

Case studies on international policy and implementation – Case 2

DEINSTITUTIONALISATION STRATEGY THE ROMANIAN EXPERIENCE

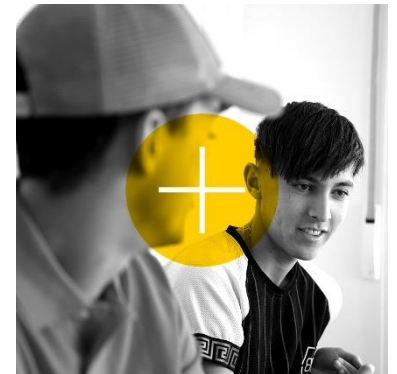
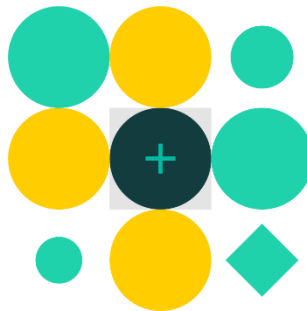
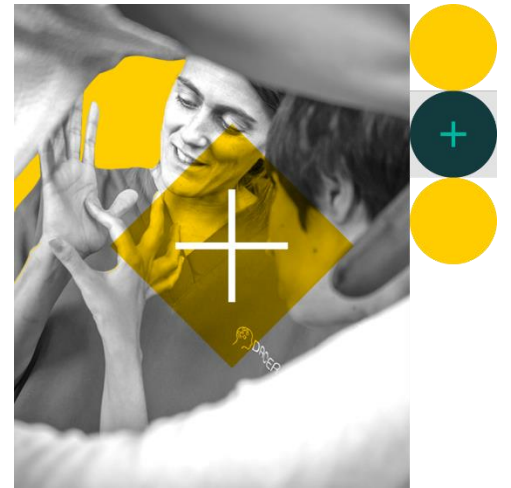


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Autor: Domingo Delgado García. Título: Ternura.

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Estrategia estatal
de desinstitucionalización
Para una buena vida en la comunidad

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August 2023

Key messages

Romania has developed a significant policy commitment to enabling the life in community of persons with disabilities and elderly. Likewise, the obligation to ensuring family-type care settings for children without parental care has been enacted and regulated. These processes have been triggered and supported by the planning cycles and investments of the European Structural Funds. However, implementation lags behind and accountability towards measurable outcomes is weak.

- For services for persons with disabilities, European funds during the first implementation cycle of 2007-14 were used rather to improve institutions than to phase them out. Only in the 2014-2020 cycle, funding was allocated specifically to the restructuring of large residential centres and funding the building of family-type centres. Implementation was scattered due to policy oscillation and lack of systematic operational planning.
- In the context of the National Plan for Recovery and Resilience, a new National Strategy for the prevention of institutionalization and accelerating the process of deinstitutionalization 2022-2030 and a new Law of deinstitutionalization was formulated in respect to adult persons with disabilities. It foresees personal assistance and self-directed support.
- Civil Society criticises the lack of operational follow-up of policy commitments, failure to establish measurable targets and actionable milestones, and the resistance to submit the state action to scrutiny against their obligations derived from the CRPD.
- For children without parental care, significant efforts have been made to decrease the number of children in large institutional settings. However, small scale residential centres remain within the institutional culture of limiting choice and control over the life and ensuring stable and loving relations to care-takers. Children with disabilities and Roma children are overrepresented in residential care settings.
- The creation of the Directorate General for the Protection of Children (DGASPC) and its fluent relation to civil society child rights advocates and service providers of alternative care models allowed for innovating new child protection measures.
- The new child protection law, recently adopted in June 2022, sets stronger standards, and limits the placement of children in institutions significantly. While yet another welcomed policy commitment, civil society remains sceptical about the materialization on the ground. However, transition to adulthood is poorly supported.
- The framework to respond to homelessness in Romania is weak and does not cover the variety of cases, including mental health issues, transitioning from the penitentiary system to reintegration into the community, problematic use of drugs, as well as specific patterns in urban or rural settings. The default response is still focussed on emergency shelters.
- The elderly in Romania benefit from several types of care centres financed by the state for short, medium, and long-term care. There are also private services which are accredited to offer elderly-care services, such as private nursing homes. In 2023 there were a total of 720 accredited centres providing services for the elderly, of which 120 public. Both private and public nursing homes

account barely against standards of quality. Responsibilities are divided amongst government departments and coordination is weak.



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Introduction

This brief investigates into the policies and implementation process regarding the deinstitutionalization process in Romania, in respect to four vulnerable groups: persons with disabilities, children, homeless persons and the elderly.

In Romania, deinstitutionalization as a policy (and term) applies primarily to people with disabilities and the transition process from residential to community-based services. There are different policies and services applying to people without disabilities in institutional care, such as the elderly, children, and the homeless, which will be discussed below.

1. Persons with disabilities

As of 2021, there are a total of 865,573 persons (including children) with disabilities living in the country. Of those, there are 16,067 adults with disabilities in institutional care.¹

The first commitment by the Romanian government to the deinstitutionalization of a significant number of disabled adults under the first European Union Regional Operational Program (POR) 2007-2014 it benefitted from as a new EU member and later again in the 2014–2020 POR. The commitment was integrated into national policy through the National Strategy “A society without borders for disabled people 2016–2020”,² with the objective to transition from the current residential care system to a community-based one. These framework programmes also established multiple lines of financing available for public authorities (General Directorates for Social Assistance and Child Protection – DGASPC) and NGOs. The main public authority responsible is the National Authority for Persons with Disabilities (ANPD).³

One of the major problems with the first POR is that paradoxically, despite its objective to deinstitutionalize, due to some technical particularities regarding costs, it only allowed for the funding for the *modernization and/or extension of large residential centres*. In other words, it was not possible to apply for funding for the development of alternative smaller residential centres in the community, as was the initial objective of the EU policy. Therefore, until 2014, some 43 projects were funded, some of which had as an objective the extension of large residential centres (such as DGASPC Mures – the extension and equipping of the Brancovenesti rehabilitation centre which already had a capacity of 300 places).

Furthermore, the very large budgets and ambitious infrastructure objectives of these lines of funding set such conditions that only public authorities were capable of fulfilling them - with one exception – the Rainbow Foundation which won a project to renovate an elderly residential centre. These issues were fixed in the new POR 2014-2020, whereby

¹ Autoritatea Nationala pentru Protectia Drepturilor Persoanelor cu Disabilitati. Bulletin Statistic ANPDPCA Adulti Trim IV 2021. <https://anpd.gov.ro/web/transparenta/statistici/trimestriale/> most recent year data available

² http://www.mmuncii.ro/j33/images/Documente/Proiecte_in_dezbatere/2015/2015-10-08-proiecthg-strateg-diz-anexa1.pdf.

³ <https://anpd.gov.ro/web/>



funding was allocated specifically to the restructuring of large residential centres and funding the building of family-type centres.

In July of 2018, the national Government adopted a series of modifications to Law 448/2006, through emergency ordinance, aimed at *deinstitutionalization/transition from residential to community-based services* as per its commitments within the 2020 European Semester framework. Calls for proposals were launched late in 2018 (Operational Program Human Capital, with funding from the European Social Fund) and early 2019 (Operational Regional Fund, through funding from the European Regional Fund).⁴

The deinstitutionalization process aims to be carried out respecting the principles set out in the *Minimum quality standards for social services destined for adults with disabilities*.⁵ The process will be the following:

Centres with less than 50 places will be reorganized based on the Methodology of reorganization of centres for adults with disabilities decision nr. 877/2018 of the ANPD president⁶, specifically:

- Reorganization will involve identifying all inefficiencies and dysfunctions present in the centres and improving the conditions of life for the residents;
- The centres concerned can be organized at county⁷ or local public administration level, or by a private social services provider;
- The process will be coordinated by the ANPD at national level with the local General Directorates for Social Assistance and Child Protection – DGASPC – carrying out the evaluations of the centres (with a member of civil society);
- Each person in care is evaluated independently and personalized follow-up recommendations are made;
- Consultation and involvement of persons with disabilities in the process as well as coordinating the consultation between social care and health services and local and regional NGOs as well as private social services providers;
- Restructuring will involve the deinstitutionalization of persons with disabilities into alternative family-type residential care or into centres with maximum 50 places;
- The evaluation process will be carried out by a team of carers at the large institutional centres named by the local General Directorates for Social Assistance and Child Protection – DGASPC and a member of civil society;

⁴ Ministerul Muncii si Justitiei Sociale. (18.07.2018). *Comunicat de presa*. “Guvernul a modificat si completat Legea nr. 448/2006, prin care sunt acordate drepturi copiilor si adultilor cu dizabilitati. <https://www.juridice.ro/wp-content/uploads/2018/07/comunicat-mmjs-2.pdf>.

⁵ <https://mmuncii.ro/j33/index.php/ro/2014-domenii/54-familie/politici-familiale-incluziune-si-asistenta-sociala/5504-ordinul-nr-82-2019?highlight=WyJvcnRpbmVslwiwbnluODliLDIwMTksIm9yZGludWwgbnluODliLCJvcnRpbmVsIG5yLjgylDIwMTkiLCJuci44MiAyMDE5Il0=>

⁶ The entire methodology can be found here: Autoritatea Nationala pentru Persoanele cu Dizabilitati. *Decizia nr. 877/30.10.2018 pentru aprobarea metodologiei de reorganizare a centrelor rezidentiale pentru persoanele adulte cu handicap*. <https://anpd.gov.ro/web/wp-content/uploads/2018/11/decizia-877-metodolog-reorganizare.pdf>

⁷ There are 42 counties in Romania.



- Each person in care is evaluated independently and personalized follow-up recommendations are made;
- The final evaluation reports will include the identification and planning of financial resources necessary for restructuring as well as operational and technical aspects;⁸
- The implementation process will be monitored by the ANPD at national level.

In the post-pandemic period, the government reaffirmed its commitment to deinstitutionalization by setting it as an objective in two strategic documents: the National Governing Programme 2021-2024⁹ and the National Plan for Recovery and Resilience.

The Government committed itself to several objectives regarding the protection of persons with disabilities, including deinstitutionalization, in the context of the National Plan for Recovery and Resilience (*component 13 – Social Reforms, Reform of the protection system of adult persons with disabilities*), financed with EU funds.¹⁰ Amongst the objectives targeted are: a new *National Strategy for the prevention of institutionalization of adult persons with disabilities and accelerating the process of deinstitutionalization 2022-2030* and a new *Law (nr. 7/2023) regarding supporting the process of deinstitutionalization of adult persons with disabilities and applying of measures to accelerate the process and to prevent institutionalization*¹¹. In this context, the Government has committed itself to (1) transitioning at least 32% of adults with disabilities from institutionalized care by 2026 towards community-based settings, and (2) transitioning by another 10% the number of adults with disabilities by 2026.

The measures proposed in the Law will be implemented jointly by central public authorities¹², local and county public authorities (including the local Social Services). Amongst the new measures proposed in the Law are the following: the possibility of establishing pilot-centres to cover specific needs of persons with disabilities, the introduction of coupons entitling persons with disabilities to physical therapy, a so-called “network of inclusive living”, the possibility of awarding the person with disability who exits an institutional centre a financial “benefit” to help transition, and the possibility of financing different social services using external funding (such as the ones obtained through the Recovery and Resilience Fund).

⁸ There are standards of costs for ensuring the care of a person with disabilities which are allocated to the institution (public or private) who takes care of the person. No individualized person-centred or self-directed support scheme is applied.

⁹ Programul de guvernare 2021-2024. <https://gov.ro/ro/obiective/programul-de-guvernare-2021-2024>

¹⁰ Hotararea nr. 1543/2022 pentru aprobarea Strategiei nationale privind prevenirea institutionalizarii persoanelor adulte cu dizabilitati si accelerarea procesului de dezinstitutionalizare pentru perioada 2022-2030. <https://lege5.ro/Gratuit/geztczmzuha3ds/hotararea-nr-1543-2022-pentru-aprobarea-strategiei-nationale-privind-prevenirea-institutionalizarii-persoanelor-adulte-cu-dizabilitati-si-accelerarea-procesului-de-dezinstitutionalizare-pentru-perioada>

¹¹ Legea nr. 7/2023 privind sustinerea procesului de dezinstitutionalizare a persoanelor adulte cu dizabilitati si aplicarea unor masuri de accelerare a acestuia si de prevenire a institutionalizarii, precum si pentru modificarea si completarea unor acte normative. <https://legislatie.just.ro/Public/DetaliiDocument/263734>

¹² Ministry of Labor, National Authority for Persons with Disabilities, National Agency for Payments and Social Inspection, National Agency for the Labor Force, and the Council of monitorization of implementation of the Convention regarding the rights of persons with disabilities.



From a civil society perspective¹³, any new development is welcome in a field that has not been prioritized by the government, despite regular policies/strategies/plans assumed on the matter and continuous issues raised by civil society with regards to the abject conditions of the institutional centres. As the new Strategy 2022-2030 points out, one of the main problems in the past has been the lack of a concrete calendar for the implementation of measures.¹⁴ The biggest problem is that there has been little progress made on the deinstitutionalization of persons with disabilities.

The legal provision of deinstitutionalizing by dismantling large centres and limiting the number of places to 50 led to a formalistic approach adopted by public authorities: effectively splitting large centres into smaller ones, without providing family or community-type care.¹⁵ Significantly, Romania, although a signatory to the UN Convention on the Rights of People with Disabilities CRPD since 2007, had not submitted any yearly report until 2021, despite repeated condemnations from civil society organizations.¹⁶

Another problematic point is that the new law includes many of the same measures and methodologies adopted previously – such as methodologies for evaluating the needs of persons with disabilities, minimum standards for social services with persons with disabilities, elaborating deinstitutionalization plans for each large institutional centre etc. which implies a new allocation of resources to similar actions already realized in the past.

2. Children

Romania currently has 43,212 children¹⁷ in the special protection system, of which 12,054 (approx. 28%) were in residential-type care (public and private) and 31,158 (approx. 72%) were in family-type care (foster care, kinship care, other foster families).¹⁸

There are 73 residential-type centres still active in the country out of over 500 that were active in the past 20 years¹⁹. The Government aims to close down the remaining residential centres, placing the children in family-type homes, by 2024. The renewed

¹³ Totoliciu, Loredana; Johari, Alexandra (2019). ANED 2018-19. Task 1.2 Living independently and being included in the community. Country: Romania. ANED. Available at <https://www.disability-europe.net> https://ec.europa.eu/employment_social/empl_portal/ede/RO-ANED%202018-19-Country%20report%20Living%20independently%20-%20Romania_final%20for%20web.docx

¹⁴ Strategia nationala privind prevenirea institutionalizarii persoanelor adulte cu dizabilitati si accelerarea procesului de dezinstitutionalizare pentru perioada 2022-2030. <http://sgglegis.gov.ro/legislativ/docs/2022/10/zgxrhft7wyq132vs6n50.pdf>, pg. 2

¹⁵ According to interviews carried out by the IPP.

¹⁶ United Nations, Human Rights Treaty Bodies. UN Treaty Database. https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/countries.aspx?CountryCode=ROU&Lang=EN

¹⁷ Of which 3.561 children with disabilities.

¹⁸ According to the most recently available official statistics from September 2022: Ministry of Labour: http://www.mmuncii.ro/j33/images/buletin_statistic/copii_III_2022.pdf

¹⁹ Lisandru, Cristian. "Gabriela Firea: Inchidem si ultimele 73 de centre de plasament care mai functioneaza in Romania". 4 nov. 2022. Gandul. <https://www.gandul.ro/actualitate/gabriela-firea-inchidem-si-ultimele-73-de-centre-de-plasament-care-mai-functioneaza-in-romania-copiii-aflati-in-grija-statului-vor-creste-in-medii-mai-prietenoase-19868854>



commitment to this objective was assumed with Law no. 191/2022. Other relevant legal acts are: Law no. 272/2004 regarding the protection and promotion of the rights of the child²⁰ and Law no. 273/2004 regarding the adoption procedure²¹. Besides large residential centres, the current protection system provides the following: placing the children in the care of foster families or maternal carers /assistants or institutionalization in family-type living arrangements. The care of each child is managed on a case-by-case basis.

The main institutional actors involved in the protection system of children are the National Authority for Children's Rights and Adoptions²² (under the Ministry for Family, Youth and Gender Equality) as the central authority. The National Authority coordinates the 41 county social services (Directorate Generals for Social Assistance and Protection of Children).

The first steps towards establishing the modern-day child protection system were taken in 1997 with the creation of the Directorate Generals for the Protection of Children (DGASPC) at county level.²³ The National Authority for Children's Rights and Adoptions was also created as the central authority, within the Ministry of Labour, centralizing all of the child protection services and responsibilities which had been split between different Ministries (Health, Labour and Education).²⁴

Deinstitutionalization as a concept was not mentioned in governmental plans for institutionalized children at the time. It was civil society organizations that began to advocate for the deinstitutionalization of children, citing the poor care and conditions that the children received while living in the centres.²⁵ Their efforts were met with a great deal of resistance from the majority of public authorities and the first centres were dismantled due to a "leap of faith" from the part of their respective managers and local DGASPC representatives.

Witnessing the notable and visible improvements in the wellbeing of deinstitutionalized children (which were placed either in family-type homes, reunited with their families or in the care of foster families) contributed to a decrease in resistance on the part of authorities and a willingness to collaborate with civil society organizations to continue the process. Exchanges of best practices between DGASPCs also helped contribute to an openness to collaboration. Civil society organizations further supported these efforts by creating training programs for social services personnel that helped them adapt to the new paradigm of family-type care. As there was no official governmental document setting out deinstitutionalization as an official objective, there was very little public funding for this process. Therefore, most of the financial resources for deinstitutionalization (closing of centres, building family-type homes, reintegration plans

²⁰ <https://legislatie.just.ro/Public/DetaliuDocument/156097>

²¹ <https://legislatie.just.ro/Public/DetaliuDocument/52896>

²² <https://copii.gov.ro/1/>

²³ In Romania there are 41 counties + the 6 sectors that Bucharest is split into.

²⁴ <https://copii.gov.ro/1/prezentare-general/>

²⁵ From interviews with civil society organizations.



and needs of children) came from civil society, with the sustainability costs being taken over by the state institutions.²⁶

During the consultation period leading up to the launch of the 2014-2020 Multiannual Financial Framework (MFF), the European Commission invited civil society (including from Romania) to discuss future funding needs in terms of social policy. Having understood that the deinstitutionalization of children is a particular cause of concern in Romania, the European Commission encouraged central authorities to submit official requests for funding²⁷. It was on this basis that the EU earmarked funds for the deinstitutionalization of children, which, in turn, led to the first official steps towards the deinstitutionalization of children were taken in the *National Strategy for the protection and promotion of children's rights 2014-2020*²⁸. The Strategy was developed as part of the commitment the country had made in order to benefit from European Structural Funds. The Europe 2020 Strategy had an essential role in revising and updating the social policies of the country, providing objectives and indicators and a framework on which funding would be allocated.

The Government committed to the closure of large residential centres and also provided for alternative methods for the protection of children in the care of the state system. The 2014-2020 Strategy set out three main methods through which this would be achieved: (1) by carving out funds (national and EU) for: the training of maternal carers/assistants which would receive a part of the children who would exit the large residential centres and for the building of alternative family-type living spaces, where the children would learn how to live independently; (2) measures for the socio-professional integration of youth leaving the institutional care system; and (3) the development of alternative services of institutional care.

The 2014-2019 period was marked by stagnation because the funds for deinstitutionalization were released towards the end of the financing period, with the first few years allocated to the undertaking of an evaluation of all centres at national level and the development of a deinstitutionalization and reintegration methodology²⁹. Calls financing deinstitutionalization were launched in 2018-2019, with few DGASPCs initially applying due to restrictive eligibility criteria (not all centres were eligible for financing) and complicated bureaucratic procedures. Another problem was that NGOs (including ones which had been assisting public authorities with deinstitutionalization for the past two decades) were only eligible to obtain financing as partners and only on specific activities.³⁰

²⁶ There was some support from EU funds such as the PHARE pre-accession funds (Poland and Hungary Assistance for Restructuring their Economies), during the early 2000s.

²⁷ Based on interviews with civil society organizations.

²⁸ *Strategia Nationala pentru Protectia si Promovarea Drepturilor Copilului. 2014-2020.* http://www.mmuncii.ro/j33/images/Documente/Transparenta/2014/2014-02-03_Anexa1_HG_Strategie_protectia_copilului.pdf

²⁹ According to interviews carried out by the IPP with representatives of civil society organizations and public institutions.

³⁰ Idem.



Noting that there was little evolution in terms of deinstitutionalization, even with financial stimulus, the central authorities began working on a law making the deinstitutionalization of children compulsory and prohibiting the opening of new centres. The adoption of the law stagnated until June 2022³¹. Law no. 191/2022³² also introduces the prohibition of placing the child into residential services other than the ones as newly defined by the Law³³ and the prohibition of the continuation of residential services other than those foreseen in the Law.³⁴ Furthermore, it introduces the prohibition of placing a child younger than 7 into a residential centre, allowing them only to be placed into an extended family or maternal care, with exceptions made only for children with grave disabilities.³⁵ The closure of large residential centres will be carried out upon an assessment by local social services in their *Annual social services action plan*. The Action plan is approved by the county council in consultation with the Prefecture (who verifies that the centres respect the decision of closure).

The year 2022 also saw the adoption of the new *Strategy for the protection and promotion of children's rights 2022-2027* in order to align national policies with the EU Strategy on the rights of the child.³⁶ The Strategy included the novel concept of including children in the consultation process.

One of the major problems with the institutional system is that there were no provisions for mechanisms to monitor children that exit the system upon reaching adulthood³⁷. Therefore, there is no official data regarding these young adults' post-institutional trajectory, nor about how many obtain jobs or end up in vulnerable situations; making it very difficult to enact policy for this specific category. The provisions of Law nr. 191/2022 aim to address this lacuna by introducing a monitoring system for up to 2 years after they leave the institutional system, support from social services to find a job and a place to live and, a monthly indemnity until the age of 26 as long as they are able to prove that they are employed or enrolled in an academic program.³⁸

The process of the deinstitutionalization of children has been slow.³⁹ Civil society organizations have been continuously militating for the closure of large institutional centres, transitioning to community-based living and, focusing on measures preventing

³¹ The new law no. 191/2022 modified Law no. 272/2004 on the protection and rights of the children and it included provisions on education, specifically the right of the child to sexual education, which was an extremely controversial point and led to the delay of the adoption of the Law.

³² Arts. VI and VII. <https://legislatie.just.ro/Public/DetaliuDocumentAfis/256905>

³³ Art. 123 of Law 272/2004: family-type units, apartments, maternal centres and centres for emergency placement.

³⁴ Idem.

³⁵ Art. 64 of Law no. 272/2004.

³⁶ Strategia Nationala pentru Protectia si Promovarea Drepturilor Copilului 2022-2027. <https://mfamilie.gov.ro/docs/20220506-PROIECT-HG-Anexa-nr.1.pdf>

³⁷ Bălan, Visinel and Razvan Badau. *Masuri concrete pentru ocrotirea copiilor abandonati*. Revista Drepturile Omului, Institutul Roman pentru Drepturile Omului nr. 2/2022. https://revista.irdo.ro/pdf/2022/revista_2_2022/03_Balan_Badau.pdf

³⁸ Bălan, Visinel and Razvan Badau. *Masuri concrete pentru ocrotirea copiilor abandonati*. Revista Drepturile Omului, Institutul Roman pentru Drepturile Omului nr. 2/2022. https://revista.irdo.ro/pdf/2022/revista_2_2022/03_Balan_Badau.pdf

³⁹ <https://www.unicef.org/romania/deinstitutionalization>



the separation of the child from the family (essentially moving from a passive approach to a pro-active one) for the better part of a decade. Much of the activity/measures on deinstitutionalization were taken upon external pressure from the EU and internal pressure from civil society organizations. Pressure from the EU initially came as compulsory pre-accession conditions and then as earmarked funds. Internal pressure from NGOs and International Organizations came in the form of continuous advocacy campaigns addressing state institutions as well as collaborations with the state (by working together on dismantling large centres but also by developing informational resources and methodologies and trainings for staff).

Official public statistics are not collected on ethnic backgrounds, so there are no numbers regarding the number of Roma children who are institutionalized. Official public documents (strategies, evaluations, studies etc.) do recognize the Roma people as being a category particularly vulnerable to poverty, precarious living conditions, low standard of life etc. However, Roma ethnicity remains a cause for structural discrimination, also within public institutions, such as social care. This has been frequently deplored by civil society organizations. According to the ERRC report, the officials interviewed insisted upon the fact that the reasons “while poverty is cited as the main factor for removals of Romani children, it should be stressed that the extreme deprivation that renders so many Romani families vulnerable is a function of historical oppression and contemporary policies of neglect, exclusion and discrimination.”⁴⁰

Deinstitutionalization is not just the closure of residential centres or eliminating the concept of “orphanages” but its also a “mix of interventions and a social service philosophy focused on a continuum of services, including: the prevention of the separation of families, adoption, maternal assistance, concrete family support for vulnerable families, family-placement, support for the social integration of youth who leave the protection system, alternative protection mechanisms based on the family concept.”⁴¹

It will be paramount for civil society organizations to analyse the manner in which the provisions of Law nr. 191/2022 will be implemented, if deadlines will be respected and if the post-exit monitoring will actually be done on each child leaving the institutional system.

3. Homeless

Persons who are homeless present certain particularities in terms of policy. Due to the fact that homelessness can be the result of many different factors, the fact there is a lot of intersectionality between the different types of persons that can become homeless, and there is a lot of mobility within the group, it is very difficult to get accurate statistics on which to base policy.

⁴⁰ ERRC. (2021). Blighted Lives: Romani Children in State Care [Text]. European Roma Rights Centre ERRC. <http://www.errc.org/reports--submissions/blighted-lives-romani-children-in-state-care>

⁴¹ Comsa, Radu, Oana Ganea, Stefan Darabus. Finalizarea procesului de dezinstitutionalizare in sistemul de protectie a copilului din Romania – Studiu de impact financiar. 2019. Hopes and Homes for Children. <https://hopeandhomes.ro/wp-content/uploads/2021/05/Finalizareaprosesuluiudedezinstitutionalizare.Studiudeimpactfinanciar.pdf>



Persons who are homeless are very diverse, but there are several categories most vulnerable to become homeless:

- Youth that exit the institutional care system and do not benefit from social integration measures;
- Persons with chronic illnesses, especially psychiatric;
- Persons who live below the poverty line, and, although apt to work, cannot afford decent housing;
- Persons with substance abuse issues;
- Persons involved in criminal activities or persons exiting the penitentiary system;
- Women/mothers who are victims of domestic abuse.⁴²

There are different national policies and central authorities covering each category. For example, persons with chronic illnesses are in the responsibility of the Ministry of Health, youth are the responsibility of the Ministry of Families, persons who live below the poverty line are in the responsibility of the Ministry of Labour etc.

Legislation has focused on preventing homelessness: reducing poverty, improved social services, increasing benefits etc., all topics covered under Law no. 292/2011 regarding social services. The adoption of the first *Strategy regarding the social inclusion of persons who are homeless 2022-2027* and accompanying *Action plan 2022-2027*⁴³ came due to a need to reunite all authorities and policies involved in the phenomenon into a single cohesive document. It was also a condition in order to benefit from the earmarked EU funds for the 2021-2027 MFF.

The other relevant legislation in this field are the *National Strategy regarding social inclusion and reducing poverty 2015-2020*, and the *National Strategy regarding social inclusion and the decrease of poverty 2022-2027*. The latter Strategy focuses on ensuring access to social housing and increasing the accessibility and quality of housing.

There are state-financed shelters available in each city, with their number increasing in the past few years due to advocacy efforts led by civil society working in the field.

4. Elderly

The relevant legislation with regards to the elderly is Law no. 17/2000 regarding the social assistance of elderly persons, coordinated by the Ministry of Labour. The needs for social assistance are assessed taking into consideration the level of independence of the elderly person, health needs, strength of family ties and level of poverty. The elderly in Romania benefit from several types of care centres financed by the state for

⁴² Pavel, Andreea. "Putem avea o societate fara oameni pe strazi? De ce ramanem fara adapos: Samusocial, asociatia care ingrijeste de 17 persoanele vulnerabile, radiografiata fenomenul care ingrijoreaza toata Europa". 6 December 2021. G4Media.ro. <https://www.g4media.ro/video-putem-avea-o-societate-fara-oameni-pe-strazi-de-ce-ramanem-fara-adapost-samusocial-asociatie-care-ingrijeste-de-17-ani-persoanele-vulnerabile-radiografiata-fenomenul-care-ingrijoreaza-toata.html>

⁴³ Ministerul Muncii. *Strategia nationala privind incluziunea sociala a persoanelor fara adapost pentru perioada 2022-2027*. http://mmuncii.ro/j33/images/Documente/MMSS/Transparenta_decizionala/Anexa_Strategia_persoane_fara_adapost_01072022.pdf



short, medium, and long-term care. There are day centres and long-term nursing homes, provided for the local county Directorate Generals for Social Services. The admitting process is made on the basis of request by either the elderly person or the person's next of kin.

There are also private services which are accredited to offer elderly-care services, such as private nursing homes. In 2023 there were a total of 720 accredited centres providing services for the elderly, of which 120 public.⁴⁴

The law does provide for homecare which are covered by the local county Directorate Generals and private service providers. However, care is limited to health care services, not prevention or community/home-based care. Legislation also fails to directly involve general practitioners, who are, in this case, bureaucratic positions who serve mostly to direct people to specialists, instead of actively providing care in the community.⁴⁵ Another issue is the lack of coordination between health care providers and social services.⁴⁶ The biggest problem facing the elderly is lack of financial resources; pensions are very small and many elderly find themselves in cases of near-poverty (if they do not have family members to help). A 2017 evaluation⁴⁷ carried out by the Ministry of Labour found large discrepancies between the level of availability of state-care services for the elderly between regions and between the urban and rural areas, with most services being made and provided by private services. However, many elderly cannot afford private care and turn to services offered by the state. Unfortunately, many of them who live in near-poverty and do not have family members who can take care of them, end up in state nursing homes.

⁴⁴ Ministerul Muncii si Solidaritatii Sociale. [Acreditare – Furnizori si Servicii Sociale](http://www.mmuncii.ro/j33/index.php/ro/2014-domenii/familie/politici-familiale-incluziune-%C8%99i-asisten%C8%9B%C4%83-social%C4%83/acreditare-furnizori-%C8%99i-servicii-sociale/4848-2017-04-18-acreditare-3). 2023. <http://www.mmuncii.ro/j33/index.php/ro/2014-domenii/familie/politici-familiale-incluziune-%C8%99i-asisten%C8%9B%C4%83-social%C4%83/acreditare-furnizori-%C8%99i-servicii-sociale/4848-2017-04-18-acreditare-3>

⁴⁵ World Health Organization. Regional Office for Europe. (2020). Country case study on the integrated delivery of long-term care: Romania. World Health Organization. Regional Office for Europe. <https://apps.who.int/iris/handle/10665/352848>. License: CC BY-NC-SA 3.0 IGO, pg. 33

⁴⁶ Ibid.

⁴⁷ Ministerul Muncii, Agentia Nationala pentru Plati si Inspectie Sociala. *Raport tematic national : Campania privind controlul privind respectarea standardelor minime de calitate de catre furnizorii privati de servicii sociale in centrele rezidentiale destinate persoanelor varstnice*. 2017. <https://www.mmanpis.ro/wp-content/uploads/2017/12/raport-tematic-varstnici.pdf>



5. General conclusion regarding bottlenecks

Other problems and possible contributors to bottlenecks in ensuring a smoother and faster deinstitutionalization process include:

- The low capacity of social services to respond to the needs of beneficiaries, especially due to a lack of personnel and trained personnel and the difficulties in reskilling the social services staff for community-based intervention that mobilize communitarian resources and recent institutionalization;
- The under-financing of social services departments – the budget allocated to social services comes from the local budgets which are small, especially in rural areas;
- The planning of social services at local level is not done following an assessment-based methodology and long-term projections;
- Insufficient funds allocated to the monitoring and supporting the independent living of youth exiting the institutional system upon turning 18;
- Politization of the public sector offices involved in social policy, leading to political oscillation in continuing policies, overlapping measures and programs, abandoned initiatives, lack of follow-up/monitoring for newly-launched measures, lack of transfer of expertise between those who leave and enter office, initiatives that are not followed-up upon;
- Sporadic legal initiatives to deinstitutionalize and close large residential centres within a too short period of time to allow for the establishment of alternative care systems;
- NGOs provide valuable social services and are the “red thread” providing continuity for children and adults in institutional care, completing and, in some cases, providing more of the care than social services. However, NGOs are poorly and sporadically funded.

