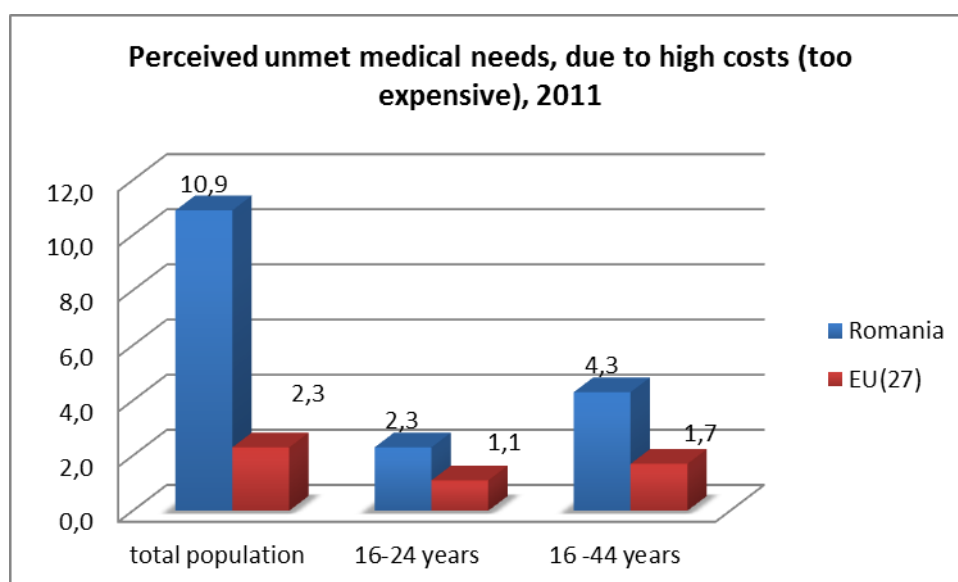
Data source: Eurostat database, hlth_silc_03, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 2nd, 2013

Figure 3. 55



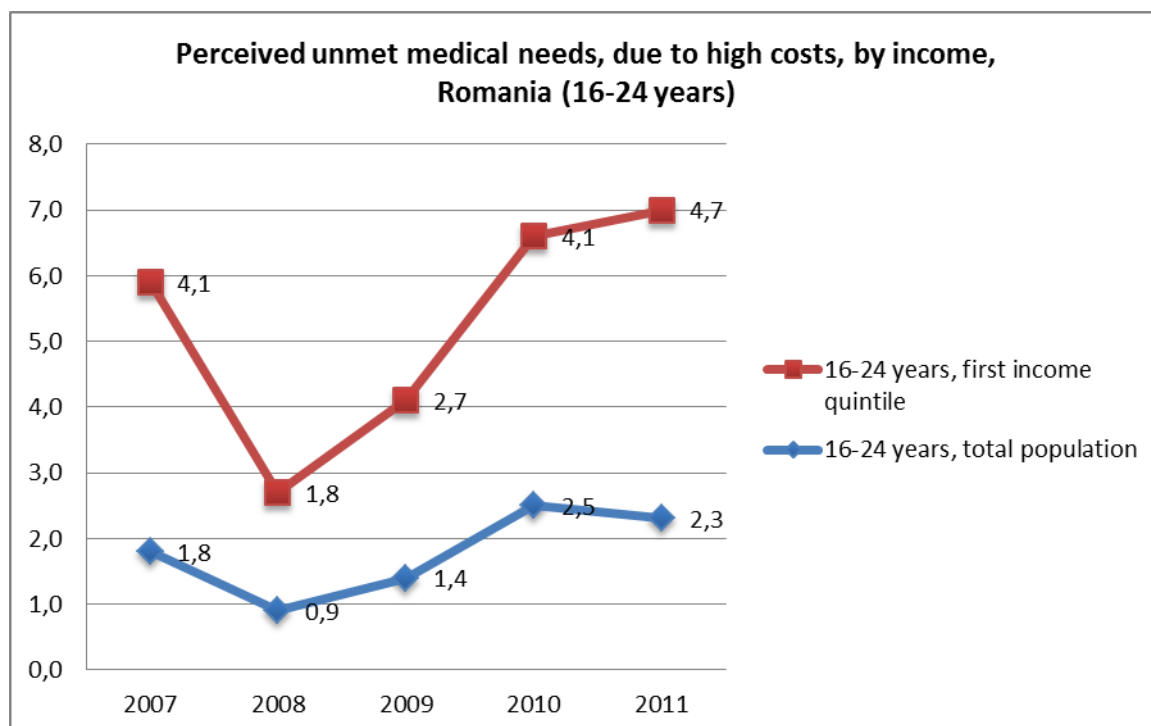
Data source: Eurostat database, hlth_silc_08, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 2nd, 2013

Figure 3. 56



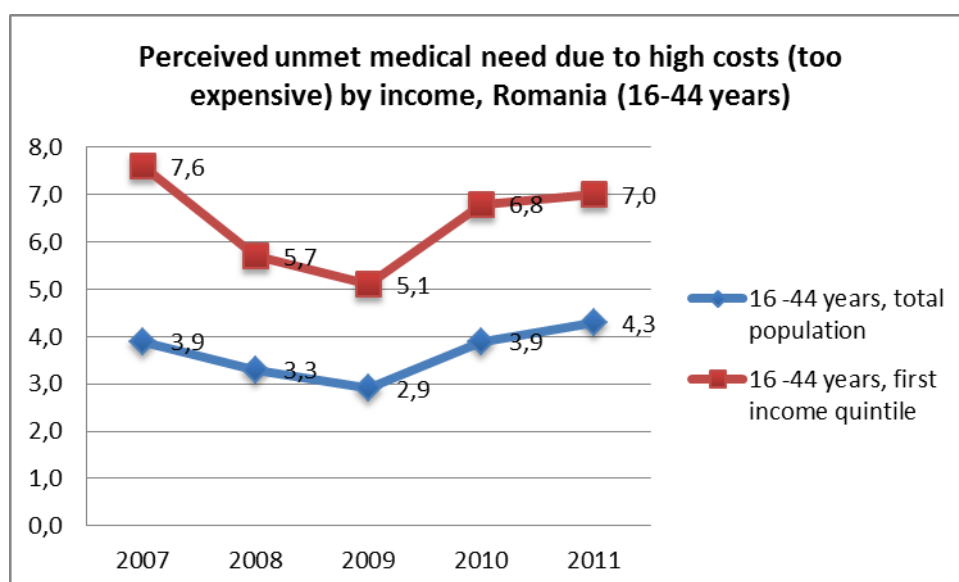
Data source: Eurostat database, hlth_silc_08, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 2nd, 2013

Figure 3. 57



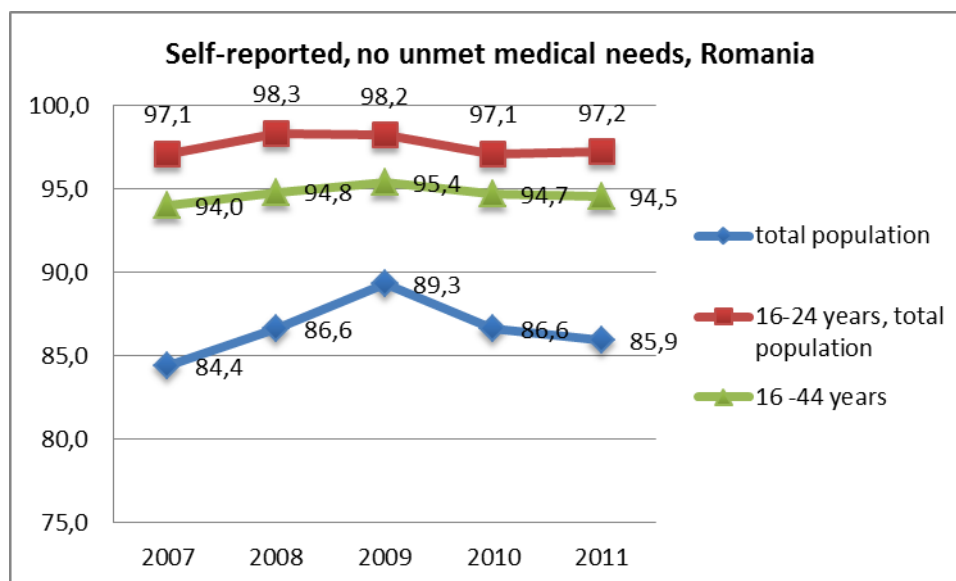
Data source: Eurostat database, hlth_silc_08, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 2nd, 2013

Figure 3. 58



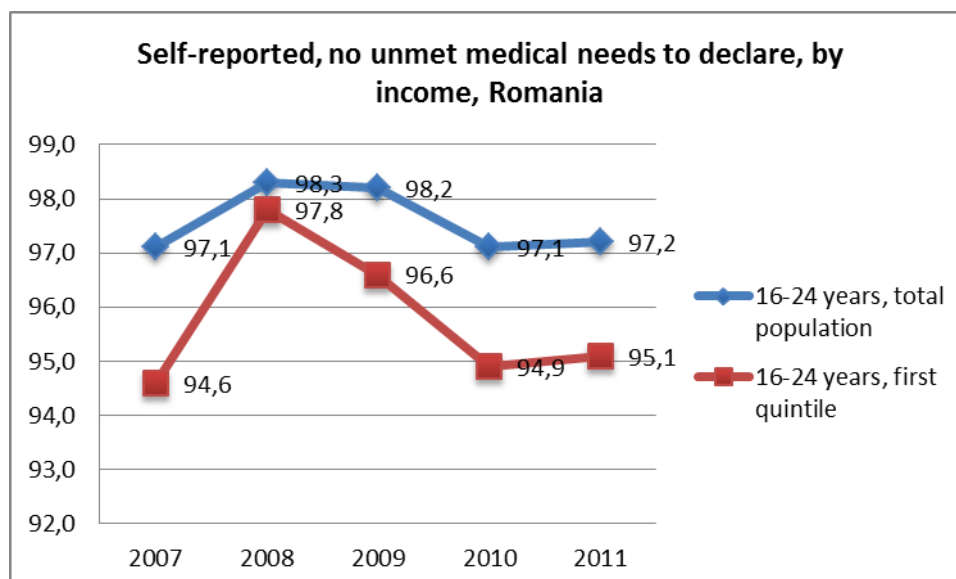
Data source: Eurostat database, hlth_silc_08, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 2nd, 2013

Figure 3. 59



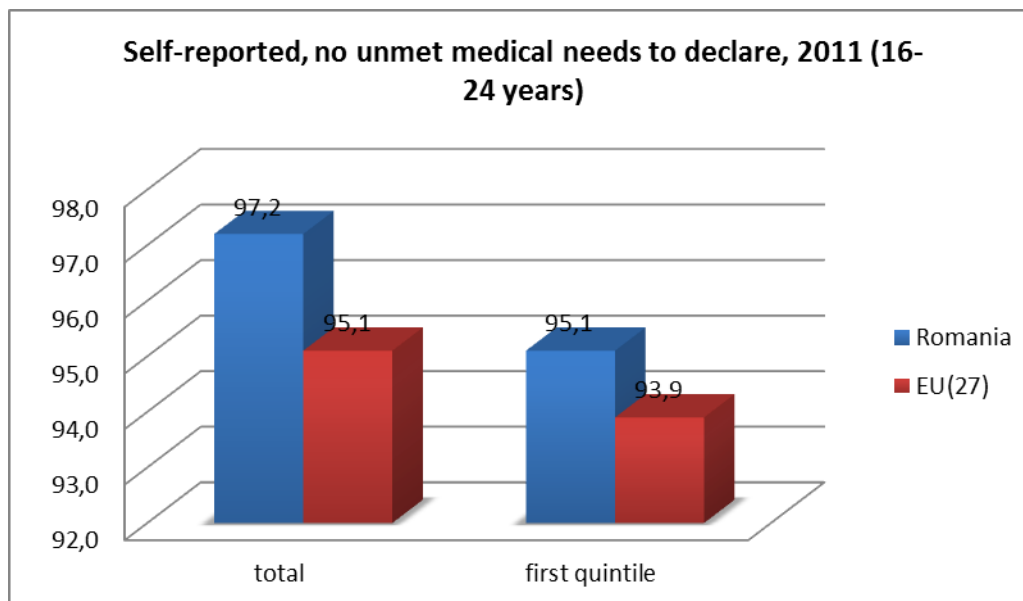
Data source: Eurostat database, hlth_silc_08, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 2nd, 2013

Figure 3. 60



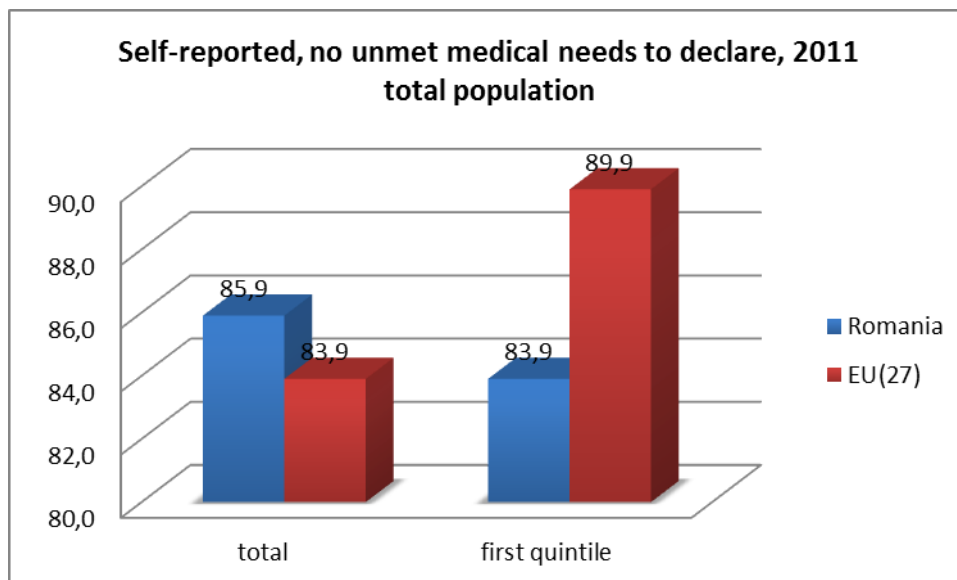
Data source: Eurostat database, hlth_silc_08, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 2nd, 2013

Figure 3. 61



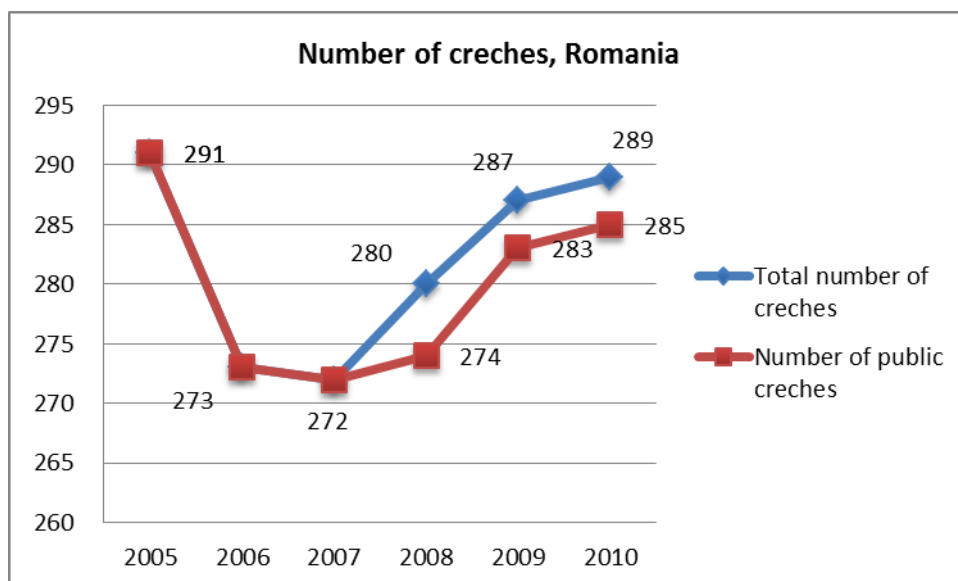
Data source: Eurostat database, hlth_silc_08, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 2nd, 2013

Figure 3. 62



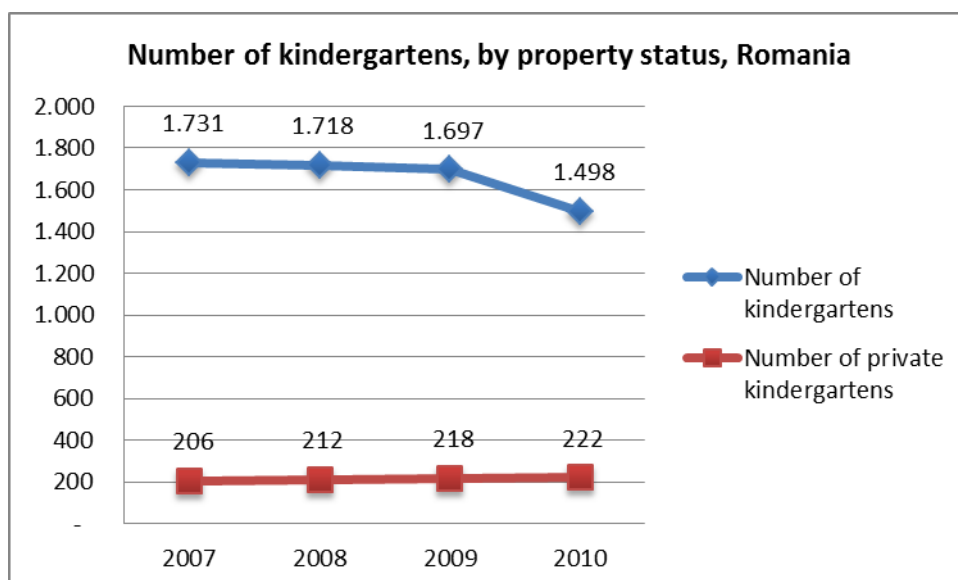
Data source: Eurostat database, hlth_silc_08, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 2nd, 2013

Figure 3. 63



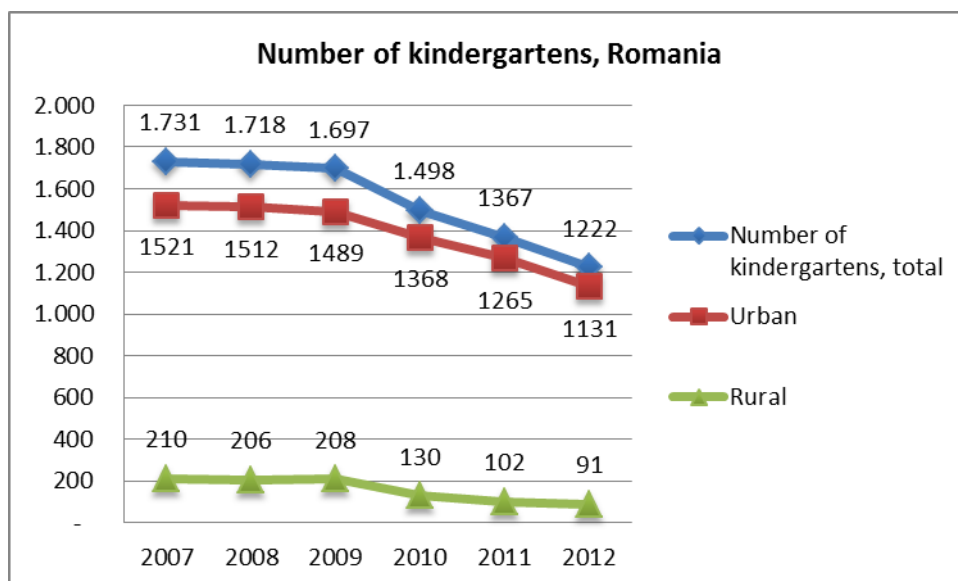
Data source: Statistical Yearbook of Romania, 2011 (NIS), table 8.1, p.243

Figure 3. 64



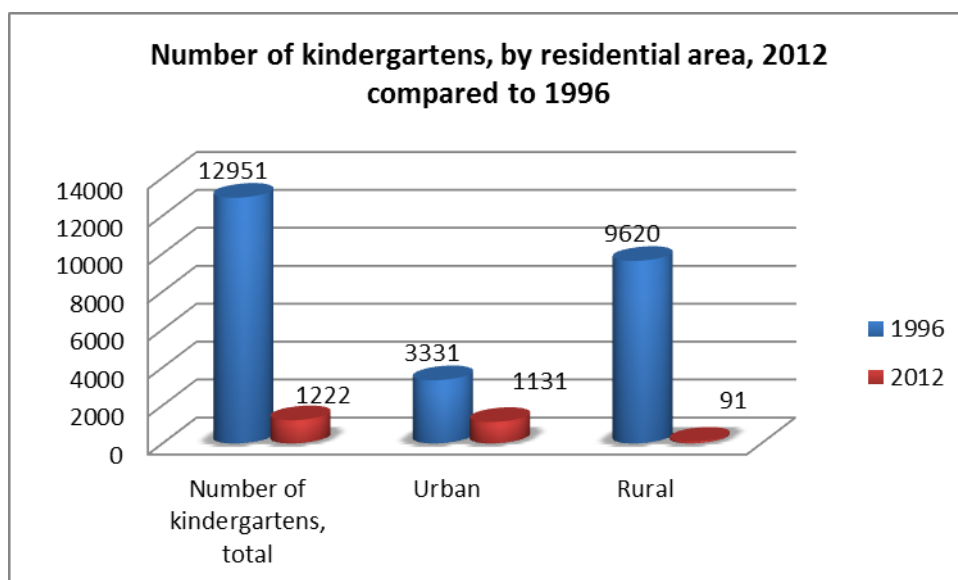
Data source: Statistical Yearbook of Romania, 2011 (NIS), table 8.1, p.243

Figure 3. 65



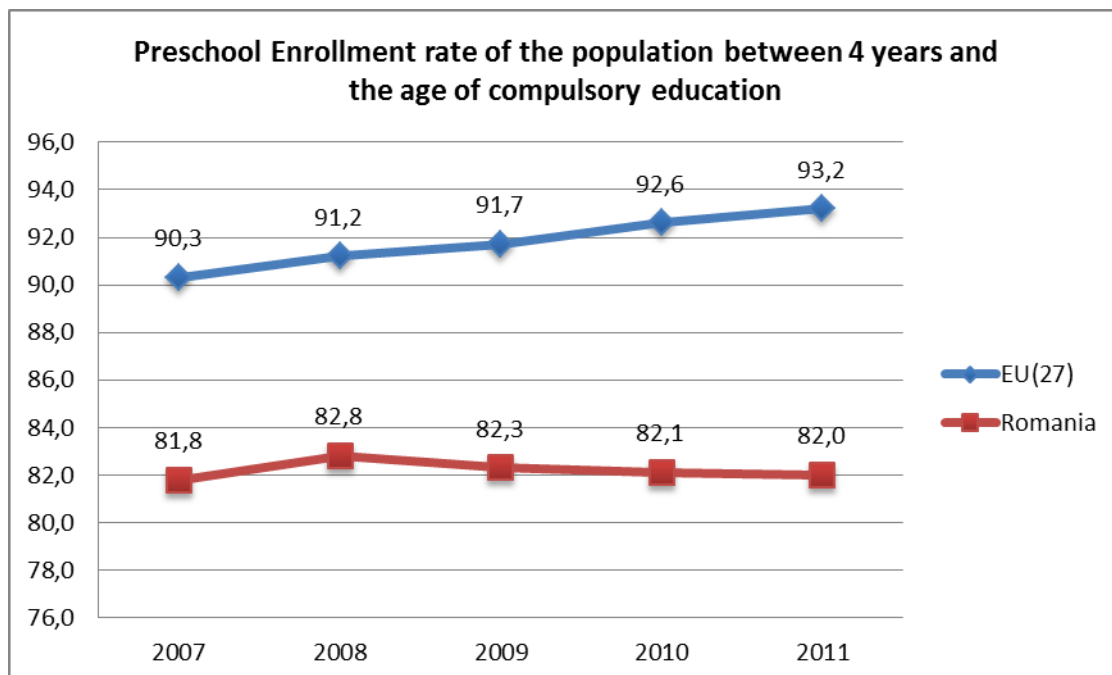
Data source: Tempo database, NIS (<https://statistici.inse.ro>, A.7, 1.4)

Figure 3. 66



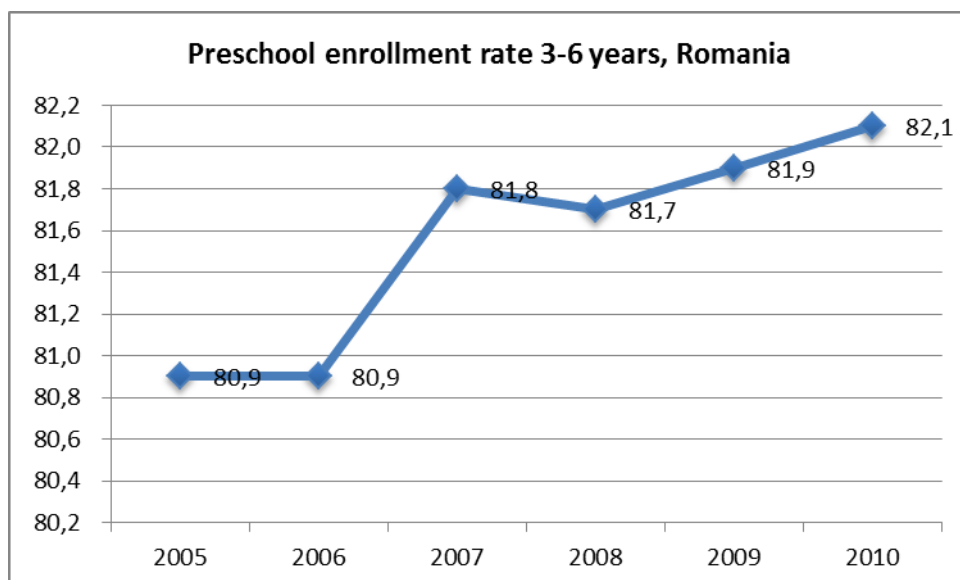
Data source: Tempo database, NIS (<https://statistici.inse.ro>, A.7, 1.4)

Figure 3. 67



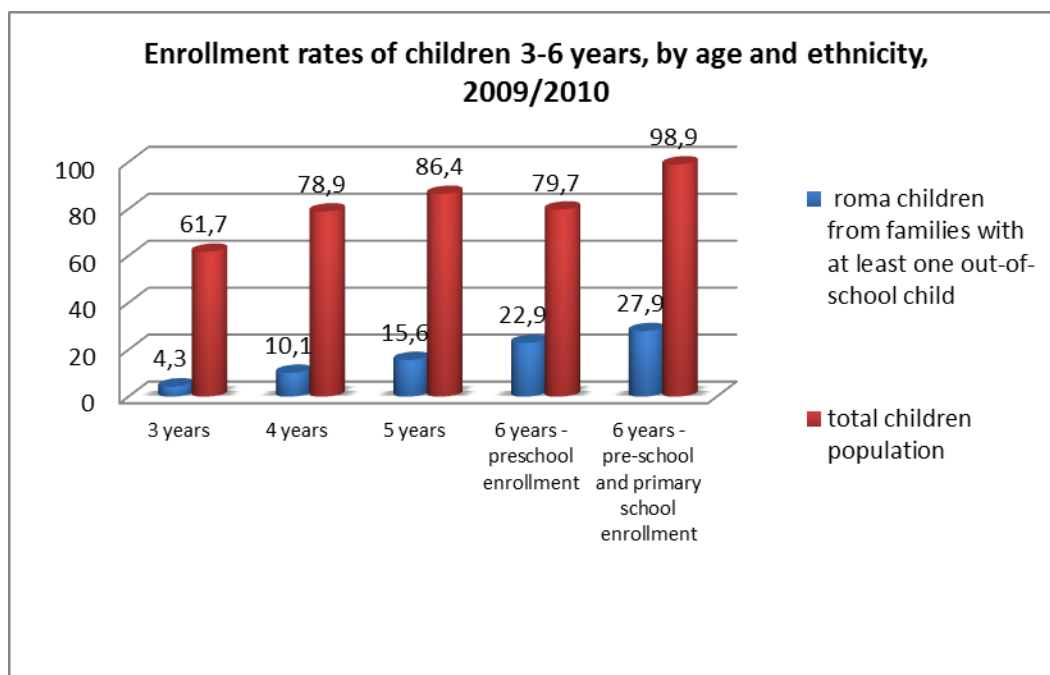
Data source: Eurostat database, educ_ipart, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 13, 2013

Figure 3. 68



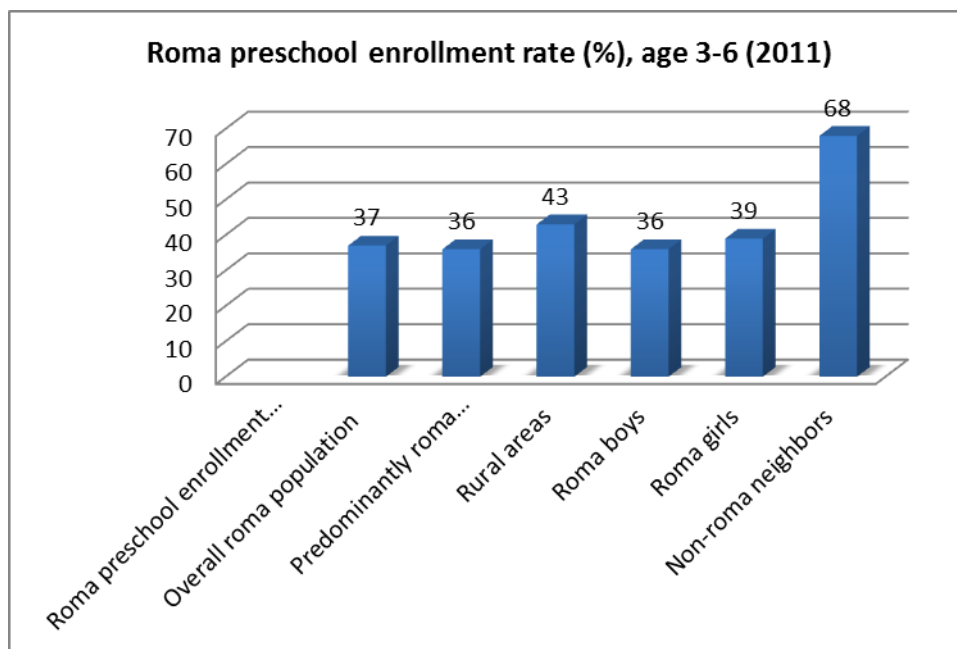
Data source: Romanian Statistical Yearbook 2010 (NIS), table 8.6, p. 247

Figure 3. 69



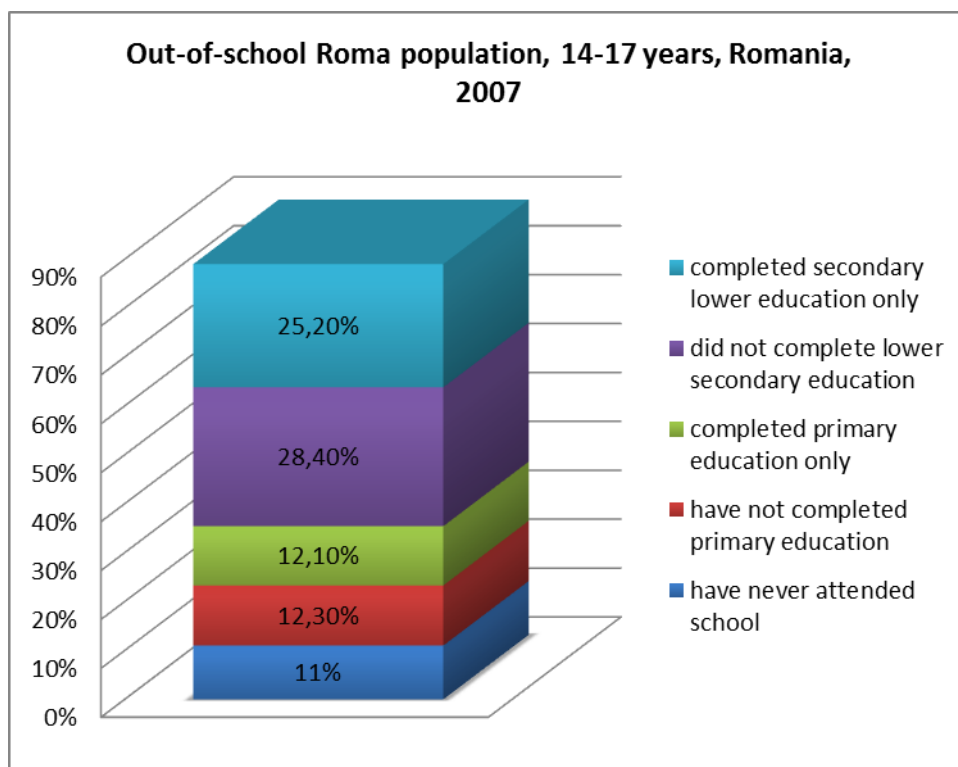
Data source: Romani Criss, 2011, NIS, 211 apud UNESCO, UNICEF (2012), p.19

Figure 3. 70



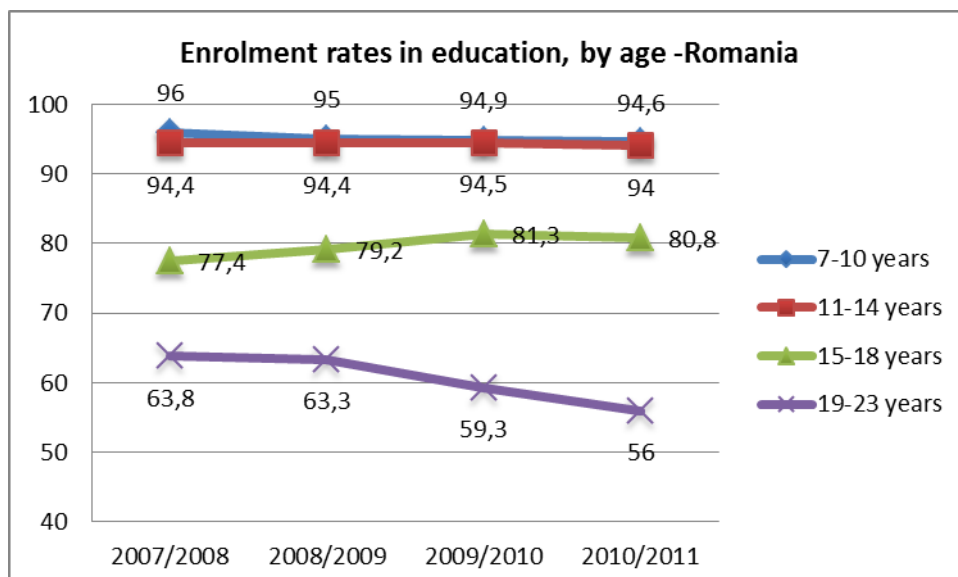
Data source: WB, 2012, p. 12 (table 2)

Figure 3. 71



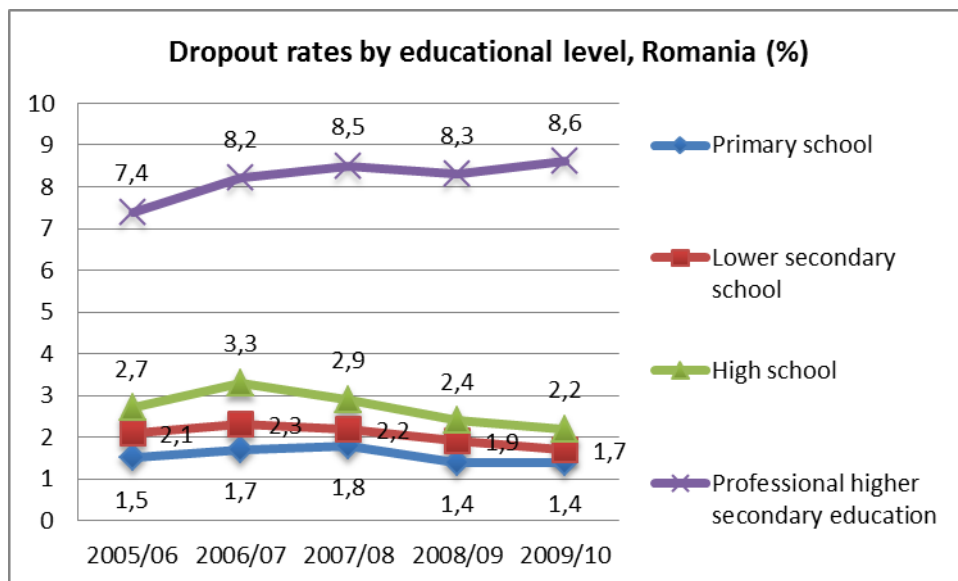
Data source: UNESCO/ UNICEF (2012), p. table 3, p.24

Figure 3. 72



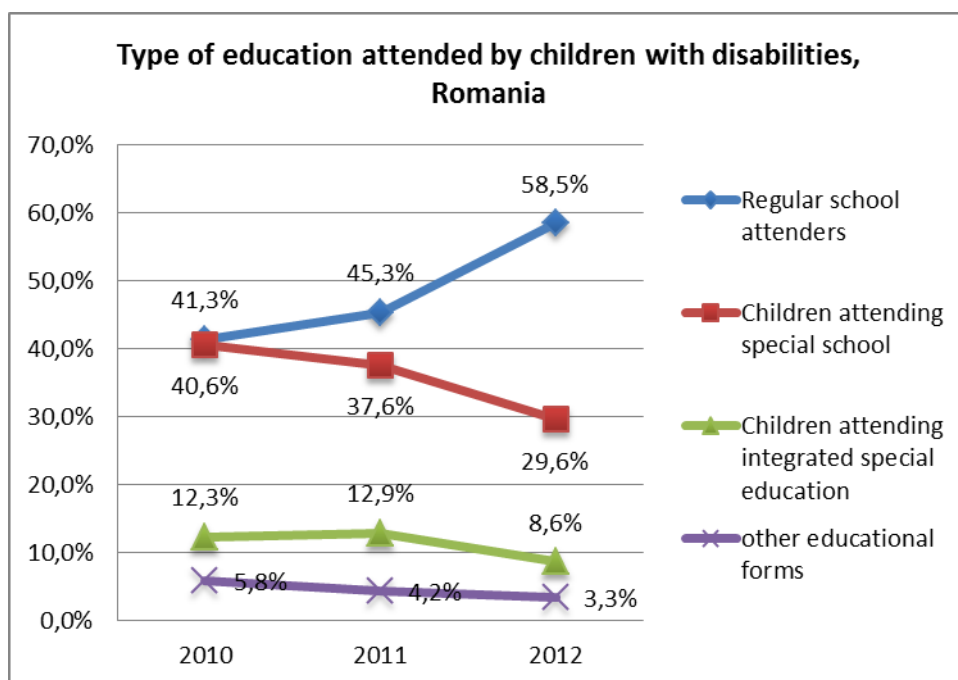
Data source: Romanian Annual Statistical Yearbook, NIS, table 8.6, p. 247 (<http://www.insse.ro/cms/ro/content/anuarul-statistic-2011>, accessed August 20)

Figure 3.73



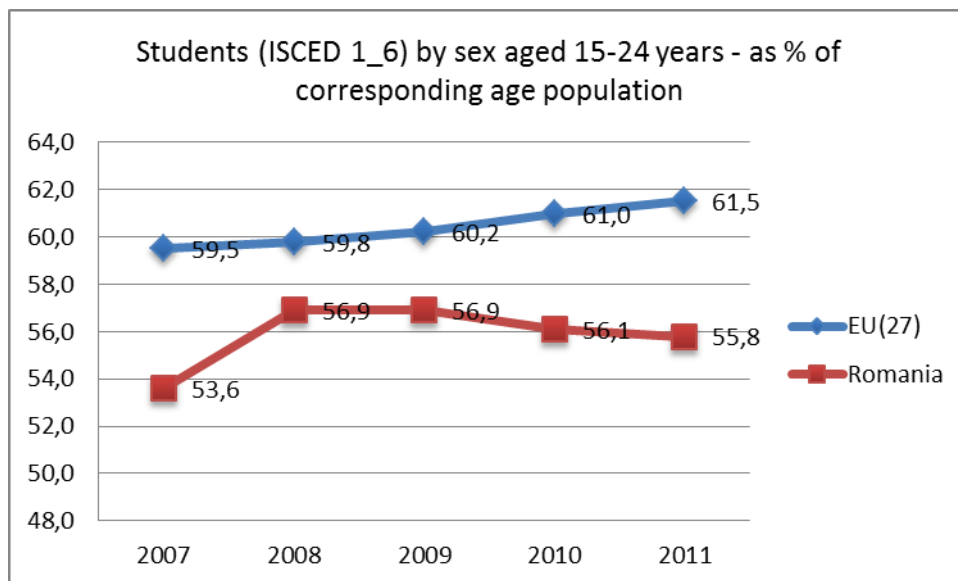
Data source: Romanian Annual Statistical Yearbook, NIS, table 8.18 p. 269 (<http://www.insse.ro/cms/ro/content/anuarul-statistic-2011>, accessed August 20)

Figure 3.74



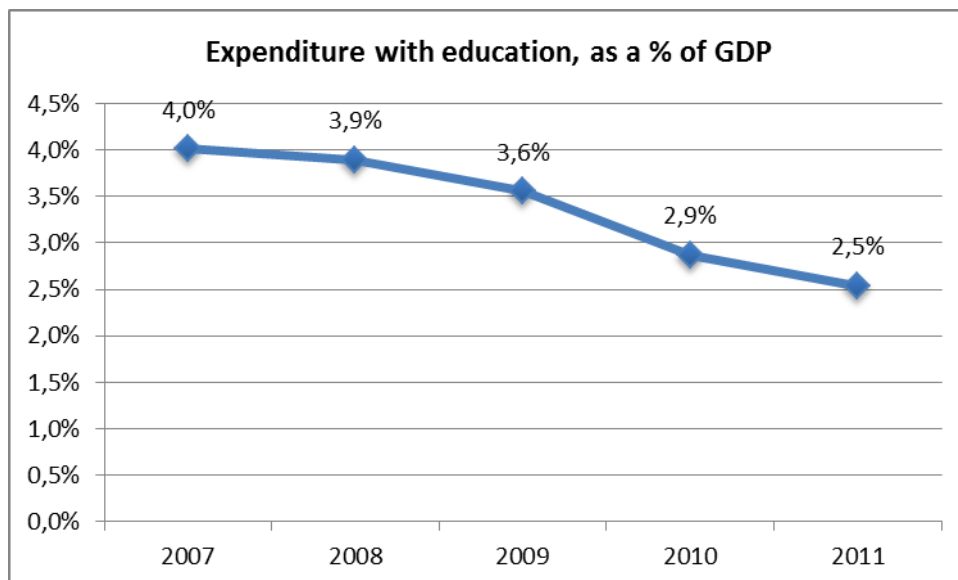
Data source: Directorate for Child and Family Protection, MLFSPE, http://www.copii.ro/alte_categorii.html

Figure 3.75



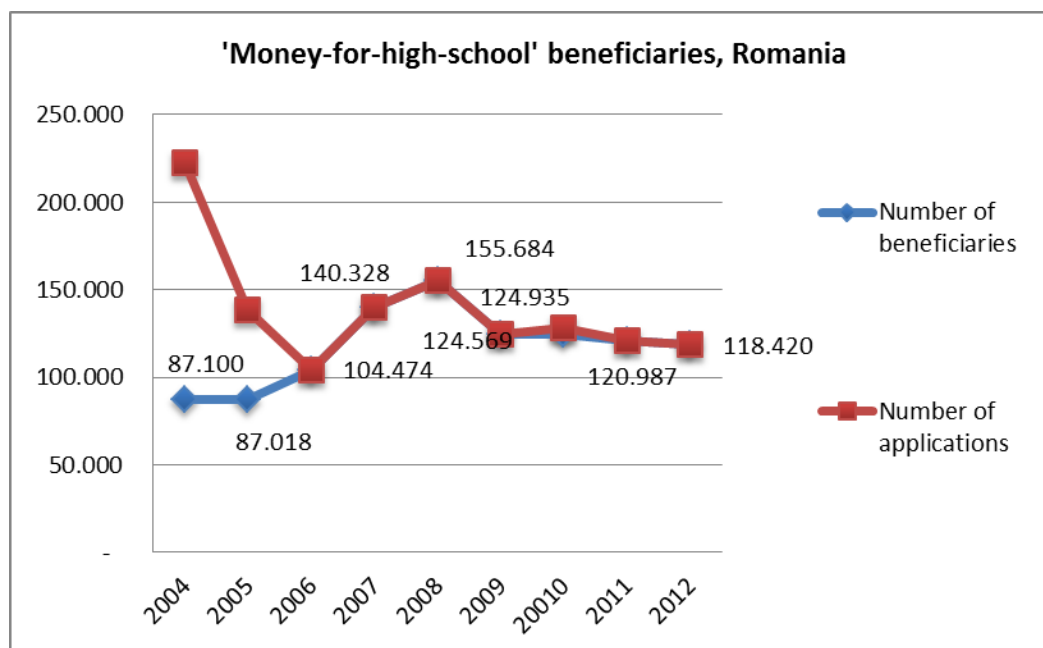
Data source: Eurostat database, educ_thpar, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 20, 2013

Figure 3.76



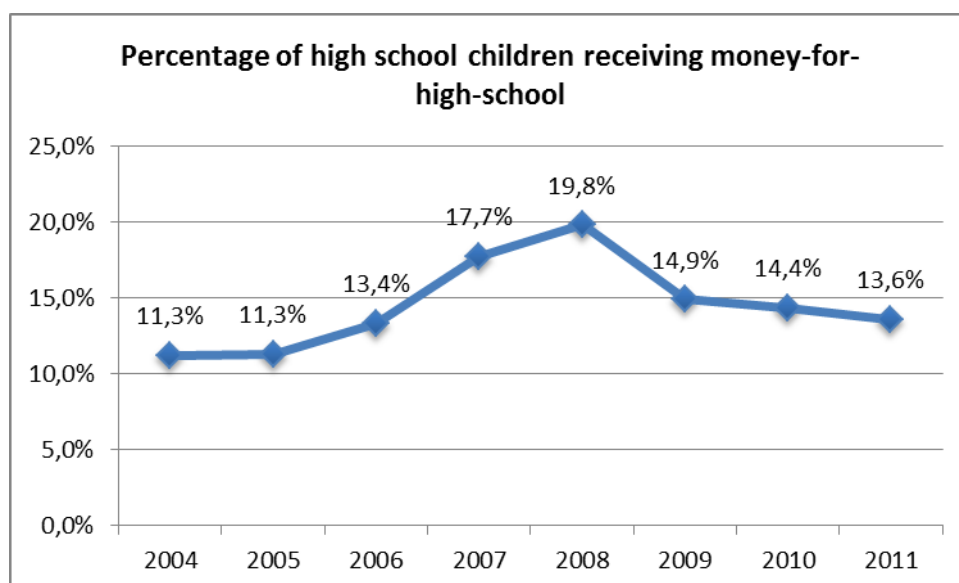
Data source: Tempo database, NIS (<https://statistici.insse.ro>, B.1 CON101C, FIN101B, FIN102C)

Figure 3.77



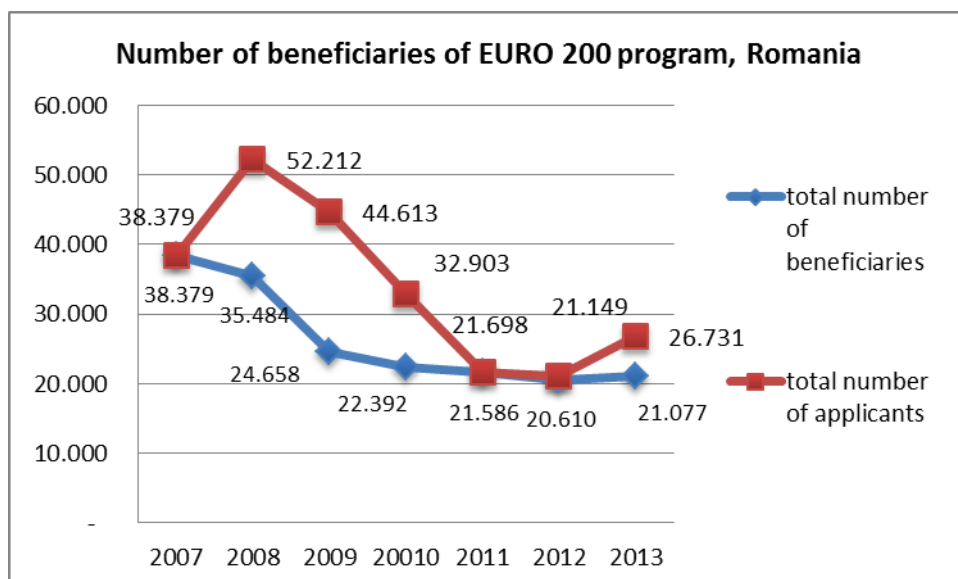
Data source: <http://banideliceu.edu.ro/Rapoarte2012/rapoarte.html>, accessed August 20, 2013

Figure 3.78



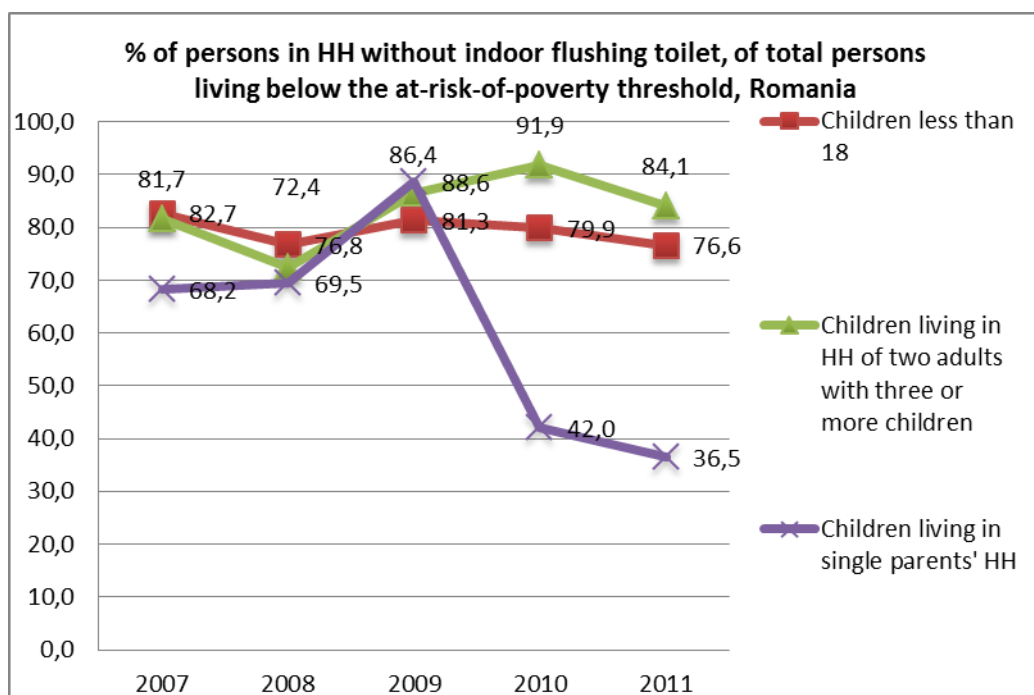
Data source: <http://banideliceu.edu.ro/Rapoarte2012/rapoarte.html>, accessed August 20, 2013 and Tempo database SCL103A, NIS (<https://statistici.insse.ro/shop/>, accessed August 24, 2013)

Figure 3. 79



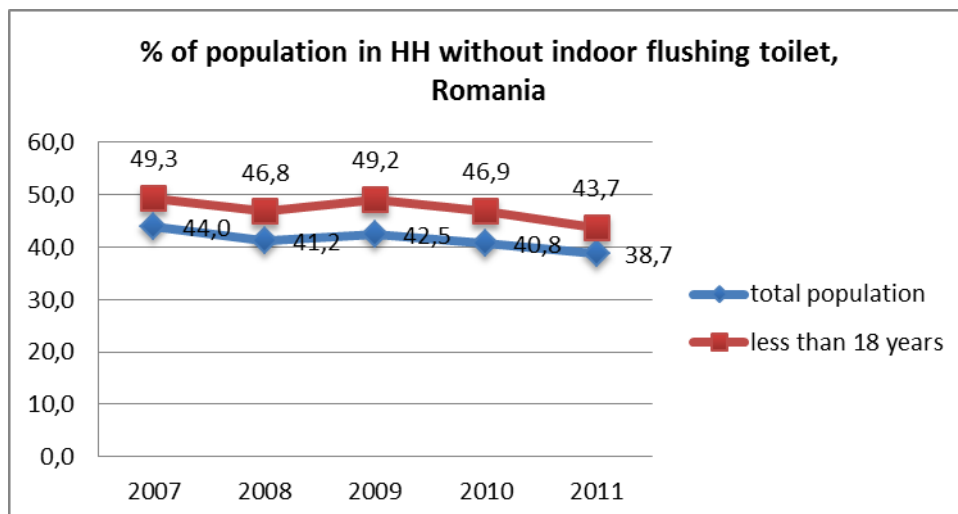
Data source: <http://www.euro200.edu.ro/>, accessed August 20, 2013

Figure 3.80



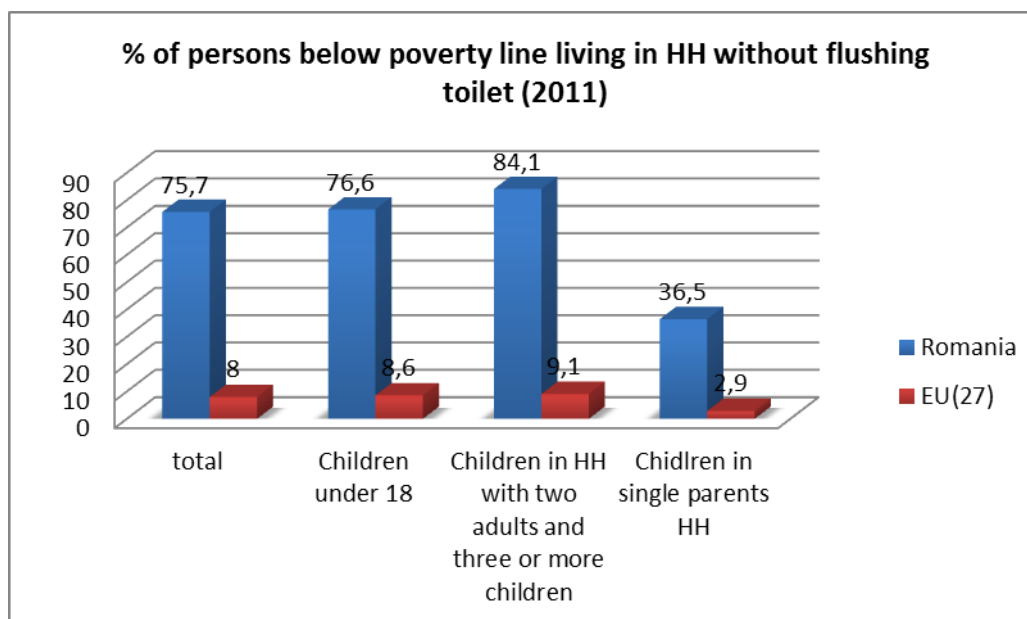
Data source: Eurostat database, ilc_mdh03, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 2, 2013

Figure 3.81



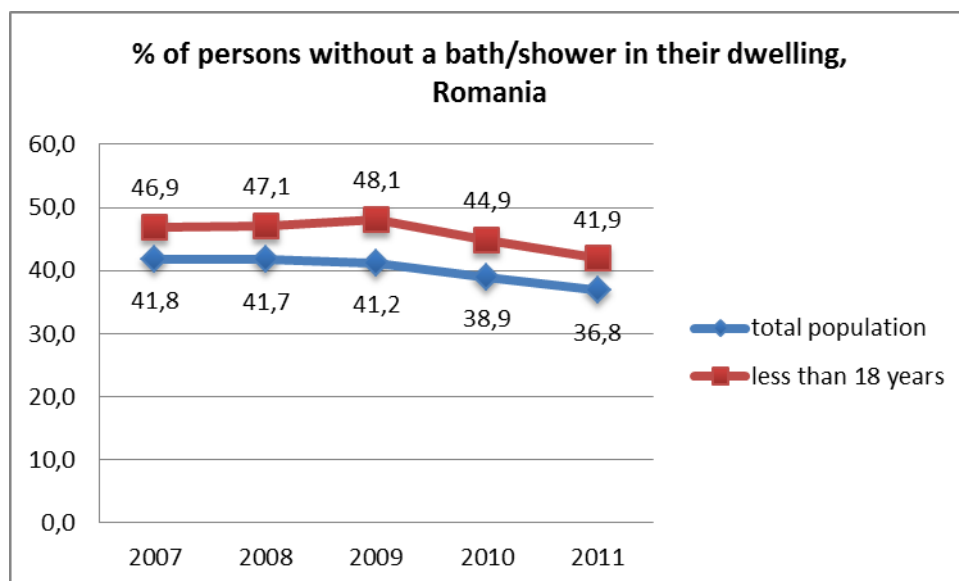
Data source: Eurostat database, ilc_mdho03, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 13, 2013

Figure 3.82



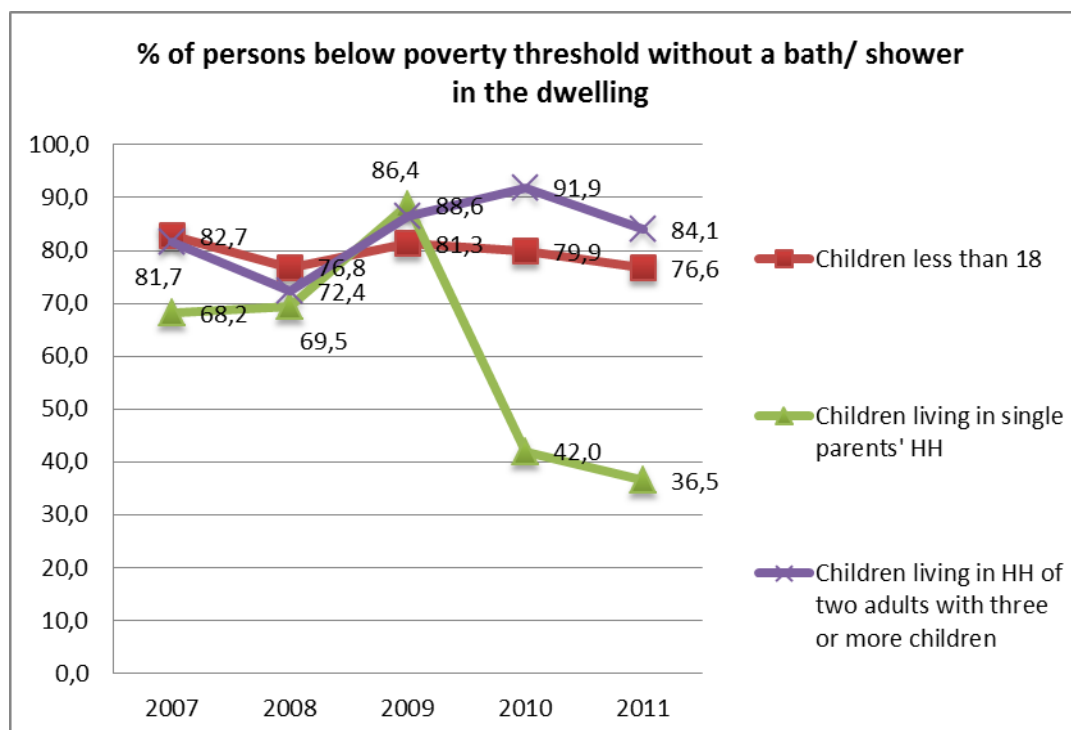
Data source: Eurostat database, ilc_mdho03, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 13, 2013

Figure 3.83



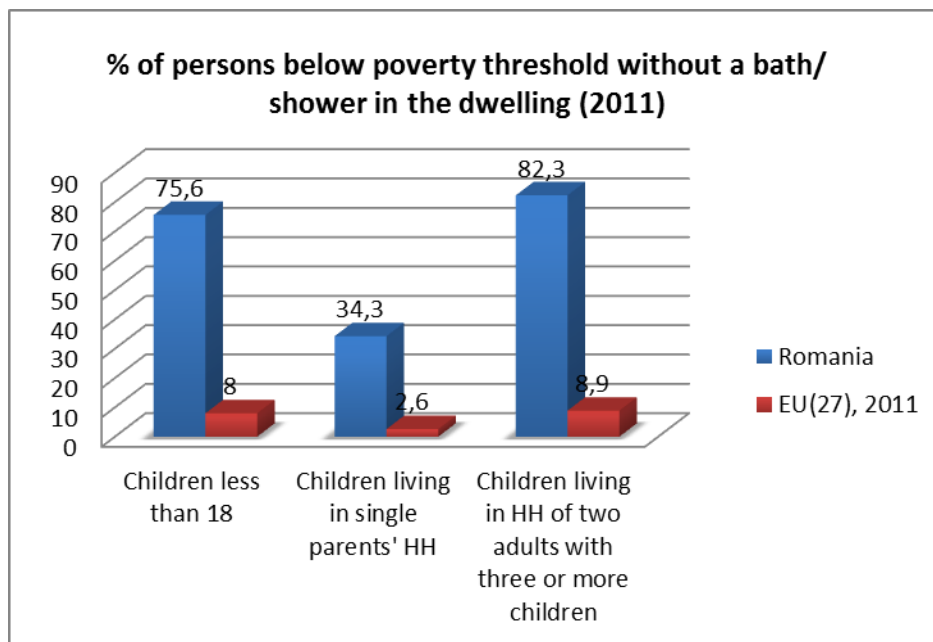
Data source: Eurostat database, ilc_mdho02c, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 13, 2013

Figure 3.84



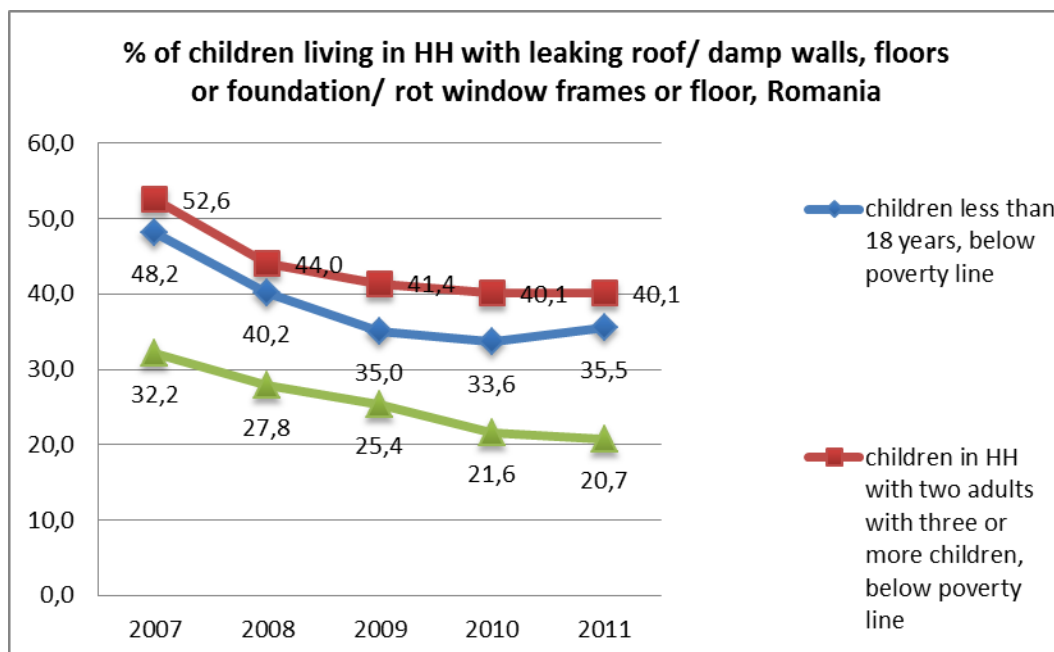
Data source: Eurostat database, ilc_mdho02c, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 13, 2013

Figure 3.85



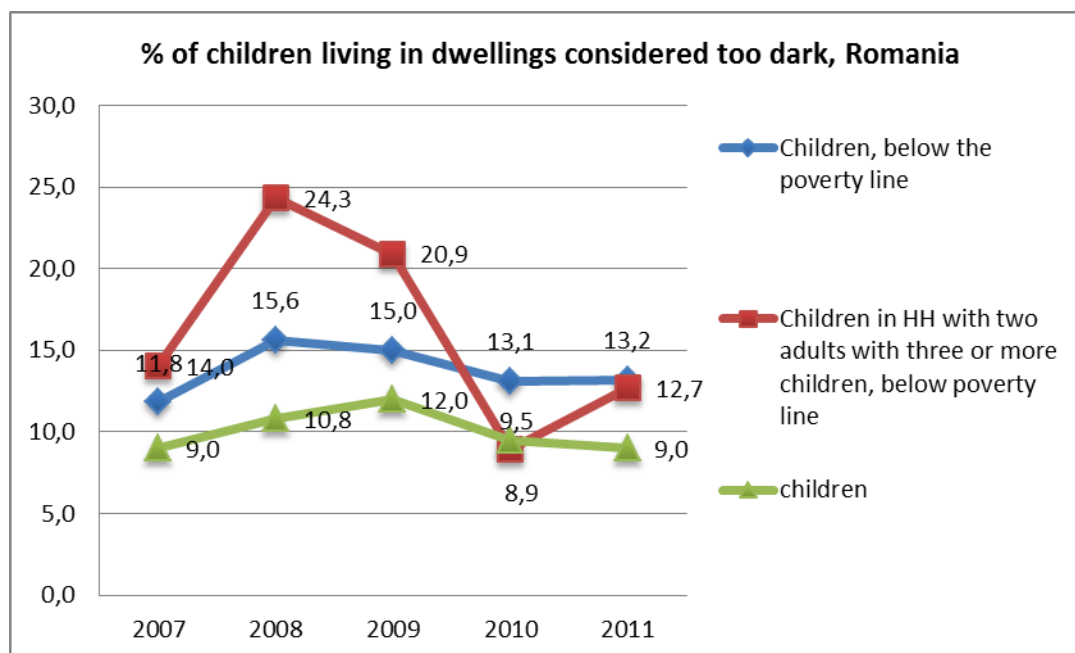
Data source: Eurostat database, ilc_mdho02c, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 13, 2013

Figure 3.86



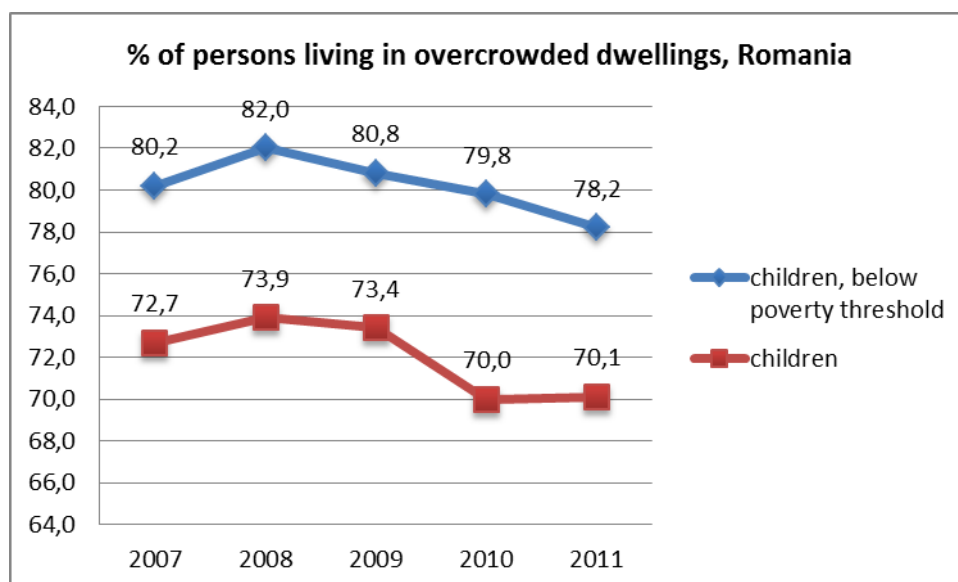
Data source: Eurostat database, ilc_mdho01, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 15, 2013

Figure 3.87



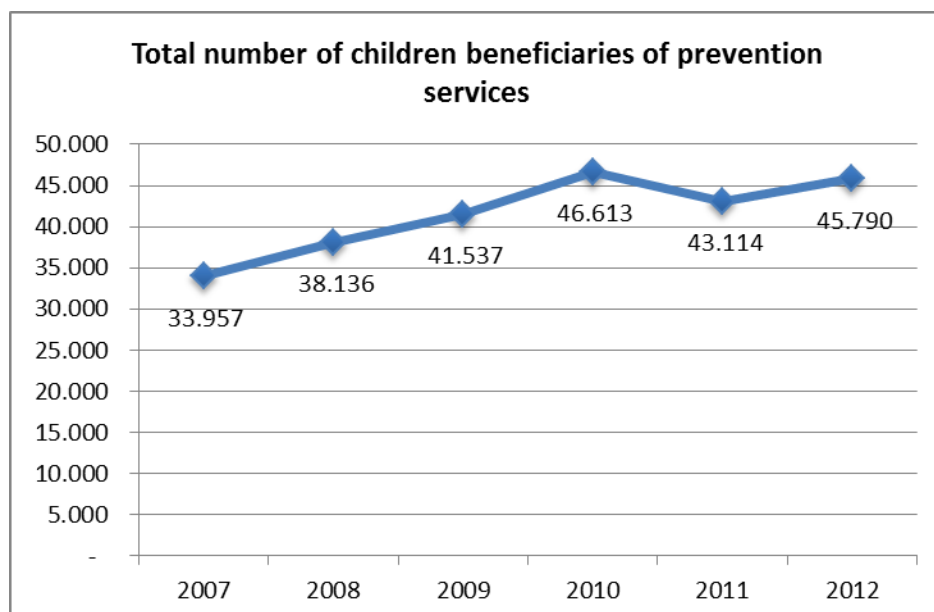
Data source: Eurostat database, ilc_mdho04, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, Accessed August 14, 2013

Figure 3.88



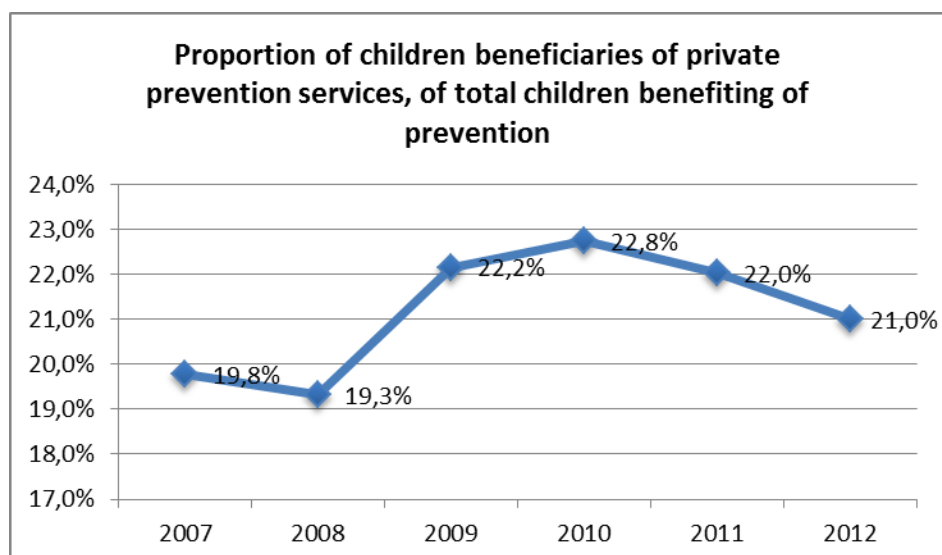
Data source: Eurostat database, ilc_lvho05, http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database, accessed August 14, 2013

Figure 3.89



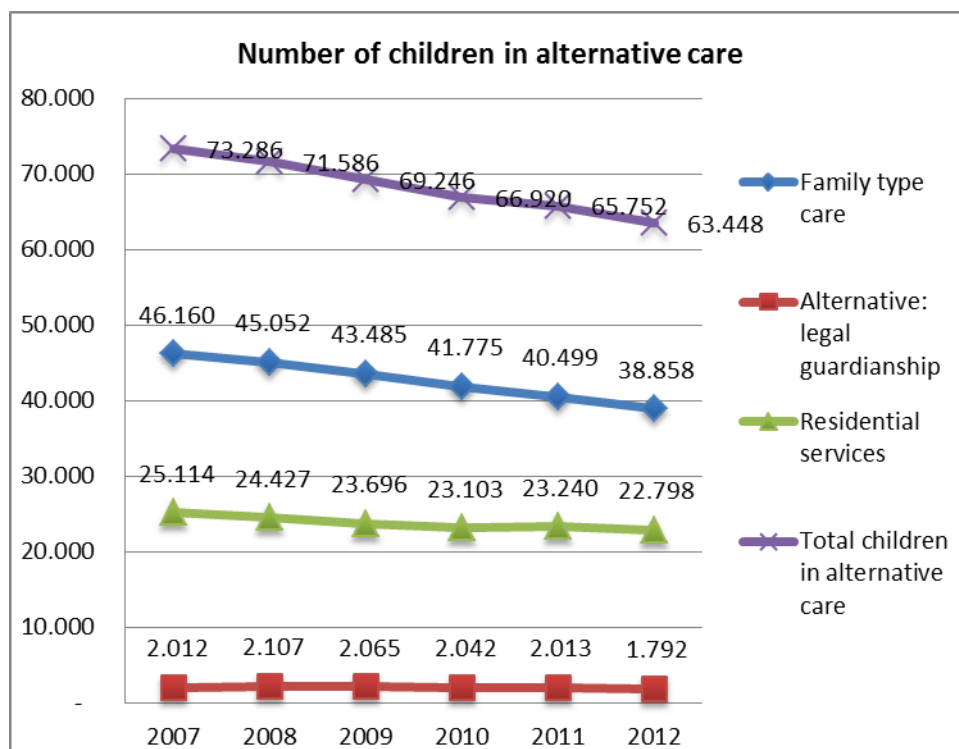
Data source: Direction for Child and Family Protection, MLFSPE, prezentare sistem, http://www.copii.ro/alte_categorii.html, accessed August 10, 2013

Figure 3.90



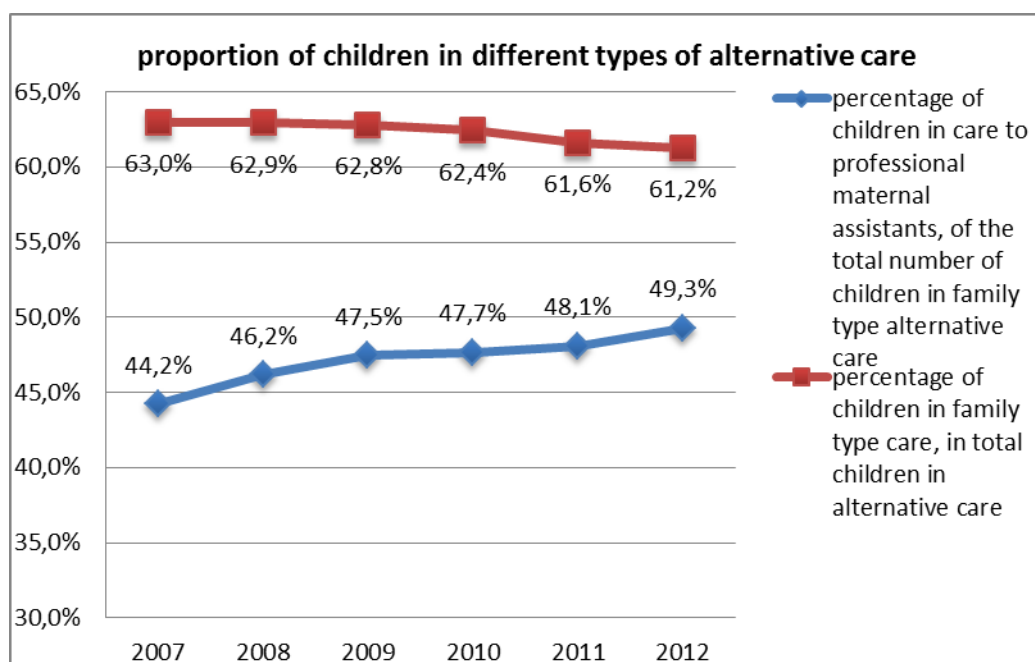
Data source: Direction for Child and Family Protection, MLFSPE, prezentare sistem, http://www.copii.ro/alte_categorii.html, accessed August 10, 2013

Figure 3.91



Data source: Direction for Child and Family Protection, MLFSPE, prezentare sistem, http://www.copii.ro/alte_categorii.html, accessed August 10, 2013

Figure 3.92



Data source: Direction for Child and Family Protection, MLFSPE, prezentare sistem, http://www.copii.ro/alte_categorii.html, accessed August 10, 2013

