

Evaluation of the National Strategy on the Protection and Promotion of Children's Rights 2014 - 2020

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EVALUATION REPORT

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Abbreviations

ANDPDCA	National Authority for the Rights of the Disabled, Children and Adoptions
PA	Priority Axis
EC	European Commission
CNAS	National Health Insurance House
CRC	UN Committee on the Rights of the Children
CRPD	UN Convention on the Rights of the Persons with Disabilities
DGASPC	General Directorate of Social Work and Child Protection
GD	Governmental Decision
MAI	Ministry of Administration and Internal Affairs
MEC	Ministry of Education and Research
MJ	Ministry of Justice
MMPS	Ministry of Labour and Social Protection
MS	Ministry of Health
SSD	Sustainable development objectives
OECD/DAC	Organisation for Economic Cooperation and Development/ Development Assistance Committee
NGO	Non-Governmental Organisation
POC	Competitiveness Operational Programme
POCA	Administrative Capacity Operational Programme
POCU	Human Capital Operational Programme
POR	Regional Operational Programme
MPS	Minimum Package of Services
IR	Inception Report
SGG	General Secretariat of the Government
SNPPDC	National Strategy on the Protection and Promotion of Children's Rights
SPAS	Social Assistance Public Service
CT	Change Theory
UNICEF ECARO	UNICEF Regional Office for Europe and Central Asia
UAT	Administrative-territorial Unit
EU	European Union

Executive Summary

This section presents the summary of the findings of the study “Evaluation of the National Strategy on the Protection and Promotion of Children's Rights” carried out under contract no. 43289903/29.11.2019 made between UNICEF Romania and Pluriconsult S.R.L. The evaluation was performed in December 2019 -June 2021, in compliance with the Terms of Reference (Annex 1) and the Inception Report (Annex 2).

According to the Terms of Reference, the subject matter of this evaluation is the National Strategy on the Protection and Promotion of Children's Rights 2014-2020 (Annexes 3 and 4). The document was approved in 2014 by the Government of Romania by Decision no. 1113/2014 initiated by the Minister of Labour, Family, Social Protection and the Elderly (currently the Ministry of Labour and Social Protection).

The Strategy is aimed at promoting investments in the development and wellbeing of children, based on a holistic and integrated approach adopted by all the public agencies and authorities, with a view to respecting children's rights, meeting their needs and ensuring their universal access to services. The strategy includes four general objectives:

1. improve children's access to quality services;
2. uphold children's rights and promote the social inclusion of children in vulnerable circumstances;
3. prevent and combat any forms of violence;
4. foster children's participation in relevant decision -making processes.

Each of the general objectives (impact level) includes a set of specific objectives (outcome level) with proposed measures (output level) to achieve them, including expected outcomes.

The purpose of the evaluation was to provide evidence on the outcomes achieved through a multisector approach to upholding children's rights. The evaluation is summative, but also includes a formative dimension, which means not only measuring outcomes against targets, but also providing evidence on inter-institutional and inter-sector cooperation, participation of civil society, private sector and individuals, and development of horizontal and vertical institutional relationships between various stakeholders.

According to the Terms of Reference, the evaluation had four **specific objectives**, thus:

- review the relevance, effectiveness, efficiency, sustainability and impact of the measures ensuing from the Strategy;
- review the Strategy design and implementation processes and provide conclusion and recommendations on what did and did not work and on how to improve the next strategy;
- document the lessons learned about and make recommendations for improvement of the implementation of the Strategy;
- identify how the Strategy led to outcomes for children in terms of gender issues, fairness and overall respect for their rights.

Scope of the evaluation: in terms of timeframe, the evaluation covered all the years when the Strategy was implemented, with limitations regarding the data availability for 2020. In terms of geographic coverage, the evaluation was carried out nationwide, looking at the implementation of the Strategy in the entire country.

In terms of **stakeholders and users of the evaluation**, the evaluation is meant to provide central and local level stakeholders, including children, with a thorough picture on the implementation of the Strategy.

In terms of the methodology employed, the evaluation looked at the relevance, consistency, effectiveness, efficiency, sustainability and impact of the Strategy. The evaluation was based on the change theory and used a combination of quantitative and qualitative methods to triangulate information through a variety of means and tools. The evaluation team considered all the available data and opinions of the stakeholders, such as to come up with findings that are as impartial and representative as possible. Three categories of data were considered under the quantitative component of the evaluation, thus: 1/ administrative data on child protection, health, education and justice collected based on the Strategy indicators, 2/ data from official reports and documents of national and international agencies and from other reports prepared by the academia and NGOs during the Strategy implementation period, as well as data from two national online surveys carried out for the purposes of this evaluation with DGASPC and SPAS. Qualitative data were collected in 19 focus groups with target groups (children and

parents) of social, educational and medical services and with the staff of the public services (DGASPC, DSP, ISJ, IPJ, SPAS), 3 group interviews with teenagers involved in participative processes, and 89 individual in-depth interviews with local, county and national stakeholders, non-governmental organisations and international organisations.

Main Findings and Conclusions

Relevance

The National Strategy on the Protection and Promotion of Children's Rights 2014-2020 was an important step ahead in asserting then concept of children's rights in Romanian public policies and in various economic sectors. In recent years, children's rights have become part of both the public discourse and action, materialised in programmes and projects meant to contribute to developing the services provided to children, irrespective of their ethnicity, gender, financial status, etc.

The method proposed by the Strategy *to approach children's rights issues was based on an integrated intervention*, whose effectiveness was validated in previous projects implemented in partnership with local and central stakeholders from both the governmental and NGO sectors.

A logical correlation exists between the objectives (general and specific), outcomes and activities. The measures and actions are relevant and contribute to the achievement of the proposed goal and objectives. The Strategy is based on an ample set of data and addressed to social groups whose relevance has been confirmed by numerous other national and international studies. Nevertheless, *the highly generic and insufficiently broken-down data, lack of community needs analyses to thoroughly identify the issues and high dynamics thereof limited the identification of deep causes of the various vulnerabilities associated to the Strategy target groups.*

The development of the Strategy was preceded by a multi-sectoral analysis of the children's wellbeing on all levels (social welfare, education health, justice, participation) and wide consultation of all stakeholders (ministries and their subordinated entities with responsibilities in the protection of children and upholding their rights, general social assistance and child protection departments, but also civil society's organisations working in the field). The consulted stakeholders proposed other measures to tackle certain problems identified in the activities they had implemented. *Most of these measures proposed by the consulted stakeholders were included in the final text of the Strategy, though they should have been better prioritised based on an estimation of available resources.*

The Strategy goal, measures and actions did match the needs of the Romanian children and their families at the time of its development and, even though new issues emerged, many of the proposed measures continue to be relevant, since the problems identified in 2014 are still actual, the time required for their resolution extending beyond one public policy cycle. Though the Strategy intended to cover all the identified categories of vulnerable children in the status quo analysis and public consultations, *the approach to vulnerable children remained rather general, insufficient for addressing some specific categories of children and provide them with prospects for significantly improved services.*

Most sector strategies developed for 2014 - 2020 include provisions on the protection of children and their rights. The child protection provisions included in county or local development strategies were based on the objectives and measures proposed in the Strategy. Moreover, the Strategy informed the strategic documents and projects financed from public funds, partnerships with public entities and advocacy campaigns/ projects of some NGOs.

Consistency

The Strategy is consistent with the Romania's international commitments, including the principles of the UN Convention on the Rights of the Child, provisions of the UN Convention on the Rights of Persons with Disabilities (UN CRDP) and the Optional Protocol to this Convention, objectives and targets set forth in the Europe 2020 Strategy regarding the reduction of poverty, priorities of the Council of Europe Strategy for the Rights of the Child (2012-2015) and the provisions of the Commission Recommendation din 20 February 2013 Investing in children: breaking the cycle of disadvantage (2013/112/UE).

The education and health measures laid out in the Strategy were defined based on the national sectoral strategies. The child inclusion measures proposed in the Strategy were considered in the National Strategy on Social Inclusion and Poverty Reduction for the period 2015-2020. However, it is difficult to differentiate in the Operational Plan between the outcomes achieved following the implementation of the Strategy and those obtained as a result of implementing the measures laid down in the sectoral strategies. Moreover, the failure to prioritise the indicators and clearly define impact, outcome and output

indicators significantly reduced the internal consistency of the Strategy's Operational Plan and its overall evaluability.

The Strategy implementation consistency should have been ensured by the *Coordination Committee for Protection and Advancement of Children's Rights, set up as a communication and coordination mechanism*. This Committee, which was also provided for in regulations on the organisation and operation of ANPDCA (GD 299/2014) and ANDPDCA (GD 102/2019), *was never operational* and only met once in the period 2014 - 2020.

Various experiences of NGOs were used in the process of developing and implementing the Strategy in areas such as: deinstitutionalisation of children in residential facilities, preventing and fighting violence against children, methods for identifying children in vulnerable situations, methods for working with youth in the special protection system. Considering the *high level of alignment between the Strategy priorities and UNICEF's regional and national priorities*, we also emphasise the good cooperation of national partners and UNICEF, which increased the implementation consistency.

Effectiveness

Numerous proposals were made between 2014-2020 to improve or expand the existing public policy framework covering the needs of the target groups identified in the Strategy and the development of public social assistance services continued both by increasing their number and scope, and by accrediting them as social services providers.

Much progress was made towards developing the system's capacity to provide quality services to children, such as: the opportunity to provide a minimum package of services was considered; the development of integrated community-based services was initiated; campaigns were organised to promote adoption and the adoption process was made more efficient; the involvement of the community in the realisation of children's rights was considered by the development of consultative community-based structures; actions were taken to instate a national system for monitoring and evaluating the state of children in Romania; limited progress was made in the rehabilitation and social reintegration of children with disabilities and the provision of dedicated places for SEN students in high school and vocational education was advocated; the legal framework on and development of support services for children with parents working abroad were completed; campaigns were delivered to raise awareness on the phenomenon of violence against children; minimum quality standards were developed and adopted on the services provided to child victims of trafficking in human beings. Insignificant progress was made regarding street children and Roma children.

With a view to *developing the capacity of the system to provide quality services to children*, the Strategy included a number of measures aimed at increasing the personnel capacity to provide such services, besides increasing their range and scope. Training sessions were delivered in the field of child protection and adoption; analysing, defining and implementing inter-sectoral child protection policies; and project management. Whilst progress was made in the first two areas, the developments in the field of project management were rather modest.

The *main enablers that contributed to the achievement of the national objectives of the Strategy* were the good work in relationship between ANDPDCA and NGOs, progress made in inter-agency cooperation, ANDPDCA's working together with international bodies such as UNICEF or the World Bank, the implementation by ANDPDCA and other relevant public entities of projects financed from operational programmes, etc. The *main enablers that contributed to the achievement of the local objectives of the Strategy* were the opportunities afforded by European Funds, legal framework, existence of individual/ group initiatives of local stakeholders, etc. By and large, it seems that the "recipe for success" lays in the good coordination of the national, county and local levels.

The main deterrents for the achievement of the Strategy objectives were the lack of Strategy monitoring, challenges in providing coordination, inconsistent distribution of human and financial resources, financial appropriations deemed insufficient, low levels of social services' contracting, lack of flexibility in accessing European Funds, insufficient communication between the central and local levels and institutional changes. The institutional and political changes in ministries caused a high turnover in staff responsible for the implementation of the measures.

The implementation of the Strategy was based on the budget appropriations from various national sectoral programmes, relevant sectoral strategies for 2014-2020, European and other international development programmes, and, to a lesser extent, local resources. *The lack of budget planning was an*

important deterring factor in the implementation, as well as in the monitoring and evaluation of the Strategy.

The COVID-19 pandemic impacted significantly on the implementation of the Strategy measures in 2020. On the one hand, a number of measures were adopted to simplify the working procedures and beneficiaries' access to online services; on the other hand, the pandemic worsened certain social problems, by reducing the activity of day centres and limiting children's access to education and health. At the same time, the number of domestic violence cases increased during the pandemic. The main deterrents for the achievement of the local objectives were the lack of political will, insufficient local personnel to assess the needs, poor cooperation between public entities and NGOs, lack of initiative and failure to assume responsibility and, in some cases, lack of cooperation between the DGASPC management and the county councils.

Efficiency

The integrated implementation of the Strategy was achieved to a lesser extent. The Strategy included measures already laid down in the sectoral strategies of the ministries, and each public authority of the central government implemented the measures of their relevant strategies, without systematically providing monitoring data to ANDPDCA. The integrated implementation of the Strategy measures was, to some extent, also impacted by the position of ANDPDCA as an entity subordinated to the Ministry of Labour, which arguably reduced sometimes the efficiency in its working together with line ministries and local authorities. Many of the measures included in the Strategy were aimed at the local level, and the designated line ministries failed to make the local public entities accountable for their implementation, many of the actions being shouldered by the DGASPCs.

The integration of the measures aimed at protecting and promoting children's rights was incomplete. Thus, despite the existence of administrative measures that form the premises for inter-ministerial cooperation,¹ the financing and integrated implementation of the various types of interventions is still at an early stage. Examples of integrated interventions and approaches are few and far between, mainly reflecting local initiatives, and not so much systemic national approaches. The integrated approach was neither facilitated in the area of European Funds, since the complementary financing of projects from different operational programmes was not possible.

The financing of the activities laid out in the Strategy was based on "staying within the limits of each ministry's budget" which, in fact, have no budget line dedicated to the Strategy. An estimate of the costs of the measures proposed in the Strategy was developed with the technical and financial support of UNICEF, but it was never used. The Strategy being mainly based on financial resources from European Funds caused delays in the implementation of the measures, but also difficulties in monitoring their outcomes, since projects financed from EU Funds are monitored by the management authorities.

One of the limits in the implementation of the Strategy was the lack of a mechanism for the systematic monitoring of the measures and their integrated character. Though the Operational Plan of the 2014-2016 Strategy included actions and performance indicators for each measure, the implementation was never monitored. Furthermore, though a study was carried out to update the Operational Plan, its findings were never used, such that the initial Plan, which had a number of gaps, remained in force. Thus, very many indicators were proposed for monitoring the progress in the implementation of the Strategy measures and actions and their definition was often too generic or inconsistent with institutional data collection practices, which made it very difficult to collect progress data.

The Strategy provided for training of the social protection personnel on topics such as: 1/ child protection and adoption, 2/ analysing, defining and implementing inter-sectoral child protection policies, and 3/ project management. The number of DGASPC, SPAS, DAS and social assistance units personnel participating in child right and adoption training programmes increased in the period 2014 - 2019. Also, training sessions on various topics were delivered in the different projects implemented by ANDPDCA and the Ministry of Labour. Nevertheless, the training needs of the personnel involved in the provision of social services remains rather high.

Sustainability

The measures with high sustainability potential are those provided for in other sectoral strategies (development of SPASs. Integrated community centres, etc.), those that were allocated resources

¹ Joint Order no. 393/630/4236/2017 approving the Framework cooperation agreement for the implementation of integrated community-based services aimed at preventing social exclusion and fighting poverty

during the implementation of the Strategy (deinstitutionalization, development of family-based services, etc.), and those encouraged and supported at European and international level (violence against children, children's participation, support for poor children, disabled children, etc.). At the same time, the measures aimed at implementing integrated community-based services are proposed to be continued in the 2021-2027 Programming Period, under the Operational Programme Inclusion and Social Dignity.

Generally, the legal framework is stable and regularly improved based on consultations with local stakeholders and NGOs. However, it is necessary to permanently inform and explain the means for consistent enforcement of the legal framework, allocation of adequate resources and monitoring the implementation.

The use of minimum quality standards, cost standards and working procedures at local level entails actions to *cut back bureaucracy*, encourage social workers to do field work, allocate financial and logistic resources, better inter-institutional cooperation (public-public, public-private), provision of consistent working methods, continuous professional supervision and development, and recruitment of persons that meet the minimum education and experience requirements for positions involving social work.

The coordination of the public social assistance services by the DGASPCs is very important for the consistent implementation of public policies (including work standards and methods). Moreover, the implementation of the standards and methodologies should be monitoring and evaluated regularly, allowing for their revision when necessary. Yet the practice of services providers (be they public or private) indicates that the minimum quality standards are in fact maximal. No cost standards exist yet for prevention services (provision of community-based services).

The involvement of the local stakeholders, in particular of the local authorities, was either inexistent or insufficient in certain communities. *Where consultative community structures are in place and active, they demonstrated their usefulness as a mechanism for mobilising local resources and cooperation to deal locally with children's social problems.*

Impact

The evaluation shows *modest improvements in the status of children from disadvantaged social and economic backgrounds*, in the context where the number of children living in poverty and with numerous social problems is still high; nevertheless, some progress has been made. In the context of the COVID-19 pandemic, sustained efforts will be needed in the upcoming period to maintain these advancements, since there are indications that these children's situation worsened from the onset of the pandemic and the existing gaps widened.

In the period 2014 - 2019, the share of children at risk of poverty or social exclusion dropped significantly, down to 35.8%. However, Romania has the highest rate of children at risk of poverty and social exclusion in Europe.

The number of children in the special protection system decreased from 58,178 (31 December 2014) to 50,401 (31 December 2019), that is by 13.4%. The total number of beneficiaries of the services to prevent the separation of children from their families increased from 55,833 to 68,475 (22,6%) as a result of the development of these services.

A total of 23 institutions were closed down in this period. Whilst 166 residential care centres (83 traditional and 83 modulated) existed at the end of 2014, in December 2019 their number was down to 143 (91 traditional and 52 modulated). Regarding the categories of children addressed by these centres, the number of centres for disabled children decreased by 25 and the number of centres for non-disabled children increased by 2. Though the number of traditional and modulated residential care centres did not decrease much, the number of children sheltered in these centres decreased from 7,974 in 2014 to 4,427 in 2019. The number of traditional and modulated residential care centres run by NGOs decreased too.

The data on the number of children aged 0-2 years receiving residential services show a decrease from 716 to 359. Even though the maximum age for placement in residential care was increased from 3 to 7 years in 2019, the number of children aged 3 to 6 in such facilities decreased significantly anyway in the period 2014-2019, from 2,032 to 665.

In the period 2014 - 2019, the number of disabled children increased from 70,493 to 72,349. The share of disabled children in education increased from 55% in 2014 to 62% in 2019. Nevertheless, work is still needed to suitably integrate them in the mainstream schools, for instance, to provide them with the required support services (support teachers), reduce discrimination, make accommodations to

educational premises, etc. The number of disabled children attending special schools decreased from 12,127 in 2014 to 10,884 in 2019. The number of day-care centres for disabled children increased from 159 to 211 in the period 2017 - 2019.

The total number of confirmed cases of violence against children increased from 12,542 in 2014 to 15,996 in 2019. An increase in the total number of abuse, neglect and exploitation cases is noted, but also a reduction in the number of exploitation for criminal purposes.

The main indicators of the impact of the educational system showed no improvements. Thus, the financing of the education system remains much below the OECD average and far from the real needs, the rate of school enrolment is decreasing (except for ante-pre-school), school dropout is increasing, students perform modestly in national and international tests, and the rate of functional illiteracy is high. The indicators proposed in the Strategy for measuring the achievement of these objectives were not met.

The Strategy aimed at reducing by 5% *the gap in the access to services of children in rural areas*. Considering the available data broken down by living environments, we can appreciate that no significant progress was made in this period. Not only that the urban-rural gap failed to close, as planned in the Strategy, but it widened. Indicators such as the rate of school enrolment, school dropout rate, children's performance in national and international tests, etc. have significantly lower values in rural compared to urban areas. The number and level training of teachers in urban areas is higher than in rural schools. In this context, schools are polarised in terms of access to resources, and the students' school performance follows the same trend. In the conditions described above, the impact of the Strategy on the quality of education services and life of school-aged children was rather modest.

However, the Strategy had a positive impact on some of the measures that impact on children's health status. Thus, child mortality is decreasing, but maintaining the rural-urban disparities, and the immunisation rates are on an upward trend.

Children in conflict with the law are a category that should receive more attention in the future, since the current Strategy failed to close the rural-urban gap, which continues to be very wide in the case of these children. More should be invested in the training of experts, in order to increase the quality of these children's life. Judicial procedure standards are in place that are observed, but the services are wither inexistent in certain areas, or are ineffective, since their development was the responsibility of the local authorities whose involvement was modest, depending on their respective resources and skills. For this reason, rural-urban, rural-rural and regional differences exist, which explains the high reoffending rates.

Progress was made in this period regarding the capacity of some SPASs and DGASPCs to manage children's issues at local and county level. Personnel training was one of the measures set forth in the Strategy - training sessions were delivered on various topics, but the investment in training remains insufficient. One of the mentioned problems is the personnel turnover and the need for regular training to give all new employees the opportunity to develop intersectoral team working skills, which remains a fairly uncommon practice.

Lessons for the Next Strategy

In the absence of a methodological approach focusing on the impact of the Strategy on children's lives, including a clear definition of the types of planned effects, from outputs to outcomes and impact, the risk exists to excessively plan the pursuit of more or less relevant outputs of the type "number of campaigns [...]", to the detriment of giving due consideration to the access, quality and fairness issues identified in the initial stock taking of the system for the protection and promotion of the rights of children. The Operational Plan of the next Strategy should include impact indicators derived from the strategic vision on its long-term effects, in the context of the structural reforms envisaged by PNRR, the new Operational Programmes and the new European Child Guarantee.

It is important that the Strategy objectives be matched with those of the sectoral strategies, to the level where the latter substitute the Strategy. Given that the entity responsible for implementing the Strategy had no formalised coordination role with the ministries, no list of clearly defined intervention programmes existed and no projected budget was available, the positive and negative outcomes are difficult to associate with the implementation of the Strategy.

Equal access to quality services for all children cannot be ensured in the absence of professionalised and numerically sufficient human resources. The situation is even more serious in rural and socioeconomically disadvantaged areas, where the education level of human resources is low, and support staff is in most cases absent. A manifest and sustainable positive change in the system for the

protection and promotion of the rights of children will only be possible to the extent to which the implementation of the policies will change by the allocation of resources matching the identified needs.

Recommendations

With a view to preparing the next Strategy on the Protection and Promotion of Children's Rights, ANDPDCA is recommended to:

1. *use an outcome-based logical approach* that highlights the long-term change - impact, so that medium-term and immediate outputs be subordinated to and in a logical relationship with the former;
2. *prioritise the proposed measures* based on criteria defined in mutual agreement with the other stakeholders in the consultation process (line ministries, NGOs, UNICEF, etc.), such as: relevance for the needs, convergence with other strategic priorities (SDGs, EU, relevant national strategies) and feasibility in terms of resources (financial and human);
3. *ensure flexible yet rigorous operational planning for the next Strategy*, including realistic and measurable indicators, clear deadlines and responsibilities, proposed programmes that will contribute to achieving medium- and long-term objectives, as well as an estimate of the budget requirements;
4. together with the Ministry of Development, Public Works and Administration, *take action to raise awareness among mayors and presidents of county councils* as to the importance of their participation in consultative community structures, documenting and pooling data on community needs, and implementing projects to develop local services adapted to the needs of the children and families, in particular the most vulnerable;
5. incentivise NGOs as important sources of learning and innovation for the public sector and document experiences in various areas of upholding children's rights.

Given the need to increase the quality of social services, the Ministry of Labour and Social Protection is recommended to:

6. adopt measures aimed at *developing the social services delivered by private providers and public-private partnerships*. More attention should be paid to private services providers, considering their contribution to the development of the social protection system and to upholding children's rights. To this effect, it is necessary to develop an independent mechanism for the assessment of social services (both public and private).

In order to ensure access to integrated services for the most vulnerable children, the Ministry of Labour, the Ministry of Education and the Ministry of Health are recommended to:

7. working together with local authorities, implement the Minimum Package of Services at national level, considering the experience gained from piloting this intervention; to ensure that this integrated intervention becomes reality, financing should also be integrated; *the integrated financing approach* to this intervention should be provided from the national budget (financing from the budgets of the above-mentioned line ministries), local budgets and foreign funds (financing under several axes of the Operational Programmes and from PNRR);
8. working together with higher education institutions and specialised professional associations (social work, education, medical, psychology), ensure sufficient qualified human resources;

Considering the need to improve the implementation of intersectoral policies, the Government of Romania is recommended to:

9. correlating the data bases of various ministries or departments/ units of the same ministry is paramount for implementing intersectoral public policies of the Strategy type; *interoperability of the data bases* (between ministries, within ministries and with their subordinated units) is a major priority that may lead coherence in the sectoral data bases and, above all, to taking sound formal decisions for the target groups (including children);
10. build the capacity of human resources in line ministries to work with complex data bases and provide transparent access to data;
11. strengthen ANDPDCA's mandate, by placing it under the authority of the Prime Minister, and provide it with the technical and financial resources required for coordinating all the activities meant to implement the Convention on the Rights of the Child at national, regional and local level.

Considering the need to increase children's participation in decisions that concern them, ANDPDCA is recommended, in partnership with UNICEF, to:

12. *identify the most effective means to promote and ensure children's participation*, including those from marginalised groups and communities. In principle, an situational analysis is needed (needs, legal and institutional framework, resources) and, on such thorough knowledge bases, identify the solutions and resources required for developing models for organising consultative processes and effective means of communication, where children should be genuinely involved and their specific rights respected.²

² The UN Committee on the Rights of the Child developed nine basic requirements for realising children's right to be heard, which should be used in planning and monitoring children's participation. The requirements are that any child participation process should be: transparent and informative, volunteer, respectful, relevant, child-friendly, inclusive, supported by training, safe and risk sensitive, and responsible.

1. Introduction

This document is the Report on the “*Evaluation of the National Strategy on the Protection and Promotion of Children's Rights*” performed under contract no. 43289903/29.11.2019 made between UNICEF Romania and Pluriconsult S.R.L. The evaluation was carried out in the period December 2019 - June 2021, in compliance with the Terms of Reference (Annex 1) and the Inception Report (Annex 2). The Report includes the description of the purpose, objectives and scope of the evaluation, presents the evaluation stakeholders and approach, and, most importantly, provides a detailed description of the findings that informed the conclusions, lessons learned and recommendations made to the main stakeholders for preparing the next National Strategy on the Protection and Promotion of Children's Rights in Romania. The evaluation results were presented and validated in an online workshop held on the 27th of April 2021.

2. Overview of the Context and State of the Children

In the period 2015-2020, the **children's rights protection system** saw a number of advancements in terms of better regulation of its various intervention areas, implementation of deinstitutionalisation measures and transition to community-based care, development of community services to prevent child-family separation, and development of integrated services.

Despite this progress, children continue to be the social group most exposed to poverty and social exclusion in Romania. Though a decrease in the number of children at risk of poverty and social exclusion may be noticed, 38.1% of them are still in this predicament, Romania thus ranking first among European countries, with some 14% above the European average.³

The Romanian social assistance system is insufficient developed compared to the existing needs due to underfinancing (social protection expenditure is lowest in the EU, at 14.4% of GDP in 2017),⁴ and to the lack of specialised personnel in administrative-territorial units (UATs). The share of expenditure for family and child are the lowest in the EU - 1.1% of GDP in 2017, down from 1.3 % in 2015.⁵

Though Law no. 292/2011 on social assistance requires each administrative-territorial unit to set up a Social Assistance Public Service (SPAS), only 792 UATs are accredited as social services providers. Only 25% of the 3187 administrative-territorial units (including the sectors of Bucharest City) hold accreditation certificates as providers of social services (under Law 197/2012 on quality assurance in social services).⁶ Regional and living environment disparities exist between UATs that accredited their social assistance services. Thus, only 21% (587) of the rural UATs have accredited these services, compared to 63% (205) of the urban ones. It is likely that the number of accredited providers and licenced services will go on a downwards trend in the rural areas, given that the accreditation certificate is voided if no services are licenced within 5 years from its issuance.

Skilled staff is one of the requirements for ensuring the quality of social assistance public services. Staffing the UATs' social assistance public services with skilled personnel is one of the main measures laid down in the National Strategy for Social Inclusion and Poverty Reduction 2015-2020 and in SNPPDC 2014-2020. Data collected by the Ministry of Labour from local authorities showed that some 2500 social workers were employed in the social assistance public services of cities, towns and villages in 2018.⁷

One of the child protection policy priorities defined in strategic documents (SNPPDC 2014-2020, National Strategy for Social Inclusion and Poverty Reduction 2015-2020 and the Partnership Agreement) is to reduce the number of children in old type institutions and to develop community-based services. Thus, the deinstitutionalisation process was accelerated over the past 5 years. Between 2014 and 2019, the number of children in the special protection system decreased by some 7000, whilst the number of those benefitting from services to prevent their separation from families increased by more than 8500.⁸ The number of children in special residential care decreased by 5500 in the period 2014 -

³ EUROSTAT

⁴ Idem

⁵ Idem

⁶ Ministry of Labour, Social services providers accredited under Law no.197/2012 on 12.02.2020

⁷ Ministry of Labour, Rationale for amending Law no. 292/2011 - http://www.sipoca202.ro/wp-content/uploads/2019/05/Expunere_motive_modificare_legea_292.pdf

⁸ ANDPDCA, Statistics, 2014 – September 2019

2019, down to 15993 in September 2019.⁹ On the backdrop of the development of services to prevent children's separation from their families and special family-type care services (placement with relatives/ individuals/ families and foster care), the number of children in residential institutions decreased. Furthermore, the number of children in traditional or modulated residential care centres has decreased by some 2,000 over the past 3 years.¹⁰

The poor development of the services to prevent the separation of children from their families meant that 70% of the children included in the protection system by 2014 did not benefit from such services.¹¹ Relevant strategic documents provide for measures to develop the services preventing the separation of children from their families to be included in the child protection policies. To this effect, the required tools were created over the past years, in the form of GD no. 691/2015 approving the Procedure for monitoring the way children with parents gone abroad for work are being raised and cared for and the services available to them, the Working methodology for cooperation between the general directorates for social assistance and child protection (DGASPC) and SPAS, and the standard model for the documents developed by these two institutions. Unfortunately, very few social assistance services enforce this regulation.

Children's right to participate in decision-making concerning them by freely expressing their views and being heard, laid down in the UN Convention on the Rights of the Child, is transposed into the Romanian legislation, where the most important regulation is Law no. 272/2004 on the protection and promotion of the rights of children. The overarching principle of Law no. 292/2011 on social assistance is the beneficiaries' participation in the framing and implementing of policies and deployment of individualised social support programmes. The Ministry of Education included in the students' statutes means for their representation, thus formalising the students' councils. However, as highlighted in description of the current situation at the time of preparing SNPPDC 2014-2020, children's participation in schools was limited, in particular in rural areas.

The stock-taking that informed the development of SNPPDC 2014-2020 identified the family and school as lacking in terms of children's participation in decisions that concern them, including the disabled children's participation in social life. The Strategy mentioned the lack of technical means to facilitate the hearing of children's views and of participative mechanisms.

Council of Europe's Strategy for the Rights of the Child 2012-2015 was an important benchmark in the development of SNPPDC 2014-2020.

Child participation was subject to ad-hoc studies and research work carried out by ANDPDCA in partnership with non-governmental or international organisations. A 2018 study¹² indicated that the participation levels remained constant or increased slightly (31% of the interviewed youths attended events organised by student's advisory councils, compared to 29.5% in 2016), but public space participation decreased (52.7% of the interviewees in 2018 said that they did not attend public meetings, compared to 23.4% in 2014).

A 2019 study¹³ identified the following key areas in child participation: 1/ School and education; 2/ Child protection and adoption; 3/ Custody and family law; 4/ Decision making in the family ; 5/ Health/ consent for treatment; 4 Immigration and asylum procedures; 5 Judicial proceedings involving juveniles; 6/ Leisure and media. The recommendations herein focus not only on the development of child participation mechanisms, but also on the creation of premises for real participation: informing children in schools on their rights and the role of their participation, and training professionals working with children on the same topics of children's rights and participation.

In a 2016 research,¹⁴ children from the special protection system mentioned "more active participation in decisions that can impact our lives, from clothes we wear, to the outcomes of the individual care plan" among the shortcomings of the protection system. Formal procedures were adopted, but, as the

⁹ ANDPDCA, Statistics, 2014 – September 2019

¹⁰ Idem

¹¹ Stănculescu et al., 2016, p. 352

¹² World Vision Romania (2018): "Bunăstarea copilului din mediul rural"

¹³ Terre des hommes Foundation – Switzerland, Save the Children Organisation Romania, SOS Children's Villages Romania and World Vision Romania (2019). *Progress report in the protection of children's rights in Romania*.

¹⁴ World Bank, National Authority for Protecting Children's Rights and Adoption, UNICEF (2016): "Romania: Copiii din sistemul de protecție a copilului"

researchers conclude, professionals should be trained “focusing more on participative methods of working with the children, rather than on hearing children for the sake of making decisions”.

The efforts to **reform the juvenile justice system** were initiated before the time period covered by the Strategy. For almost 20 years, multiple initiatives of governmental and non-governmental organisations have been aimed at increasing the quality of the services dealing with civil and criminal cases involving children (a goal shared by social services’ professionals - social workers and psychologists), at the appointment and specialisation of the staff, and at the provision of the facilities required for adequately dealing with such cases (hearing rooms, council rooms, suitably equipped court rooms, etc.).¹⁵ Currently, Romania has a progressive legislation, which allows many of the offending underaged to be removed from the classic justice system, by taking other measures than prosecution. Some 4,000 juveniles are subject to alternative measures to prosecution every year.¹⁶

The most recent data on children in conflict with the law show that, in the period 2014-2006, the total number of prosecuted juveniles varied from 7,816 (2014) to 7,473 (2016), with the most being recorded in 2015 when 8,437 juveniles were subject to criminal investigations.¹⁷ Of them, 371 (in 2014), 446 (in 2015) and 445 (in 2016) were remanded in custody and 3,548 (2014), 2,966 (2015) and 3,883 (2016) were prosecuted.¹⁸

Regarding the sanctions and measures imposed on offending juveniles during the reference period, the number of underaged conditionally discharged decreased from 1,913 in 2014 to 0 in 2016, the number custodial sentences in detention or educational centres decreased from 810 in 2014 to 377 in 2015 and 397 in 2016; at the same time, the non-custodial educational measures evolved from 336 in 2014 to 244 in 2015, and 521 in 2016.¹⁹

A number of special protection measures were ordered in the period 2014-2016 regarding juvenile criminal offenders who are not criminally responsible. According to ANDPDCA statistics,²⁰ the numbers of children criminal offenders committed to residential care were 95 in 2014, 73 in 2015 and 100 in 2016. At the same time, the number of children in conflict with the law under specialised monitoring decreased from 711 in 2014 to 661 in 2015, and to 454 in 2016.

Between 2014 and 2016, the number of child-victims involved in cases judged in Romania (local, county court and appeal courts) was 2,424 in 2014 (of whom 1,882 victims of ill treatment, violence or abuse, including sexual abuse), 2,557 in 2015 (of whom 2,098 victims of ill treatment, violence or abuse, including sexual abuse), and 2,539 in 2016 (of whom 1,952 victims of ill treatment, violence or abuse, including sexual abuse).²¹

The main criminal offences committed against children in the reference period were: domestic violence, battery and other acts of violence, ill treatment of juveniles, trafficking in human beings, rape and sexual activity with a juvenile, sexual corruption of juveniles.²²

Regarding the reform of the juvenile justice system in Romania, in its “Concluding observations on the fifth periodic report of Romania,” (CRC/C/ROM/CO/4, point 92), the UN Committee on the Rights of the Child reiterates a number of previous recommendations and calls for continuing “its efforts to improve the system of juvenile justice in line with the Convention” and other standards.

Over the last decades, the Romanian **education system** underwent significant changes, in consonance with the global trends in education. The curriculum developments resulting from the enforcement of the National Education Law no. 1/2011 and its subsequent acts should be highlighted; the Law places the teaching-learning process in direct relationship with the key skills system recommended at European

¹⁵ Luca, C., Văleanu, C., Ștefăniță, N., Balahur, D., Pitea, M., Pascaru, G. (2010). Analiză privind sistemul de justiție pentru copii din România, Iași, Asociația Alternative Sociale.

¹⁶ Durnescu, I., Popa, C. (2018). Alternative la trimiterea în judecată a minorilor în România. Un sistem fragmentat, București, ISBN 978-973-0-28270-2.

¹⁷ Superior Council of the Judiciary, apud Durnescu, I. & Popa C. (2018) p. 29

¹⁸ Idem, p. 31

¹⁹ Superior Council of the Judiciary, apud Durnescu, I. & Popa C. (2018) p. 35

²⁰ Idem, p. 53

²¹ UN Committee on the Rights of the Child. (2017) List of issues in relation to the fifth periodic report of Romania, Addendum Replies of Romania to the list of issues, pp. 16-17.

²² UN Committee on the Rights of the Child. (2017) List of issues in relation to the fifth periodic report of Romania, Addendum Replies of Romania to the list of issues, p. 18.

level and with the labour market requirements. Also, though still insufficient, the investment in education constantly increased in the period 2000-2007, from 808 to 2020 USD per student.²³

The authorities equally promoted the interventions in favour of children from vulnerable backgrounds, both in terms of educational policies and at operational level, including, for instance, the "Strategy for Reducing Early School Leaving" (2015), "School after School" and "Second chance" programmes, or projects such as "Relevant Curriculum, Open Education for All" (CRED).

Not always did the efforts to push changes have the expected results, and the Romanian education system continued to be confronted with major challenges, including but not limited to underfinancing, school enrolment rates, modest performance of Romanian students in national and international tests.

Despite the increase in 2017 compared to 2014 (according to statistics), education investment as share in the GDP is one of the lowest in Europe (3.14% of GDP compared to the European average of 4.7% of GDP) and constantly remains below the average of the EU member states.²⁴ The expenditure per student has been increasing, but continues to be substantially lower than the EU average in both primary and lower secondary education (ISCED 1 and 2), as well as in upper secondary and non-university tertiary education (ISCED 3 and 4).²⁵

The children's and youth's school enrolment rates are another vulnerability of the Romanian education system, both in terms of entering the system and of completing education. Thus, the rate of participation in primary education decreased overall by more than 10 percentage points in 2016-2017 compared to 2009-2010 and by some 13 percentage points in rural areas, down to 78.9% in 2016.

The number of youths aged 18-24 who have completed not more than lower secondary education and are not in any form of education or vocational training (early school leaving) remains high 18.1% in 2017), both in relation to the European average (10.7%), and to the 11.3% target proposed for 2020.²⁶ Early school leaving is an obstacle to economic growth and employment, impacts productivity and competitiveness, and contributes to perpetuating poverty and social exclusion.

Students' performance in international tests (PISA, PIRLS, TIMMS) has been decreasing, Romanian students fairing worse in 2015 than in 2012 and under the European average in reading, science and mathematics.²⁷ The World Bank analysis²⁸ of the PISA 2012 results shows that 37% of the Romanian students are functionally illiterate, considerably higher than the average share of poorly performing youths in the EU. Students' socioeconomic status was closely correlated with their performance.

Moreover, the analyses show that Romanian students from disadvantaged backgrounds, even those who perform very well in school, have lower education ambitions: 1 in 4 highly performant students from disadvantaged backgrounds thinks that he/she will not complete tertiary education, compared to 1 in 30 highly performant students from privileged socioeconomic groups.

Maternal and child health has been a priority in health policies, being included in the National Health Strategy 2014-2020 and in the health programmes currently financed from the national budget via the Ministry of Health.

Nevertheless, Romania ranks among the lowest in the EU when it comes to a number of maternal and child health status indicators, such as child and maternal mortality. After a period on a decreasing trend, over the past 1-2 years we have been witnessing stagnation or even a slight increase in new-born mortality rates, from 6.9 per thousand live births in 2016 to 7.1 per thousand live births in 2017²⁹ (with the share being almost double in rural than in urban areas).

Maternal mortality remains the highest in Europe (12.52 per thousand live births),³⁰ with particularly high rates of maternal mortality with indirect obstetrical risk, that is pregnant women with associated pathologies. Maternal mortality was also higher in 2017, at 12.52‰ compared to 2016 when it was 8.36‰ live births. Though pregnant women and children are deemed to be covered by the health

²³ Eurydice, Key Data on Education in Europe 2012, p. 90, <http://eacea.ec.europa.eu/education/eurydice>

²⁴ European Commission, Education and Training Monitor 2018

²⁵ Idem

²⁶ Idem

²⁷ OECD, 2019, PISA 2018: Insights and Interpretations

²⁸ Europe 2020 Romania Report and Note of the World Bank, 2013.

²⁹ <https://cnsisp.insp.gov.ro/wp-content/uploads/2019/01/MORTALITATEA-INFANTILA-2017.pdf>

³⁰ https://www.who.int/gho/maternal_health/countries/rou.pdf?ua=1

insurance system, barriers still exist that delay uninsured women's and their children's access to medical services. Children of uninsured parents stand low chances to be enrolled with a family doctor from the time of birth. Also, Romania is confronted with a teenage pregnancy phenomenon. Though the share of teenage pregnancies is some 10% of the total, the CNSISP/INSP report shows that almost a quarter (24%) of the young children dead under the age of 1 are from mothers aged below 19.

An important systemic issue that impacts children's health status is the poor organisation of preventive services, such as the reduction in vaccinal coverage, but also the lack of sustained campaigns to prevent non-transmissible diseases and promote healthy behaviours from very early ages.

Another systemic dysfunction pertains to the coverage of national new-born screening programmes for ailments such as phenylketonuria, hypothyroidism, hypoacusis, etc. The failure to detect such diseases in the new born leads to severe disabilities (e.g. idiocy, deafness, etc.), difficulty in social integration, and higher costs for the family and society.

All the above-mentioned aspects demonstrate deficiencies/ ineffectiveness in the management of health programmes, in organising healthcare and in proactively monitoring the population, in particular the vulnerable groups. The system for monitoring pregnant woman and the new born broke down with the removal of the field nurses, when the health insurances and services agreements with GPs were introduced, and a systemic and sustainable solution for this issue is still to be found. Some attempts were made to bring back the community nurses (CNs) in some 1200 communities, at the request of local authorities, without considering the needs criterion (e.g. share of vulnerable population). Many local authorities' lack of financial resources leads to the gradual reduction of this valuable human resource.

These deficiencies were identified in policies and programmes by the Ministry of Health, and funds were attracted for dealing with them (e.g. Norway Grants/ UNICEF financing for expanding the corps of community nurses and develop integrated education-social-healthcare working tools, European Structural Funds for developing integrated community centres and for increasing the effectiveness of health programmes, etc.). The significant time lag between the development of the National Health Strategy 2014-2020 and the accessing of European Funds delayed the implementation of measures required for dealing with these deficiencies.

Community-based healthcare is one of the main requirements for increasing the access of vulnerable groups to basic medical services. The personnel providing healthcare services in the community includes community nurses and Roma health mediators. There are 1556 community nurses, of whom 1235 in rural and 321 in urban areas. There are 470, health mediators, of whom 270 in rural and 200 in urban areas. Community-based healthcare is currently delivered inconsistently, some counties having a low number of community nurses/ Roma health mediators. 43% of rural areas are covered with community nurses, in the context whereby the access of this population to medical services is much lower than in urban areas.³¹ The main challenges in implementing community-based healthcare are the inadequate financing from local budgets, insufficient funding from the national budget and the lack of physical resources to carry out the activities.

3. Subject Matter of the Evaluation

According to the Terms of Reference, the subject matter of this evaluation is the National Strategy on the Protection and Promotion of Children's Rights 2014-2020 (Annexes 3 and 4). Hereinafter we shall refer to this document as "**The Strategy**". The document was approved in 2014 by GD no. 1113/2014 initiated by the Minister of Labour, Family, Social Protection and the Elderly (currently the Ministry of Labour and Social Protection). Hereinafter we shall refer to this entity as "**The Ministry of Labour**".

The Strategy is aimed at promoting investments in the development and wellbeing of children, based on a holistic and integrated approach adopted by all the public agencies and authorities, with a view to respecting children's rights, meeting their needs and ensuring their universal access to services. The Strategy was designed as a mechanism to integrate all the sectoral processes and policies aimed at strengthening the structural and modernisation reforms, including during the 2014-2020 programming period, with impacts on the development of Romanian children, as well as to ensure the coherence with Romania's objectives and international agreements.

The Strategy was developed in line with the national regulations that define the framework for preparing national policy documents, based on international best practice principles, and includes a clear set of

³¹ Minister of Health (2019)

objectives and associated actions, expected results and indicators, as well as budget and monitoring and evaluation frameworks. Subsequently, in 2014, after the reestablishment of the National Authority for the Protection of Child Rights and Adoption (ANDPDCA), this entity was mandated with coordinating the implementation, monitoring and evaluation of the Strategy.

The Strategy (Annexes 3 and 4) includes four general objectives:

1. Improve children's access to quality services
2. Uphold children's rights and promote the social inclusion of children in vulnerable circumstances
3. Prevent and combat any forms of violence
4. Foster children's participation in relevant decision -making processes.

Each of the general objectives (impact level) includes a set of specific objectives (outcome level) with proposed measures (output level) to achieve them, including expected outcomes. This layout, though not necessarily following the classical structure for planning policies and programmes (resources, deliverables, outcomes, impact), provides the logical elements and connections required to reconstruct the Change Theory. The general objective of the Strategy guided the narrative of reconstructed change theory: "The Strategy is aimed at promoting investments in the development and wellbeing of children, based on a holistic and integrated approach, adopted by all the public agencies and authorities, with a view to respecting children's rights, meeting their needs and ensuring their universal access to services".

The Strategy implementation period is seven years. The Operational Plan 2014-2016 was developed to effect the Strategy, which includes the activities and measures to be undertaken by various ministries and local authorities, as well as a detailed budget plan that indicates the level and intensity of investments at various levels and the main financing sources (national, local or county budgets and European Funds).

Through the measures included, the Strategy presents the changes envisaged, which include the continuation of reforms in child protection, but also the defining of new directions of action meant to ensure children's access to quality education, health and social services. The Strategy includes measures aimed at particular disadvantaged groups, such as children from rural areas, Roma children, disabled children, children in the child protection system, street children, children with parents working abroad, and also teenagers.

The documentary research carried out at the beginning of the evaluation exercise indicates a series of legal, institutional, services' organisation, etc. changes that took place between 2014 and 2020. Thus, the legal framework regulating the implementation of the Strategy was improved and regulations were initiated and adopted covering, inter alia:

- prevention and intervention in cases where children are at risk of or abandoned in healthcare facilities;
- regulating children's remunerated work in cultural, artistic, sports, advertising and modelling;
- Procedure for monitoring the way children with parents gone abroad for work are being raised and cared for and the services available to them, the Working methodology for cooperation between the general directorates for social assistance and child protection public service, and the standard model for the documents developed by these institutions;
- the amendment of Law no. 273/2004 on the legal status of adoption and the adaptation of the rules for enforcing the Law;
- approval of the bio-psycho-social criteria for assessing children's degree of disability and of the rules for their application;
- approving the methodology for the assessment of children's degree of disability and integrated intervention, education and career guidance of children with special educational needs, and to empower and rehabilitate children with disabilities and special educational needs;
- organisation and operation of the child protection committee;
- approval of the agreement for the implementation of integrated community-based services aimed at preventing social exclusion and fighting poverty
- establishing the Child's Ombudsman;
- prohibiting the institutionalisation children under 7 years of age;
- updating cost standards and adopting new minimum quality standards for social services addressed to children, etc.

A number of changes to Law no. 272/2004 on the protection and promotion of the rights of the child, republished (at the Government's initiative) and to Law no. 273/2004 on the legal status of adoption.

An important moment of the reference period was the presentation of the Fifth Periodic Report of Romania before the UN Committee on the Rights of the Child in its meeting of May 2017. The UN Committee welcomed Romania's progress in various areas, the reestablishment of the National Authority for the Protection of Child Rights and Adoption and the passing of several regulations and institutional and political measures concerning children's rights prohibiting the institutionalisation of children aged under 3, the revision of the adoption law and a modern education law in 2011. The Report also welcomed the adoption of the National Strategy on the protection and promotion of the rights of the child 2014-2020 and the National Strategy on children's and teenagers' mental health 2016-2020.

From the perspective of ANDPDCA, the main failures identified in the reference period included the insufficient mobilisation of the general departments for social assistance and child protection in continuing the deinstitutionalisation process (by closing down traditional centres) and of the local authorities in discharging their duties to prevent the separation of children from their families. To remedy the deficiencies, besides the specific measures meant to deal with the identified failures, the annual ANDPDCA reports for the reference period mention the instatement of a continuous training mechanism of the personnel responsible for the protection and promotion of children's rights and adoption, by identifying new financing sources.

The National Authority for the Rights of the Disabled, Children and Adoptions (ANDPDCA) was established in November 2019 under the authority of the Ministry of Labour as a specialised body of the central government, by taking over the activities, responsibilities and units of the National Authority for Persons with Disabilities and ANDPDCA, which were disbanded. Merging the responsibilities of the two previously independent agencies sets the premises for improved coordination of the two special protection systems, such that the laws, strategies or projects developed by the newly established entity might address in an integrated and coordinated manner the vulnerabilities and shortcomings that will be identified in either and both of the two systems.

The evaluation will approach in detail all the determinant elements of the changes proposed by the Strategy, as well as the associated assumptions and risks, which will eventually allow the reconstruction of the CT and the accurate and evidence-based explanation of the changes brought about by the Strategy in the lives of children and their families.

4. Purpose, Objectives and Applicability of the Evaluation

4.1. Purpose of the Evaluation

The purpose of the Strategy evaluation was to provide evidence on the outcomes achieved through a multisector approach to upholding children's rights. The evaluation was planned to review the implementation of the Strategy and its adequacy to the needs and requirements of upholding children's rights, as well as to draw relevant experiences and possible solutions for improvement. The evaluation is summative, but also includes a formative dimension.

4.2. Objectives of the evaluation

According to the Terms of Reference, the evaluation had four *specific objectives*, thus:

- review the relevance, effectiveness, efficiency, sustainability and impact of the measures ensuing from the Strategy;
- review the Strategy design and implementation processes and provide conclusion and recommendations on what did and did not work and on how to improve the next strategy;
- document the lessons learned about and make recommendations for improvement of the implementation of the Strategy;
- identify how the Strategy led to outcomes for children in terms of gender issues, fairness and overall respect for their rights.

4.3. Scope of the Evaluation

In terms of the timeframe, the evaluation covered all the years when the Strategy was implemented, with the inherent limitations described in Section 5.2. In terms of geographic coverage, the evaluation was carried out nationwide, looking at the implementation of the Strategy in the entire country.

In line with the Terms of Reference, this was a joint evaluation of a national policy document that was laid out and developed by ANDPDCA with support from UNICEF. Therefore, this is not a classical evaluation of UNICEF or a UNICEF intervention.

4.3. Stakeholders and the Use of the Evaluation

According to the Terms of Reference, the evaluation is meant to provide central and local level stakeholders, including children, with a thorough picture on the implementation of the Strategy. The National UNICEF Office, the Regional UNICEF Office for Central and Eastern Europe and their national partners will use the results of the evaluation as a management tool, but also for discussing the priorities of their future cooperation.

5. Evaluation Methodology

5.1. Description of the Methodological Design and Methods

According to the Terms of Reference, the evaluation examined the relevance, coherence, effectiveness, efficiency, sustainability and impact of the Strategy. The Terms of Reference proposed 17 evaluation questions associated to these evaluation criteria. The evaluation team revised the questions in the inception phase, such as to enhance their strategic focus and the usefulness of the evaluation findings and conclusions. In the end, the evaluation design included 18 questions. All the changes made to the evaluation questions are reflected in the Evaluation Matrix (Annex 5) that shows the evaluation criteria, questions and indicators/ descriptors, data collection methods and data sources.

The evaluation had a non-experimental design, was based on the change theory and used a combination of quantitative and qualitative methods to triangulate information through a variety of means and tools. The results of the data analysis are described in detail in Section 6 of the Report, but also in Annex 10 where the status of Strategy indicators is presented. The stakeholder groups (decision makers, personnel involved in subsequent programmes and projects, beneficiaries, etc.) participated in the evaluation as data sources, and some of them provided comments on the drafts of the deliverables or will be responsible for implementing the recommendations (such as central and perhaps local government bodies). The evaluation team considered all the available data and opinions of the stakeholders, such as to come up with findings that are as impartial and representative as possible.

A number of basic principles (participative approach and triangulation) were considered in developing the Strategy evaluation methodology, in order to ensure a comprehensive and effective process. Gender, fairness and children's rights aspects were also considered throughout the evaluation process and in the Report.

The evaluation employed a participative approach, consisting of involving all the relevant stakeholders in discussions and consultations in interviews and focus-groups and commenting on the draft versions of the deliverables. In the data collection process, we paid special attention to obtaining information and understanding the perspectives of all the parties involved directly and indirectly in the development of the Strategy and in the implementation of the subsequent programmes and projects, such as to ensure impartiality and representativeness of all the opinions expressed.

The quantitative data collection included three categories:

- The first pertains to administrative data on the child protection, health, education and justice systems. The administrative data were collected based on the Strategy indicators (Annex 9).
- The second consists of data from official reports and documents of national and international public bodies, as well as from other reports produced by the academia and NGOs during the Strategy implementation period.
- The third was comprised of data from two online surveys carried out during this evaluation.

The two online surveys (on LimeSurvey) were aimed at collecting data on the achievement of the indicators on social protection of children defined in the Operational Plan for the implementation of the National Strategy on the Protection and Promotion of Children's Rights 2014 - 2016. The data collected for each indicator covered the period 2014 - 2019.

Data were collected from DGASPCs concerning: personnel training, training in parental education, special protection system, day care services, local inter-sectoral teams, integrated community services/ centres/ minimum packages of services, children's phone line, work of advisory community bodies, disabled children, media campaigns, street children, juvenile criminal offenders who are not criminally responsible, children whose parents are at work abroad.

Data were collected from the SPASs/ DASs/ social assistance units regarding: development of child protection public services, training of personnel in public services, parenting education, disabled children, media campaigns, children whose parents are at work abroad.

The questionnaires (Annexes 8.a. and 8.b.) were distributed to the general departments for social assistance and child protection in each county and the 6 sectors of Bucharest City, social assistance public services/ social assistance departments/ social assistance units in all counties. The data from the social assistance public services/ social assistance departments/ social assistance units were collected by DGASPC and inserted into the online questionnaire at county level.

The online questionnaires were filled-in by 47 DGASPCs (41 counties and 6 sectors of Bucharest) and 1,682 social assistance public services/ social assistance departments/ social assistance units from 39 counties. Data were collected in the interval 31 August - 30 October 2020.

Qualitative data collection

Qualitative data were collected exclusively online in 19 *focus groups* with beneficiaries of social services (social, educational and medical) and with the staff of the public services (DGASPC, DSP, ISJ, IPJ, SPAS), 3 *group interviews* with teenagers involved in participative processes, and 89 *individual in-depth interviews* with local, county and national stakeholders, partner organisations (civil society and international organisations), and children and adolescents. The data were collected based on the Focus-group and Interview Guides (Annex 8.c.). Annex 13 provides additional details on the collection of primary qualitative data.

5.2. Limitations of the Evaluation

The evaluation was performed in unusual conditions caused by the COVID-19 pandemic. The limitations were those determined by this context, but also the fact that some disaggregated and basic data for certain Strategy indicators are not available. To overcome this limitation, the evaluation team worked together closely with ANDPDCA and UNICEF and supplemented the data collection component with two online surveys, such that the evaluation was based on sound data.

The evaluation of the efficiency was made difficult by the lack of consolidated budgetary data about inter-sectoral policies, such as the Strategy. In spite of the limitations regarding the quantitative data, the evaluators collected qualitative data which entailed the stakeholders making certain estimations. This introduced a certain bias and, implicitly, required the careful selection of data sources from among the best informed persons who were invited to provide sound arguments in support of their respective opinions.

The specific COVID-19 pandemic context required that primary data (quantitative and qualitative) be collected and consultations on the two deliverables (Inception Report and Evaluation Report) be held exclusively online. The difficulty was that most of the potential participants in interviews and social groups were already tired of online activities. For this reason, they were generally less available. The evaluation team was supported by ANDPDCA and UNICEF to reach out to relevant representatives of the data source entities. Moreover, the evaluators were flexible in the data collection process, which contributed to overcoming the above-mentioned obstacles and successfully completing this evaluation stage.

5.3. Compliance with rules, standards and ethical aspects

The evaluation was managed in compliance with the Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis (UNICEF, 2015), such as to ensure the highest ethical standards at all times. In line with the UNEG Norms and Standards, the evaluators respected the beliefs and habits of the participants and acted with integrity and honesty in relation with all the stakeholders, ensured that their interactions with all the persons were respectful, and protected the anonymity and confidentiality of personal information.

The evaluation was carried out such as to do no harm, thus guaranteeing the avoidance of all risks to each participant in the evaluation, in particular to the final beneficiaries. To supervise the ethical aspects of the evaluation, Pluriconsult worked together with the Sociology Department of the Philosophy Faculty of the "Al.I.Cuza" University of Iasi. The Department reviews the Inception Report and the final version of the Evaluation Report to provide an independent opinion on the evaluation team's compliance with ethical standards.

The team members were briefed on the ethics principles. The participants in the evaluation were reassured that the confidentiality would be kept at all stages of the evaluation, according to the UNICEF standards. Before the interview or focus group, alongside the invitation letter, the respondents received a letter based on which they agreed to participate. In the case of children and adolescents, the participation consent was requested from them and their parents (Annex 12).

The sources of information are protected and only known by the evaluator. No personal information were collected. The evaluators prepared the transcripts and only the consulting team members had access to the to review the data for the purpose of preparing the Evaluation Report. Data were also kept confidential in the data storage process. On completion of the review, all the documents containing data (sets of data and transcripts) were stored on a password-protected hard disk and deleted from any other media

In the data review and Evaluation Report preparation stage, we ensured that the quotations do not allow the identification of the source. Where contextual information would have permitted the identification of the persons involved, statements were slightly modified, without changing the meaning.

The team ensured that the evaluation process complied with the UNEG Ethical Guidelines and applied the following principles at all stages: respect, wellbeing, non-aggression, fairness, concern for risks and benefits, informed consent, confidentiality, no compensation or payments, no conflict of interests (as per Annex 9 of the Inception Report).

6. Evaluation results

6.1. Relevance

6.1.1. To what extent are the Strategy outputs/ deliverables relevant to its general and specific objectives?

Thematic relevance of activates and deliverables for the general and specific objectives of the Strategy

The data collected in this evaluation point to an internal coherence of the Strategy, the activities and deliverables being relevant for its general and specific objectives. Children's fundamental rights, such as access to quality education, inclusion in education, social protection, medical assistance, participation, etc. are considered. We appreciate that this Strategy represented an important step ahead in the public assertion of the child's rights concept.

To achieve its goal, the Strategy pursued four general objectives, each with its specific objectives. Each general objective was aimed at ensuring the required conditions for increasing children's wellbeing. The specific objectives pursued a holistic and integrated approach, with measures defined for each. Expected outcomes were identified for each measure. The integrated and cross-cutting approach to child wellbeing issues was reflected in each of the specific objectives. The measures proposed for each specific objective were aimed at covering the various needs of children (social protection, health, education, justice). The measures and their associated outcomes were relevant for the general and specific objectives of the Strategy. However, the relevance of some indicators is lessened by their being excessively general and difficult to measure, the lack or incoherence of associated data, and difficulties in breaking down the data by various criteria (living environment, gender, age, development regions/ counties, household wealth, etc.).

In terms of social protection, the Strategy includes a detailed description of the existing issues and needs of the services system (better coverage at local level, increased capacity of the services system at local level, improved quality of the provided services, development of the capacity to evaluate and monitor observance of child's rights and social status, closure of residential institutions), but also of the children and their families. Nevertheless, there are some activities that are fairly difficult to implement in the existing administrative context, such as 1.1.1.3. "Partnerships formed by one or several rural settlements to establish a functional SPAS, where the resources do not allow for the establishment of an autonomous entity" or 2.5.3.2. "Establishment of at least one day care service (e.g. counselling centre, integrated community service) in each administrative-territorial unit by 2020, depending on the needs identified in the plans developed by DGASPC and local authorities (APL).

The Strategy includes key details on the main health issues and implicitly of the needs for development in the healthcare services, such as to better meet the children's needs. The Strategy documents extensively the indicators on major health issues of Romanian children, namely: infant and under-five mortality; known incidence of vaccine-preventable diseases; tuberculosis as a major health issue; lack of community-based services and preventive approaches in children's mental healthcare; HIV issues that have been on the decrease over the past decades; highlights the lack of recent data for oro-dental health. The substantiation also describes behavioural and life-style risks such as: tobacco smoking, alcohol, drugs; reduced use of protection in sexual intercourse; skipping breakfast; low share of children that take sufficient exercise; increased time allocated to the TV, computer or phone "screens".³² All considered aspects are in line with the key indicators envisaged by WHO in its quadrennial Health Behavior in School-aged Children studies.³³

In the field of healthcare, though the health sector needs are by and large well documented, the proposed measures, activities and deliverables can only solve part of the described problems. For instance, needs were highlighted for which no measures were provided in the Strategy action plan (e.g. tuberculosis in children).

Concurrently, objectives/ measures are defined in the Strategy whose relevance/ need is not substantiated, e.g. the measure on reproductive health services. The strategic document does not focus sufficiently on the prevention of unwanted teenage pregnancies, an area that is though subsequently approached in the measures. The issue is briefly reviewed in the Section on Household Structure, but

³² Strategy for the Protection and Promotion of Children's Rights, pp. 29-32.

³³https://www.euro.who.int/_data/assets/pdf_file/0005/167423/E96444_part2_3.pdf

is not covered in the Healthcare Section in terms of insufficient sexual and reproductive health education; the Strategy also fails to mention that pregnancy at very young ages may result in the instatement of protective measures for the mother and/or child. Though the Strategy also overlooks to demonstrate the relevance/ need to invest in prevention programmes (e.g. new born screening), measures associated to such programmes are included in the Operational Plan. Moreover, the Strategy only partially describes and specifies the health issues of disabled children and the different accommodations needed in medical and social services for each type of disability. The rehabilitation needs are not described in detail, but are covered by the measures.

In the field of education, the relevance of some Strategy indicators is reduced by:

- High generality - the relevance of the indicator “participation in primary and lower secondary education” is lowered by putting together two education levels with different issues. Then, the indicator is not disaggregated in urban/rural, girls/boys, privileged/ disadvantaged areas, etc., thus failing to provide an objective picture of the realities of the education system, particularly regarding the needs of vulnerable groups.
- Low measurability - “share of students with involved parents”.
- Indicators for which no entity collects data: “number of schools that provide adequate learning conditions (qualitative indicator, as per the statements of the schools’ representatives)”. Percentages cannot be determined based on this indicator and no officially accepted definition is available of ‘adequate learning conditions’.
- Lack of precision/ clarity, generating inexplicable differences between the Strategy provisions and reports - “number of continuing training programmes for teachers adapted to the needs of children at risk of school drop-out [...]”: final target 6 programmes, 1895 reported.

Regarding the encouragement of children participation in the taking of decisions concerning them, the Strategy provides two measures of which one³⁴ either has no associated achievement indicators and targets, or there is a numbering error. Either way, with respect to the five generically defined indicators, we appreciate that most of them were worded imitatively, with reference only to the National Council of Students as the form of children's participation. One explanation for the limitation may be that the debates and activities to prepare and finalise the Strategy took place between 2013 and 2015, when children's participation in the taking of decisions concerning them was a topic that had just started being explored in the Romanian society .

Therefore, it may be said that, in terms of thematic correspondence, the Strategy measures, actions and indicators are relevant for the general and specific objectives. Though no elements were identified that exceed the thematic universe of the Strategy or fail to address child protection and promotion issues, there are however examples of indicators whose relevance is seriously reduced for being unmeasurable, imprecisely worded or of poorly substantiated relevance.

Causal/ logical correspondence between activities and deliverables and the general and specific objectives of the Strategy

The purpose of analysing the causal/ logical correspondence between measures, activities and indicators and the general and specific objectives of the Strategy was to determine the likelihood of achieving the latter through the former, without assessing their effectiveness or sufficiency (a discussion taken up in other sections of the evaluation).

In general, a causal/ logical correspondence does exist between the indicators, actions and measures laid down in the Strategy, which contribute to the achievement of the general and specific objectives. Each measure is implemented through related actions. The indicators defined for each action, though, as mentioned above, not always measurable, are relevant for measuring the progress in achieving the measure in question.

The evaluation respondents have mixed perceptions about the causal/ logical correspondence between measures, activities and indicators and the general and specific objectives of the Strategy. Some entities believe that the correlation exists,³⁵ others deem that the reviewed elements are only partially causally/ logically correlated (because the actions or indicators are not clearly and specifically worded or are not

³⁴ Measure 4.1.2 Support more diversified forms of child participation.

³⁵ Interviews with central government entities

measurables) and gave specific examples to this effect.³⁶ Yet others say that they cannot express an opinion because are not sufficiently familiar with the Strategy.

The analysis carried out under this evaluation reveals however miscorrelations between different actions. For example, in one reviewed situation, an action allocates the responsibility for establishing a monitoring system to one agency only, yet another action regarding the use of the system lays the implementation responsibility with other entities, also exclusively, without any apparent reason.³⁷ Also, deviations were found from the chrono(logical) order of the actions.³⁸

It should also be noted that the Strategy actions are worded at different levels of specificity, with some being very generically defined, at outcome level [e.g. 1.1.2.2 Develop the community-based healthcare system (including health mediators) and set up integrated community-based services, or 1.1.1.1 Filling in vacancies in child protection services], whilst others are very detailed, at output level (1.2.4.2 Develop and disseminate a set of standards on child-friendly practices, or 1.1.6.2 Implement and evaluate the results of pilot programmes aimed at developing and developing integrated community-based services in 4 counties). Regarding the latter, the provision of concrete figures increases the likelihood of the actions being implemented and evaluated, without turning the Strategy into an action plan. Moreover, some actions are defined by rephrasing a need, and not by opposing a solution (e.g. 1.1.1.1 Filling in vacancies in child protection services - this is an intention/ a goal, and not an action).

In our opinion, the major limitation in the design of the Strategy lies in its Operational Plan that fails to comply with the logical framework approach. No indicators for the specific and general objectives are formulated in the Operational Plan. 118 indicators were formulated in the Strategy,³⁹ apparently all at the same level of attainment (outputs), without outcome and impact indicators, which made it difficult to accurately measure progress.

Activities that could have been (yet were not) planned to achieve the general and specific objectives of the Strategy

Besides an analysis of the children's wellbeing on all levels (social welfare, education health, justice, participation), the development of the Strategy included a wide-scale consultation of all stakeholders - ministries and their subordinated entities with responsibilities in the protection of children and upholding their rights, general social assistance and child protection departments, but also civil society's organisations working in the field. The Strategy attempted to address all the issues identified in the analysis of the current situation, as well as those indicated by civil society's organisations and public entities participating in the consultation processes. Each participant in the consultation process, depending on their scope of operation, proposed new measures to be considered in the final document.

The analysis of interview data shows that, by and large, the proposals received in the consultations were included in the final Strategy document. Nevertheless, the opinions of the interviewed stakeholders indicate that the measures should have been better prioritised, depending on the available financial resources.

The evaluation data show that the topics insufficiently dealt with were: preventing child-family separation, violence against children, issues of children from disadvantaged socioeconomic backgrounds (in particular Roma) and their segregation, children's participation, social integration of youth leaving the social protection system, street children, children with behaviour disorders, SPAS-DGASPC cooperation, and interinstitutional cooperation.

³⁶ Idem

³⁷ Specifically, the entity responsible for "revising the current system for monitoring violence in schools and include school teachers in the monitoring of abuse, neglect, exploitation or any other form of violence against children" is the Ministry of Education (action 3.2.1.1), yet ANPDCA and APL are responsible for implementing the said system (action 3.2.1.2).

³⁸ For example, measure 3.2.1. "Strengthening the capacity of public services to prevent and combat any form of violence against children" first provides for the revision of "the current system for monitoring violence in schools and include school teachers in the monitoring of abuse, neglect, exploitation or any other form of violence against children" (action 3.2.1.1), then its implementation (3.2.1.2) and only at the end "establish a system of indicators for monitoring and evaluation the number of cases and size of abuse, neglect, exploitation or any other form of violence against children in families, organisations and communities" (3.2.1.3).

³⁹ In fact, as we mentioned before, some indicators reflect detailed aspects of the measured reality, while others are worded very generically, at a rather strategic level.

Another topic that was indicated as insufficiently approached in the Strategy is the financial allocations to services for children, specifically to prevention services in rural areas and services provided by accredited private suppliers. The focus was on developing the capacity of the public social assistance entities services to provide such services and on creating new services that meet better the identified needs, but the issues related to consolidating and improving the existing social services was not approached sufficiently. Some measures laid down in the Strategy in the field of juvenile justice are not relevant for all categories of children. For instance, the measures to facilitate children's access to education are not applicable in the case of all children from the probation or prison system (for being overage for resuming education in mainstream schools, for lack of alternatives to mainstream education in their area of domicile, or no distance learning options), so that they are left out of the education system.

The complexity of child wellbeing issues in Romania demonstrates the need to diversify the interventions to deal with existing problems and cover current needs. The lack of community needs analyses to specifically identify issues and their dynamics resulted in certain actions not being initially included in the Strategy. The Strategy mainly covered measures responding to the main national problems identified at the time of its development.

6.1.2. To what extent do the Strategy activities and outputs/ deliverables address children's and their families' needs, in particular of the most vulnerable? Are gender and age aspects considered in the implementation?

To what extent is the Strategy substantiated by the assessment of social services, healthcare and education needs of children and families, including the most vulnerable?

The Strategy objectives, measures and Operational Plan were based on a situational analysis carried out by independent experts, which included a description of the main developments recorded in the period 2007 – 2014 in education, healthcare and social protection. The situational analysis was aimed at identifying the main problems in the three areas, their respective causes, and solutions to deal with them.

At the same time, the Strategy objectives, measures and Operational Plan were developed taking into account, inter alia, information from the Conclusive Study, based on the national evaluation of the general departments for social assistance and child protection (DGASPC), social assistance public services (SPAS), and other entities and organisations involved in the child protection system⁴⁰ (DPC of the MMFPSPV and the SERA Foundation, 2012), as well as from other studies/ reports prepared by other organisations active in the fields of concern. As shown in the situational analysis presented in the Strategy, information and data were used from different sources: public entities, official statistics, academic institutions and non-governmental organisations. The willingness existed to use data describing the situation as objectively as possible, such as to identify the existing needs and optimal solutions thereof.

In the consultation process, the NGOs proposed ways to improve the objectives, measures and Operational Plan, which involved, among other things, the provision of information substantiating the identified issues/ needs.

The extent to which the Strategy was based on the assessment of the needs for social services was also determined by the sources and categories of information used. For that purpose, we note the predilect use of statistics collected by public entities, complemented with qualitative data and best practices sourced mainly from reports of NGOs or international organisations active in Romania.

From a qualitative perspective, knowledge of the needs for social services was, at the time the Strategy was developed, limited by the absence of specific tools and mechanisms for consultation and/or needs assessment based on the participation of vulnerable groups, or of needs maps (at county/ community level),⁴¹ which would have allowed a more detailed analysis, instead of a relatively uniform and eminently theoretical approach. Moreover, at the time the Strategy was developed, vulnerable groups were

⁴⁰ Conclusive Study carried out under the Project "Improving the organisational effectiveness of the Romanian child protection systema", implemented by the Child Protection Department of the MMFPSPV in partnership with the SERA Romania Foundation, based on the national evaluation of DGASPCs, SPASs, and other entities and organisations involved in the child protection system, 2012. Available at <http://www.copii.ro/anpdca-content/uploads/2014/12/Raport-final-studiu-conclisiv.pdf>

⁴¹ Except for the National Anti-drug National Agency, which uses such maps.

consulted and their opinions were collected and consolidated only in specific studies or as part of information campaigns (during the activities, and only exceptionally thereafter, to evaluate the results).

The Strategy proposes measures and actions aimed at creating or streamlining national data collection mechanisms (including the institution and implementation of a national system of social indicators on children, with regular reporting, including data on poverty/ socioeconomic standing, social exclusion, education, health, etc.), entering cooperation agreements with providers of statistical data, performing periodic studies, and developing a map of poverty and social exclusion at community level. The Strategy also includes extremely ambitious, though loosely defined, measures and actions regarding the identification of all children with parents working abroad, identification of the number and profile of disabled and/or SEN children attending mainstream schools (residential environments, place/county, family characteristics, child characteristics), of children of compulsory education age who no longer attend school, and even of all vulnerable children.

The education component of the Strategy was based on a consistent set of data that documented the educational reality of 2013 (pp. 24-26). Vulnerabilities are highlighted such as children out of the education system, poor participation in early childhood education, school dropout in its various forms, insufficient counselling afforded to children, quality of education services reflected in children's poor performance in national and international tests, or violence in school.

The analyses carried out under the Strategy are also confirmed by other documents⁴² that argue for the need of interventions in early childhood education, children not participating in education and school dropout, confirming both the target groups covered by and the types of measures proposed in the Strategy. The status of vulnerable groups and the risk generated by early school leaving are approached in studies such as "Early school leaving. Causes and effects" by the Roma Education Fund, the above-mentioned FONPC Report (with a special focus on school segregation), or the studies carried out in 2014 and 2018 by World Vision on the wellbeing of children in rural areas.

The Strategy's priorities for education are further confirmed by the Recommendation of the Council of the European Union on Romania's 2014 national reform programme, which ensures the convergence of the interventions with the national public policies pursued in other sectors.

In this context, the Strategy merit is to be the public policy document that puts out and debates the children's rights concept from multiple perspectives, proposing a set of indicators leading to the improvement of children's access to quality, inclusive and transparent education services.

However, the Strategy is less successful in approaching the deep causes of the identified phenomena and in creating a general framework that might allow the identification of sustainable solutions by the responsible entities. For example, the modest performance of Romanian students in various international tests (e.g. PISA, TIMMS) are discussed, yet not the root causes of this situation. Also, we learn that no differentiated teaching is provided to children at risk, but the causes of this fact are not indicated. This is why a more thorough needs analysis is required, based on disaggregated data. Equally, the Strategy approach to vulnerable children is generic, failing to address specific categories of children and provide them with the perspective of significantly improved education services.

The relevance of the Strategy over time

The Strategy's goal, objectives, measures and actions did match the needs of Romanian children and families at the time of its development. Their relevance is maintained, though the needs are far from having been met (children in rural areas, children whose parents are in employment yet poor, children of single parents or teenage mothers, disabled children, children with disabled parents, children in residential centres, children whose parents are at work abroad, Roma children, street children, children in conflict with the law). The data from interviews and focus groups show that, though new problems emerged, many of the proposed measures are still topical, since issues identified in 2014 are still around. Though subject to an interim evaluation for the period 2014-2016, the Strategy was not amended to include new vulnerable groups or to eliminate or introduce measures, actions or indicators. Moreover, the COVID-19 pandemic further deepened the needs of children already in various vulnerability situations.

⁴² The 2014-2020 Partnership Agreement⁴² between Romania and the European Commission, FONPC Report of 2016 on the observance of children's rights in Romania, or the Substantiation Study for the National Strategy for Social Inclusion and Poverty Reduction 2015-2020 (Teșliuc, Grigoraș, Stănculescu, 2015). Also, UNICEF studies such as "Supporting Invisible Children" (2013) or "In School" (2017).

The provisions of the Strategy in the field of education remained relevant as long as the macro-educational indicators did not improve, and the standing of the target groups either failed to improve significantly or worsened. This statement is supported by the official data provided by INS and MEC (see Section 6.6.1 on the impact of measures on the Strategy beneficiaries), but also by international organisations (see in Section 6.6.1 the review of Romanian students' performance in international tests).

The lack of progress in critical areas of education, such as equity, is also described in EU documents, such as the Council Recommendation on the 2020 National Reform Programme of Romania. The documents emphasise that "The equity, inclusiveness and quality of education remain important challenges and strategic reforms in this area are needed. Despite some progress in recent years, Romania has a high share of early leavers from education and training (15,3 % in 2019) and young people not in education, employment or training (14,7 %, a slight increase on 2018). There is still no integrated, nationwide mechanism targeting early school leaving. Educational outcomes, especially in rural and economically deprived areas, are not improving." (p. 7). The same document points out the limited access to early childhood education and care in rural areas, which widens inequality of opportunities between pupils.

At the same time, other vulnerable groups have been becoming more visible, such as children who have to be reintegrated in the Romanian education system after having spent a number of years in a foreign one, children of imprisoned parents, etc. Therefore, the Strategy not only remains relevant in relation to the initial target groups, but the need emerged to diversify these groups in accordance with the speedy social developments.

The relevance of the Strategy for including vulnerable groups in national plans/ other strategies/ regulations

The sectoral strategies that include provisions on child protection are:

- National Strategy "A Barrier-free Society for People with Disabilities", 2015-2020
- National Strategy on Social Inclusion and Poverty Reduction 2015-2020
- The Strategy of the Government of Romania on the Inclusion of Romanian Roma Citizens for 2014-2020
- National Strategy for Social Re-entry of Persons Deprived of Liberty 2015- 2019
- National Strategy against Trafficking of Human Beings for the period 2018-2020
- National Antidrug Strategy 2013-2020
- National Health Strategy 2014-2020
- National Strategy on Early School Leaving in Romania
- National Strategy for the Mental Health of Children and Adolescents for 2016-2020
- National Strategy on Promoting Gender Equality and Preventing and Combating Domestic Violence for the period 2018-2021.

The Strategy informed the funding of certain intervention projects for groups of vulnerable children. Also, the Strategy is relevant for including vulnerable groups in national plans or other strategies. For example, though no specific mechanisms are in place for flagging out new vulnerable groups, the job description of the community nurse proposed in the Strategy is sufficiently flexible to accommodate this task.

National, county or local regulations/ plans/ strategies were developed between 2014 and 2020 for all the vulnerable groups mentioned in the Strategy. The Strategy is mentioned among the informing documents in all the strategic documents and regulations developed by the Ministry of Labour, as well as in the county and local documents on the protection and promotion of the rights of the child.

When the SNPPDC 2014-2020 was adopted, the National Strategy for Social Inclusion and Poverty Reduction for 2015–2020, approved by GD no. 383/2015, was under development. A number of provisions of the SNPPDC 2014 - 2020 on the development of the social assistance and child protection system are also included in the National Strategy for Social Inclusion and Poverty Reduction for 2015 - 2020. Same as SNPPDC 2014 - 2020, the National Strategy for Social Inclusion and Poverty Reduction for 2015 - 2020 is intersectoral and includes measures in various intervention areas - education, health, social protection.

However, the existence of a strategy that is in line with the national and international children's rights principle and values was one of the main guiding elements in the development of sectoral education strategies. Thus, according to information from MEC, ANDPDCA representatives were involved in the work of the task teams set up to prepare three of the four sectoral strategies, namely the Strategy for

Reducing Early School Leaving in Romania, the National Strategy for Life-long Learning 2015-2020, and the Strategy for Romanian Vocational Education and Training 2015-2020.

The child protection provisions in the county or local development strategies were based on the objectives and measures proposed in SNPPDC 2014 - 2020. They were then taken over and adapted to the local context.

Ensuring the premises for the provision of quality services to all categories of beneficiaries, including the most vulnerable

The Strategy includes a variety of measures dedicated to ensuring the provision of quality services to the targeted categories of beneficiaries. One specific objective of the Strategy is to increase the quality of services provided to children, including social, health and education measures, with a focus on transferring best practices on services and policies for children and on improving the professional quality of human resources. Other actions include the establishment and development of specialised services, training certain professionals (justice, social services, healthcare, education, etc.) in child's rights topics and working with specific groups of vulnerable children. Ensuring the quality of the services is also pursued by the inclusion of measures and actions to revise and develop quality and cost standards⁴³ for all the services and by considering the adequacy of providing a minimum package of social services to all children. Including a wide range of public and private institutional stakeholders, through the experts responsible or consulted for the development of the Strategy, seems to have been a means to ensure the premises for the provision of quality services to all categories of beneficiaries.

The aim of providing quality services to all categories of beneficiaries, including the most vulnerable, was only partially achieved when it comes to social services. Thus, though it proposes the filling-in of all vacancies in child protection services and the provision of specialised personnel in each SPAS, the Strategy does not provide for specific means to reduce the gap between the number of qualified social workers and those without specific education⁴⁴ (nationwide, but more so in rural areas) or means whereby qualified social workers could be attracted to work in socioeconomic disadvantaged areas,⁴⁵ aspects that are determinant for the provision of quality services.

Deep knowledge of the standing of the various target groups is needed, with a focus on vulnerable groups, in order to provide quality education services to all children. The review of the data informing the Strategy objectives, measures and activities shows that the sources were a variety of public entities (e.g. INS), as well as international organisations (e.g. UNICEF or the World Bank). Nevertheless, relevant statistics were not available at the time to document the condition of children in particular vulnerability situations, such as poverty, SEN, traditional communities (Roma), disability, or combinations thereof. In fact, neither MEC nor INS currently collect such disaggregated data. The annual reports of MEC use the same generic data that show developments in the education system, but do not allow in-depth assessments highlighting the causes of progress or regress in various areas.

Setting the premises for fair access to services for all vulnerable/ marginalised children

One of the principles stated in the Strategy is "universality, non-discrimination and equal opportunities". The proposed measures are meant to ensure fair access to services for all vulnerable/ marginalised children by: 1/ developing the social protection system, services provided and capacity of the personnel; 2/ motivate partnerships with other providers of social services; 3/ implement campaigns to reduce stereotypes/ discrimination.

The Strategy includes measures and actions for the development and implementation of working methodologies in SPASs and DGASPCs, yet uses an unmeasurable indicator. The exception is the category of children whose parents are at work abroad, for whom the development of a specific intervention methodology is planned.

For the purpose of ensuring fair access to services for vulnerable/marginalised children, the Strategy includes actions to activate the community consultative councils and the development of a methodology for their work.

⁴³ The cost standards were revised several times between 2019 and 2020, for better correlation with the goods and services market.

⁴⁴ At the time of writing the Strategy, only 3 of 10 SPAS employees were qualified social workers (Lazăr et al., 2016).

⁴⁵ At the time of writing the Strategy, the majority (88.6%) of the social workers were in urban areas and just over one tenth (11.4%) were working in villages (Lazăr et al., 2016).

Though it aims to set the premises for the provision of quality and accessible services for all children, the Strategy does not include measures to provide the resources required for catering for the needs of the most vulnerable children. The lack of an explicit focus on identifying the new groups of vulnerable children impacts the capacity of the Strategy to ensure fair access to services for all children, since this does not only mean that vulnerable/ marginalised children will not have access to services matching their needs, but that they might remain invisible⁴⁶ and thus receive no services at all.⁴⁷

In conclusion, though measures are provided to expand the coverage of social, educational and healthcare services, and actions to increase the beneficiaries' capacity to access them, the lack of clarity on the themes or groups for whom intervention methodologies are to be developed and of provisions aimed at identifying new vulnerable groups and assessing their needs, as well as the limited concern with including age and gender aspects (as we shall show further on) call into question the perspectives of ensuring fair access to services for all vulnerable/ marginalised children. The Strategy attempted to cover all the categories of vulnerable children identified in the situational analysis and public consultations. However, some groups were not included (e.g. victims of violence, asylum seekers and refugees, chronically ill needing palliation, with sick parents) or were allocated a limited number of measures compared to their needs (e.g. homeless, Roma, with behaviour disorders, criminal offenders, whose parents work abroad).

Including gender and age aspects in the Strategy design

Gender and age aspects were considered in the situational analysis of the Strategy where the differences were significant and data broken down by gender and age were available. The Strategy does not include any objective, measure or action addressing gender aspects. No gender and age differentiations were made in the measures and Operational Plan.

The participants in the evaluation have diverse opinions on the adequacy of including gender aspects in the Strategy design. Some of the institutional stakeholders believe that "*The Strategy does not include sufficient measures/ actions aimed at the specific vulnerabilities of girls and boys [...] gender identity is placed on a virtually unknown plane*".⁴⁸ Since the Strategy indicators are not defined from a gender perspective, not all the entities collect data based on this criterion. Some representatives of public entities deem that, if the Strategy would refer to these aspects, the collection and reporting of data based on this criterion would be encouraged.

Other opinions⁴⁹ converge towards the idea that the measures laid down in the Strategy should have a universal character, and a concern for including gender aspects would not be useful. The Strategy however should consider relevant age thresholds (e.g. criminal responsibility or legal competence).

Gender aspects/ issues occupy a minor place in the Strategy, perhaps, *inter alia*, because gender does not seem to be an issue in the public conscience, for instance in terms of access to education or school performance. In fact, but for a few exceptions (e.g. early marriage of Roma girls), gender issues are not understood or recognised in the society, which prevents the identification of adequate solutions.

Placing gender aspects on a secondary plane was also justified by the apparent lack of a gender issue in the Romanian education system. However, statistics show that differences exist between boys and girls, which, though small, demonstrate the need to further investigate the problem. For example, the analysis of the education participation rates shows that the share of girls in primary and lower secondary education is lower than that of the boys.

The same finding applies when it comes to the number of students completing the lower secondary cycle, in this case the difference between boys and girls being slightly higher in favour of the former only in the first part of the period covered by the Strategy.

⁴⁶ "Invisible" children are defined in the UNICEF Report "State of the World's Children 2006" as children at risk of exclusion who are obscured from official view through absence from

statistics, policies and programmes.

⁴⁷ Data published in 2015 on the condition of children of imprisoned parents show that only just over 5% out of more than 16,000 such children were under the attention of the Romanian child protection services (<http://www.alternativesociale.ro/in-romania-sunt-16764-de-copii-cu-prini-deinui/>).

⁴⁸ Interview with a representative of a local entity

⁴⁹ Interviews with central government entities

The lack of disaggregated education data at the time of writing the Strategy and now is a hinderance for analysing more objectively an area that was not covered by educational research. For instance, neither INS nor MEC collect relevant data on the condition of girls from Roma communities or poor families, or school dropout data by gender. Furthermore, the discussion about gender problems in the curriculum, handbooks or educational practice is the exception rather than the rule.

Same as gender, age aspects are marginally approached in the Strategy, which dedicates a specific objective to one age group only (teenagers) with one associated action that specifically addresses this age group, whilst the others pertain to generally children and adolescents. Only one (2.5.2) out of 46 measures is aimed at a specific age group, and only three (1.1.2.1, 1.1.3.1, 2.5.1.1) of 149 actions cover specific age groups or deal with the need to introduce age-differentiated approaches, whilst the remaining refer generally to the condition of children. The Strategy covers all the levels of education, from ante-preschool to vocational education. Not enough focus goes on high school education, perhaps because the Strategy is focused on compulsory education.

6.2. Consistency

6.2.1. To what extent is the Strategy in line with the international obligations and European policies?

Alignment of Strategy objectives and measures with the Sustainable Development Objectives

The Millennium Development Goals were in force at the time when the Strategy was being developed, and the consultation process on the Sustainable Development Goals (SDG) had started. The Strategy preamble does not indicate the alignment with the Millennium Development Goals, which was not a practice at the time.

The final implementation review reveals that, through its objectives and measures, the Strategy does contributed to the achievement of several SDGs in Romania: SDG 3: Ensure healthy lives and promote well-being for all at all ages (for children and youth, but for all age groups on the long term), SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all, SDG 10: Reduce income inequality within and among countries and SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.

One Sustainable Development Goal relevant for the Strategy, but not covered by specific measures and actions is SDG 5: Achieve gender equality and empower all women and girls. The Strategy does not include objectives, measures, actions or indicators on realising gender equality or emancipation of female children.

Overall, the Strategy objectives and measures are in line with the provisions of the *2030 Agenda for Sustainable Development*.⁵⁰ For example, the Strategy focuses on children's right to education understood as "the right to access and participate in compulsory education" (p. 24), thus being in line with Goal 4 of the 2030 Agenda to "ensure inclusive and equitable quality education and promote lifelong learning opportunities for all". In the Strategy, the limitation of the children's right definition is the absence of any reference to quality education.

Alignment of the Strategy objectives and measures with the UN CRC Principles

The Strategy is aligned with the principles stated in the Convention on the Rights of the Child adopted by the General Assembly on the 20th of November 1989.⁵¹ The very idea of adopting a Strategy centred on promoting children's rights is fully coherent with the UN principles and objectives. In the Concluding observations of the UN Committee on the Rights of the Child on the fifth periodic report of Romania (2017), the adoption of the Strategy was recognised as a real progress.

The two documents are aligned in terms of understanding the practical implications of children's rights. The non-discrimination principle (Article 2 of UN CRC) is covered in the Strategy by the concern for

⁵⁰ Transforming our World: the 2030 Agenda for Sustainable Development, United Nations, 2015.
<https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>

⁵¹ The Convention on the Rights of the Child adopted by the General Assembly by Resolution 44/25 of 20 November 1989.

ensuring uncurtailed access for all children with similar needs to quality services (irrespective the urban/ rural environment, gender or age) through specific objectives, measures and actions.

The Strategy quotes a number of studies to illustrate sociocultural norms and perceptions that favour discriminating behaviours and attitudes to certain groups of children (physically or mentally disabled, HIV/AIDS infected, homeless, orphan or drug-addicted, from rural areas, Roma), but also to exemplify manifestations of discrimination against children. The Strategy, however, only includes specific measures and actions to fight discrimination against Roma children of all the identified vulnerable categories, which is positive, beneficial discrimination.

The child's best interest (Article 3 of UN CRC) is integrated in the Strategy as a cross-cutting principle. It is transposed as "a procedural rule whereby, when a public or private authority is called upon to make a decision which may influence the child's life, health or development, whether the child is viewed as an individual or part of a group, decision makers must previously look at all the implications that the respective decision might have for him/her".

The right to life, survival and development (Article 6 of UN CRC) is promoted in the Strategy via several healthcare, social and education measures, either directly, through objectives and measures to assist the children, or indirectly, through the development of infrastructure and training experts.

Consideration for children's views (Article 12 of UN CRC) is also a principle that the Strategy integrates as such (Principle 6), in the form of one general and two specific objectives, for which measures are provided that aim at raising children's awareness about the concrete forms and activities through which they can participate in decision making, motivating rural students' participation, assessing the organisational development needs of the National Council of Students, and incentivising the participation of civil society organisations in programmes and projects for and alongside students' associative structures.

The Strategy is aligned to Article 3 of UN CRC by mentioning all the relevant stakeholders that should be involved in the provision of health services, from central agencies, to key local professionals. Also, one of the measures entails training of social, education and healthcare personnel to understand and observe children's rights. Other measures, though insufficiently specific, are aimed at increasing the number of available services and, implicitly, the number of personnel in entities providing local healthcare services (e.g. Number of community nurses, number of school medical rooms). Furthermore, the Strategy aims to empower key stakeholders to "build the institutional capacity to identify risks and monitor and evaluate the quality of services at all levels of healthcare".⁵²

Regarding Article 17 of UN CRC: promotion of children's well-being and physical health through mass media, actions are planned to inform the parents, including campaigns to inform, educate, raise awareness or fight discrimination against disabled or Roma children. The Strategy also provides for, inter alia, "implement(ing) primary, secondary and tertiary prevention interventions for children/ teenagers on the main health risks: alcohol, tobacco, drugs, healthy eating, exercise, media consumption, sexual behaviour".⁵³

The Strategy is on the whole aligned to Article 24 of UN CRC. First, the importance of the recovery services (habilitation/ rehabilitation) is recognised and the need to immediately access services after the identification of a health issue is highlighted. To reduce infant mortality, the Strategy states the requirement to "develop, as a priority, the range of parental, peri-natal and post-natal services and the alternatives to facilitate access to such services, with special attention to disadvantaged individuals and communities". However, child mortality, in particular among the under 5, is described and highlighted in the Strategy, yet not in the Operational Plan. Special focus goes on the provision of primary healthcare, prenatal services (in terms of child, not mother, care, as in the Article) and preventive services. The Strategy though does not cover parents' information on children's health generally, but just "informing parents fully and in an accessible language about disabilities, habilitation/ rehabilitation, treatment, and educational and social integration alternatives available to the child.

Regarding Article 39, no measures or activities are dedicated to the physical and psychological recovery of children victims of any form of neglect, exploitation, or abuse, inhuman or degrading treatment or punishment. These needs could be covered through activities with another, larger target group (e.g. support for disabled children's mental health, curative therapy, habilitation/ rehabilitation).

⁵² Action 1.1.2.11

⁵³ Action 1.1.2.12

The Strategy also refers to including children's voices in decisions and actions concerning them, in line with Articles 12 and 13, and to curtailing violence, in line with Article 19 of the UN Convention on the Rights of the Child. The concern for integrating SEN children responds to the requirements of Article 23 of the said Convention. The interest for equal access to education and the importance given to early childhood education correspond to Articles 28 and 29 of the Convention regarding equal access to all levels of education, from primary to vocational and university. Many of the Strategy indicators are in line to the provisions of the UN Convention, in particular: reducing school dropout and poor school performance, providing access to modern teaching and learning technologies, etc.

Alignment of the Strategy objectives and measures with the UN CRPD Principles

The Strategy considered the provisions of the UN Convention on the Rights of Persons with Disabilities (UN CRPD) and its the Optional Protocol, ratified by Romania. In fact, the Strategy measures for disabled children were based on the requirements of these two documents.

The correlation between the Strategy objectives and measures and the Principles of the UN Convention on Persons with Disabilities⁵⁴ can be demonstrated given the attention paid to disabled children and their integration in mainstream schools. Thus, the Strategy identifies socially excluded of disabled persons as one the most vulnerable groups (p. 19) and proposes to "Create a mechanism for identifying and monitoring all vulnerable children" (Measure 1.4.2) and to "Increase school inclusion of children with disabilities and/or special educational needs" (Measure 2.3.5).

The proposed intervention measures are in line with the provisions of Article 24 of CRPD, which asserts the right of disabled persons to quality and inclusive education.⁵⁵

The Strategy measures are coherent with the healthcare articles of the Convention and focus mainly on the macro development (national and county). For the local and community level, the solution was adopted to establish mobile teams providing rehabilitation services.⁵⁶ Also, early identification services are proposed in several actions⁵⁷ that, considering the strengths and weaknesses of the Romanian health system, are hardly feasible.

Moreover, measure 2.3.2. Is meant to "promote of mental health, prevent suicide and aggressive behaviours": "Provide integrated social, health and educational services that are child-friendly and accessible to children with disabilities and their families". Given that the promotion of mental health is circumscribed to this measure under an objective exclusively dedicated to disabled children, it may be deemed that it has a discriminatory character, these being the only references to children's mental health, suicide or aggressive behaviour in the entire Operational Plan, aspects that cannot be exclusively associated with disabled children.⁵⁸

The data collected for the evaluation herein do not point to issues related to the coherence with these principles, but rather to their implementation, as we explain at length in this Report.

Alignment of the Strategy objectives and measures with the requirements of European Policies

The objectives and targets proposed in the Europe 2020 Strategy to reduce poverty were also considered in the Strategy. The Strategy was also developed in reference to the Council of Europe's Strategy for the Rights of the Child 2012-2015, which addresses the following priority areas: promoting child-friendly services and systems; eliminating all forms of violence against children; guaranteeing the rights of children in vulnerable situations; and promoting children's participation. The same priorities are reflected in the objectives and measures proposed by the Strategy.

The Strategy is in line with the provisions of the Commission Recommendation of 20 February 2013 Investing in children: breaking the cycle of disadvantage (2013/112/EU), since it is aimed at ensuring access to quality services (social, educational and healthcare), switching from institutional to community care, improving parenting skills, promoting and observing children's right to participate, and intersectoral cooperation. At the same time, the Strategy mentions the same categories of children in vulnerable situations identified in the Commission Recommendation: children with disabilities, pregnant teenagers, Roma children, children in alternative care, street children, poor children, children left behind when one or both parents migrate to another country to work. On the other hand, the Commission

⁵⁴ Convention on the Rights of Persons with Disabilities adopted by the General Assembly on 26.09.2007

⁵⁵ The United Nations, (2016), general comment no. 4 on Article 24 of the UN Convention on the Rights of Persons with Disabilities.

⁵⁶ Action 2.3.2.3

⁵⁷ Actions 1.1.2.7, 1.2.2.2, 2.3.1.1

⁵⁸ <https://www.vice.com/ro/article/d7v5bx/depresia-la-copii-este-ignorata-de-autoritatile-romane>

Recommendation covers aspects deemed very relevant in the interviews and focus groups, but that were not included or were superficially approached in the Strategy: children of imprisoned

parents, reaching out to and supporting the participation of children from disadvantaged backgrounds, making it possible for families with children to live in affordable, quality housing (including social housing), devoting special attention to children with mental health problems.

The Strategy approached the topics noted in the Council Recommendation of 9 July 2013 of 9 July 2013 and delivering a Council opinion on the Convergence Programme of Romania, 2012-2016.

The education initiatives adopted in the context of the Strategy implementation are consistent with EU priorities in terms of educational policies, values upheld and at operational level. Thus, values such as inclusiveness, widely promoted in the Strategy, are aligned to the provisions of the Charter of Fundamental Rights of the EU,⁵⁹ namely Article 24 on the rights of the child, as well as with the Commission Recommendation of 20 February 2013 "Investing in children: breaking the cycle of disadvantage" that advocates for the protection of children's rights and for fighting poverty, social exclusion and discrimination as EU priorities.

6.2.2. To what extent is the Strategy coherent with national policies and programmes and other intersectoral strategies?

The extent to which the Strategy is informed by concepts shared with line ministries (MS, MEN, MJ, etc.) and NGOs

The Strategy objectives and measures are highly intersectoral and crosscutting. Given that children's rights issues are highly complex and require coordinated actions in several intervention areas (education, health, social protection, juvenile justice), good cooperation with the line ministries would be needed both during the development stage (to ensure the Strategy relevance and consistency), and in the implementation stage (to ensure the Strategy efficiency and effectiveness). The data from the interviews show that real cooperation with line ministries and NGOs did exist, from the development stage through to the external approval of the Strategy.

The education and healthcare measures laid down in the Strategy were defined considering the existing sectoral strategies. The experts who carried out the situational analysis and defined the measures were also involved in the development of the sectoral strategies, such that they had good knowledge of the existing proposals and easily approximate and transpose them.

*"The situation experts had also worked on the development of the sector strategies for health and education. From the very beginning, we wanted the Strategy to be aligned with the other sectoral strategies. So, they were involved in this process."*⁶⁰

The National Strategy for Social Inclusion and Poverty Reduction for the period 2015 - 2020, approved by GD no. 383/2015 and under development at the time of the adoption of the National Strategy for Social Inclusion and Poverty Reduction for 2014 - 2020 (GD 1113/2014), was informed by the child protection measures proposed in the latter.

The National Strategy on Social Inclusion and Poverty Reduction for the period 2015 - 2020 covered 9 intervention areas. Of these, the ones relevant for SNPPDC are the ones addressing social services (strengthen and enhance social assistance at the community level, develop integrated intervention community teams, develop services for vulnerable groups), education (improve early childhood education and care system, increase participation and improve outcomes for all children in primary and secondary education, increase access to quality education for children from vulnerable groups, enhance the effectiveness of welfare programs in education, etc.), healthcare (improve healthcare provision in specific

areas relevant to poor or vulnerable groups, increase the access of vulnerable groups to quality primary healthcare, etc.), area-based policies (improve the quality of life in rural communities, integrating marginalized communities, etc.) and strengthen institutional capacity to reduce poverty and promote social inclusion (develop an integrated approach in the field of social policy development, etc.).

⁵⁹ <https://eur-lex.europa.eu/legal-content/RO/TXT/PDF/?uri=CELEX:12012P/TXT&from=EN>

⁶⁰ Interview with a representative of a central government entity

All the general objectives mentioned in relation to intervention areas are in line with the SNPPDC objectives aimed at improving children's access to quality services and at respecting the rights and promoting the social inclusion of vulnerable children.

Moreover, the Strategic Action Plan of the National Strategy for Social Inclusion and Poverty Reduction 2015–2020 provides for a number of priority actions that are pursued in the National Strategy on the Protection and Promotion of Children's Rights: revise cost standards, establish SPASs, employ social workers locally, personnel training, parental education, multidisciplinary and intersectoral teams, mobile teams for disabled children, continue the deinstitutionalisation process, develop independent living skills of children in residential care, services for street children, children in conflict with the law, children whose parents work abroad, and Roma children, preventing teenagers' risk behaviours, access to education and healthcare services, etc. Unlike the National Strategy on the Protection and Promotion of Children's Rights, the National Strategy for Social Inclusion and Poverty Reduction goes into more details on certain objectives and includes topics that are insufficiently or not at all dealt with in the one about children's rights: access to social housing for families with children, preventing child-family separation and reducing the time spent by children in the system, funding social services and contracting services from private suppliers. On the other hand, the National Strategy on the Protection and Promotion of Children's Rights includes certain different actions (campaigns on various topics, testing the minimum package of services, etc.) and approaches the issues of violence against children and children's participation, which are not fully tackled in any other strategy.

In the field of education, the Strategy employs concepts that are widely recognised by the EU, international organisations (UNICEF, World Bank, etc.) and by NGOs such as Step-by-Step, Save the Children, World Vision, etc. Also, the Strategy operates with notions presented in the sectoral strategies of the MEC, e.g. inclusion, early education, integrated intervention, etc.

In terms of healthcare, the Strategy and the measures and actions described in its Operational Plan are predominantly aligned with the National Strategy for Health of the Ministry of Health and its Operational Plan. The names of measures and actions and the definitions of indicators and targets describing them are identical in some sections, such as the one on the development of community-based healthcare.

*"From the moment we defined the first draft of the Strategy we ensured that it was aligned with the MS Strategy."*⁶¹

However, the alignment with shared healthcare concepts developed by NGOs varies:

*"The topic of sexual and reproductive health services was approached among specific objectives and measures; a reproduction health curriculum was adapted for lower secondary education. [...] Because it was an optional subject matter, and there was resistance in a part of the public, the topic could not be promoted sufficiently in the implementation process."*⁶²

*"Though approached in the Strategy and included in the measures, the services for autistic spectrum disorders were not developed in the public system during the Strategy implementation period."*⁶³

The Strategy includes a number of general activities and measures in the field of juvenile justice that are meant to cover all groups of children, including those involved in the justice system: define multisectoral, integrated, coordinated public policies, adapted to the national context; train decision makers/ experts from the inter/multisectoral groups in analysing, defining and implementing inter-sectoral policies, integrating actions to protect children in vulnerable situations in sectoral strategies; include public-private partnerships in children policies, participate in the establishment and implementation of a national system of indicators on children, with regular reporting, including data on poverty/ socioeconomic condition, social exclusion, education, health, etc.

Since it is based on relevant international documents also used as reference by NGOs, it may be said that the Strategy is built on shared principles (e.g. child's best interest) equally adopted by central public entities and civil society's organisations.

Initiation of operational mechanisms for intersectoral coordination

⁶¹ Interview with a representative of a central government entity

⁶² Interview with an NGO representative

⁶³ Interview with an NGO representative

Articles 8, 9 and 10 of GD no. 299/16 April 2014 on the organisation and operation of the National Authority for the Protection of Child Rights and Adoption refer to a Coordination Committee for Protection and Advancement of Children's Rights, an advisory body to the president of ANPDCA. This GD defines the responsibilities, membership and manner of operation of the Committee.⁶⁴ The organisation and operation rules and the membership of the Committee are approved by decision of the president of ANPDCA. No information on the work of this Committee is available, and it was only mentioned once in the interviews. The "Status of preparations for the examination session of the Periodic Report of Romania before the UN Committee on the Rights of the Child of Geneva. FONPC priorities. SERA Romania priorities" and the "Monitoring Report on the Operational Plan for the implementation of SNPPDC 2014-2016"⁶⁵ were discussed in the Committee meeting of 20 April 2017.

Use and multiplication of best practices from ONGs/UATs

The NGO sector played an important role in the Strategy development and implementation processes. Some of the organisations consulted by ANDPDCA are: FONPC, HHC Romania, SERA Foundation Romania, Save the Children Romania, etc.

All the efforts made by ANDPDCA aimed at deinstitutionalisation and closure of traditional and modulated residential care centres were based on previous experiences and lessons learned by NGOs and DGASPCs. Two NGOs (HHC Romania and SERA Romania) were explicitly mentioned during the interviews as having significant experience in the closure of old-type institutions. The DGASPCs from 6 (Bacau, Braila, Olt, Vaslui, Giurgiu, Vrancea) of the 41 counties successfully closed down all the traditional and modulated residential care centres before ANDPDCA started the Project "Development of the children's deinstitutionalisation plan and ensuring their transition to community care" SIPOCA code 2/MySMIS 119193, financed from the European Social Fund under the Administrative Capacity Operational Programme 2014-2020.

Considering the wide range of local or national prevention services or models/ interventions developed over time, ANDPDCA proposed itself in the Project "PROGRES in transitioning from institutional to community care" (SIPOCA code 577/MySMIS 127380) to develop a practical guide to alternative models for developing activities aimed at preventing the separation of children from their families.

Initiatives (projects, studies, campaigns) to prevent and fight violence against children were also collected at the end of 2017, in the context of developing the National Status Self-Assessment Report. The Report formed the basis for Romania's Road Map informing the United Nations on the national initiatives to be implemented to prevent and fight violence against children.

In 2018, in the context of celebrating 100 years from the Great Union, the Ministry of Labour organised a competition dubbed "100 examples of best practices in Romanian social services", with a view to collecting, selecting and awarding the best 100 examples of best practices of public and private providers of social services in Romania. More than 30% of the best practices selected and included in the Guide published on the Ministry's website are social services for children.

The "Second chance" programme is one best practice in education that was promoted by NGOs and taken over the central administration to be generalised nationwide. Promoted by Centrul Educația 2000+ (Education 2000+ Center) in the early 2000s, this project's idea was included in the MEC's development programmes meant to help children who dropped out of primary or lower secondary education to return to school.

Also relevant is the MEC's permanent association with initiatives of international organisations (e.g. UNICEF) or NGOs whose best practices were then enacted into regulations. To this effect, we underline the importance of the Romanian Parliament recently approving the Law amending the Social Assistance Law⁶⁶ such as to include the minimum package of services, an initiative that takes over and generalises

⁶⁴ The Committee is comprised of management-level representatives of: ANDPDCA, Ministry of Regional Development and Public Administration, Ministry of Internal Affairs, Ministry of Education, Minister of Health, Ministry of Justice, Ministry of External Affairs, the Ombudsman, National Union of County Councils of Romania, Association of DGASPC Directors, FONPC, National College of Social Workers of Romania, National College of Psychologists of Romania.

⁶⁵ <http://ruti.gov.ro/event/consiliul-de-coordonare-in-domeniul-protectiei-si-promovarii-drepturilor-copilului-si-adoptiei/>

⁶⁶ Law no. 231 of 5 November 2020 supplementing Law no. 292/2011 on social assistance, Official Journal no. 1036 of 5 November 2020

best practices piloted by UNICEF Romania in the Project "Social inclusion through the provision of integrated social services at community level" in County Bacau.

However, the data collected for this evaluation of the healthcare component failed to indicate the presence of mechanisms to document and then institutionally/ nationally disseminate best practices. From this perspective, the health system seems to be very much inward-looking, giving limited attention to identifying or exploiting best practices developed in the private, not-for-profit sector of the NGOs.

Though the Strategy aims at using and multiplying best practices in the work of all SPASs and DGASPCs with the main groups of vulnerable children, the Strategy does not explicitly provide for the use and multiplication of best practices from ONGs/UATs in the measures addressed to children in conflict with the law. Nevertheless, there are practical examples where such experiences were used to achieve the objectives of the Strategy, in particular in terms of training the personnel involved in the investigation of juvenile offender cases (2.7.1.1),⁶⁷ providing a favourable environment for optimal hearing of juveniles in conflict with the law (2.7.1.2),⁶⁸ or developing the psychosocial assistance for children in prisons, educational and detention centres.⁶⁹

6.2.3. To what extent were the Strategy priorities coherent with/ aligned to UNICEF priorities in Romania and the region?

Alignment of Strategy objectives and UNICEF priorities in Romania

Romania receives technical assistance and grants from the UNICEF in Romania, materialised in research, studies and analyses in the field of upholding and protecting children's rights, implementation of pilot projects promoting social innovation and cost-effective interventions that then informed relevant public policies, including national strategies for protecting children's rights developed over time and the national sectoral strategies impacting children.

Also, UNICEF supported the operationalisation and implementation of certain public policies through local projects that promoted fairness and reduction of disparities, but also through assistance to public authorities to access European Structural Funds. Besides ANDPDCA and the Ministry of Labour, UNICEF works together with the MEC and Ministry of European Funds, relevant NGOs, universities, mass media, and employers.

At the time when the Strategy was being developed, the UNICEF Country Programme 2013-2017 was in force, a document adapted to Romania's new European and international status and to the objectives of the national policy on international cooperation for development. The goal of the UNICEF Country Programme 2013-2017 was to reduce the impact of the economic crisis on children and their families and continue to accelerate the process of implementing children's rights. The UNICEF Strategy was aimed at improving the condition of excluded children living in marginalised communities or in the most vulnerable and disenfranchised areas with deep poverty, poor school attendance and families at high risk of becoming dysfunctional. The measures aimed at achieving this objective included support for creating a public policy framework that responds coherently to existing needs and problems, developing analyses/ studies supporting the development of national policies in areas covering children's rights, building the capacity of local public services, and implementing media/ communication campaigns to reduce discrimination and stigmatisation.

The UNICEF Country Programme 2013-2017 is concordant with the Strategy measures. The former aims at: building the capacity of local social assistance public services by increasing their number and improving the range of services and the personnel's skills; improving the cooperation between the social assistance, education, and healthcare services; developing a minimum package of health services; improving the education services to reduce school dropout; and organising campaigns to reduce stigmatisation and discrimination.

⁶⁷ Public entities use resources (specialised literature) developed in projects of NGOs or even trainers from such organisations. A best practice in this area is the training of judges and prosecutors at the National Institute of Magistracy on topics such as hearing children or children-victims in judicial proceedings. The courses are delivered by experts from the Asociația Alternative Sociale (Social Alternatives Association) under a partnership initiated in 2004 - 2007 in projects to establish specialised juvenile courts in Romania, which continues to date.

⁶⁸ <https://www.news.ro/social/copiii-victima-din-capitala-audiati-o-singura-data-intr-o-camera-care-permite-inregistrarea-audio-video-pentru-a-evita-retrairea-traumei-1922405303002016061615494553>.

⁶⁹ <http://anp.gov.ro/blog/lnk/bune-practici/>

In 2017, at the initiative of the Ministry of Labour and Social Protection, the Government of Romania approved by memorandum the extension of the UNICEF Romania Country Programme for the period 2018-2022. It considers the priorities of SNPPDC 2014-2020. The Programme "aims to contribute to the development, in Romania and beyond its borders, of quality, universal, community-based, child- and family-centred services, and to facilitate the transformation of social norms to overcome discrimination and violence against children, thus supporting the progressive realization of child rights and the reduction of equity gaps affecting children and their families".⁷⁰ The cooperation between UNICEF and Romania includes two important elements: continued support for dealing with child protection issues according to the national priorities, and capitalising on the experience of Romanian entities in managing certain aspects related to children's rights issues, by UNICEF facilitating the transfer of expertise and best practices to other countries.

The three main components of the Country Programme covered: 1/ sharing experience and resources to promote child rights beyond borders through the provision of support to document good practices; 2/ social inclusion of children by developing, testing, promoting and providing assistance in the replication of multisectoral initiatives - Minimum Package of Services and the Quality Inclusive Education Package. One focus is to reduce violence against children, including through communication campaigns. 3/ governance and partnerships for children - provision of support to Romania's reform process, by the development of evidence-based policies, technical assistance for the implementation of the two models (Minimum Package of Services and the Quality Inclusive Education Package), and advocacy for adequate financing of programmes/ services for children. Thus, it was provided that UNICEF will continue to play an important role in supporting the resolution of child-specific issues and promoting children's rights.

Some of UNICEF's priorities in education⁷¹ are: increase marginalised children's access to education, develop early childhood and parental education, improve the quality of education services provided to children, and develop the schools' capacity to integrate disabled and marginalised children in mainstream education. All these development directions are included in the Strategy and have become subject to constant cooperation with the Ministry of Labour and MEC and implementation in partnership of projects such as the Minimum Package of Services,⁷² addressed to children and families, and the Quality Inclusive Education Programme.⁷³

The UNICEF priorities laid out in the CPD 2013-2017 and agreed with ANPDCA also included: developing public health services such as to double the number of children receiving preventive services (in particular for children from marginalised groups); contributing to strengthening the cooperation between national and local authorities to define a minimum package of public health services, in particular pre- and post-natal; and supporting local authorities to increase access to prenatal services through the involvement of community nurses and Roma health mediators. Preventing the vertical transmission of HIV from mother to foetus or among teenagers at risk (user of injectable drugs) is another area of interest for UNICEF Romania CPD 2013 - 2017.⁷⁴

Regarding juvenile justice, UNICEF's country programmes 2013 - 2017 and 2018 - 2022 include no specific priorities for this category of vulnerable children. The strategies and priorities of UNICEF in Romania are coherent in terms of including the public-private partnership in public policy for children, including for this group of vulnerable children.

Alignment of Strategy objectives and UNICEF priorities in the region

UNICEF Romania Country Programme integrates UNICEF's regional objectives. As we have already shown, the Strategy objectives and measures are in line with the UNICEF Country Programme 2013 - 2017. The UNICEF Country Programme 2013 - 2017 considers the priorities of the Strategy.

UNICEF's priorities in Europe and Central Asia are guided by Goal 4 of the Sustainable Development Strategy to ensure inclusive and equitable quality education for all children by 2030. On this backdrop, UNICEF proposes policy interventions to increase the inclusiveness of the educational systems, acting

⁷⁰ UNICEF (2017): Country Programme Document Romania, p. 5

⁷¹ UNICEF Country Programme Document 2013-2017

⁷² <https://www.unicef.org/romania/ro/pachetul-minim-de-servicii>

⁷³ https://www.unicef.org/romania/Quality_Inclusive_Education_Package.pdf

⁷⁴ CPD 2013-2017, page. 9

based on the principle “No exceptions, and no child left behind.”⁷⁵ To this end, UNICEF aims at initiating innovative pilot projects, context in which solutions such as the Minimum Package of Services developed in Romania are recommended as best practices (Annex 11.a). It speaks for itself about the Strategy's alignment with UNICEF's regional policies.

UNICEF's regional health priorities point out that “issues that remain unidentified at early ages may be more difficult and more costly to address later in life, and early childhood education are the most effective”. Also, they emphasise the importance of emergency health services (e.g. to immigrant children, which we could partially assimilate to Roma children in the Romanian context).⁷⁶ Another priority is the emancipation of local community to increase the demand for health services.

The strategy has a strong focus on identifying children's issues from early ages and proposes to increase the neonatal screening capacity (e.g. hypothyroidism, phenylketonuria, hypoacusis in new-born) or early detection of autistic spectrum disorders by the use of a matrix to identify the ASD risk in family practices.

Another of UNICEF's regional priorities in Europe and Central Asia is the condition of juvenile criminal offenders (lack of information for children in conflict with the law from marginalised families, severe risks confronting imprisoned children, reducing the number of children in detention, etc.).⁷⁷ UNICEF's regional priorities also include ensuring quality education for all children (including the imprisoned ones), access to quality services and equipping teenagers (including children in conflict with the law) with skills that allow them to achieve their potential, covered in the Strategy under 2.7.1.3. Develop the psychosocial support component for children in prisons, education and detention centres. In this broad sense, there is an alignment between the Strategy and UNICEF's regional priorities.

6.3. Effectiveness

6.3.1. To what extent did the existence of the Strategy cause the improvement of the planning and implementation of measures to protect and promote the rights of the child by national and local authorities?

The contribution of the Strategy to the design of public policy aimed at developing social, educational and health services

The Strategy proposed to improve the relevant public policy framework, with a view to facilitating the development, increasing the quality and coverage of, and improving children's access to social services.

There were many proposals to improve or develop the existing public policy framework, aimed at the needs identified in 2014. However, they were subsequently modified, since other intervention areas were identified where it was necessary to amend/ develop public policies. Of the public policies proposed to be developed or improved, the ones developed as a result of the Strategy in the field of social services are presented below.

Disabled children. Order no. 1985/1305/5805/2016 approving the methodology for integrated assessment and intervention to determine children's degree of disability, education and career guidance of children with special educational needs, and to empower and rehabilitate children with disabilities and/or special educational needs. This regulation facilitated the inclusion of SEN children in mainstream schools, this being one of the cross-sectoral policies initiatives.

Children whose parents are at work abroad. Government Decision no. 691/2015 was prepared and approved approving the procedure for monitoring the way children with parents gone abroad for work are being raised and cared for and the services available to them and approving the Working methodology for cooperation between the general directorates for social assistance and child protection public service, and the standard model for the documents developed by these institutions.

Cooperation between DGASPCs and SPASs/ DASs/ social assistance units. Government Decision no. 691/2015 approving the Procedure for monitoring the way children with parents gone abroad for work are being raised and cared for and the services available to them and approving the Working methodology for cooperation between the general directorates for social assistance and child protection public service, and the standard model for the documents developed by these institutions. The need to develop the Working methodology for cooperation between the general directorates for social assistance

⁷⁵ <https://www.unicef.org/eca/education>

⁷⁶ <https://www.unicef.org/eca/health>

⁷⁷ <https://www.unicef.org/eca/child-protection/access-justice>

and child protection public service emerged in the context where, though the regulations on the organisation and operation of the two entities include clear provisions on their respective child-protection responsibilities at various stages of interventions meant to prevent the separation of children from their families, practice revealed the need to regulate in detail the stages and responsibilities incumbent on the two entities in handling such cases, as well as to approve certain national-level tools ensuring a consistent approach.

Framework for the organisation and operation of social assistance public services. GD 797/2017 approving new framework regulations on the organisation and operation of social assistance public services and indicative staffing plan. The purpose of this regulation was to approve the three regulations (of the general department for social assistance and child protection subordinated to the county councils/ local council of Bucharest City, of the social assistance department subordinated to local councils of cities and towns, and of the social assistance unit setup in villages) by a single act and harmonise them with recently adopted regulations (Law no. 17/2000 on social assistance for the elderly, Law no. 448/2006 on the protection and promotion of the rights of disabled persons, republished, as amended and supplemented, Law no. 272/2004 on the protection of children's rights, republished, as amended and supplemented, Expeditious Government Ordinance no. 162/2008 on transferring all the roles and responsibilities of the MS to local authorities, as amended and supplemented, Law no. 78/2014 regulating volunteering in Romania).

Community consultative structures. In a project implemented by World Vision Romania with support from ANDPDCA, a methodology and a guide were developed on the establishment and operation of consultative community structures.

Safeguarding, protecting and promoting children's rights. The establishment in 2018 of the children's ombudsman, by the approval of Law no. 9/2018 amending and supplementing Law no. 35/1997 on the organisation and operation of the Ombudsman. Thus, the safeguarding, protecting, and promoting children's rights is coordinated by a deputy of the Ombudsman named the Children's Ombudsman.

Deinstitutionalisation. The maximum age for placement in residential care was increased from 2 to 7 years by Law no. 286/2018 amending Paragraphs (1) and (2) of Law no. 272/2004 on the protection and promotion of the rights of the child. Other public policy measures mentioned in the interviews on deinstitutionalisation include: assessment of traditional and modulated residential care centres, development of closure plans, launching calls for proposals in the Regional Operational Programme, etc. The Project "Development of the plan for deinstitutionalisation of children and ensuring their transition to community-based care", cod SIPOCA 2, financed from the Social European Fund under the Administrative Capacity Operational Programme had the following outputs: 1/ Consistent, national methodology for the development of individual plans for closing centres and 2/ Consistent methodology for the development of the plans for building the prevention services in source rural communities. These public policy documents form the basis for organising the deinstitutionalisation process.

Minimum cost standards. GD no. 426 of 27 May 2020 approving the cost standards for social services revised the cost standards for the financing of social services, including for children, organised and delivered in compliance with the law by public providers.

Minimum quality standards. The minimum quality standards for social services addressed to children were revised by: Order no. 25/2019 approving the minimum quality standards for residential social services for children in the special protection system; Order no. 26/2019 approving the minimum quality standards for family-type social services for children in the special protection system; Order no. 27/2019 approving the minimum quality standards for day-care social services for children; and Order no. 81/2019 approving the minimum quality standards for social services organised as mother and child centres.

Promote and support European child helplines. TelVerde services were implemented at all DGASPCs.

Set of social indicators on children. The Ministry of Labour is developing this set of inclusion indicators for all population groups. ANDPDCA supported the definition of the indicators set dedicated to children.

Adoption Two regulations were passed in this period to amend and supplement Law no. 273/2004 on the adoption procedure: Law no. 57 of 2016 and Law no. 268/2020.⁷⁸ Both regulations introduced

⁷⁸ Law no. 268/2020 amending and supplementing Law no. 273/2004 on the adoption procedure and repelling Article 5 (7) s) and cc) of the Expeditious Government Ordinance no. 11/2014 on certain measures to reorganise the central government entities and amend and supplement certain acts.

provisions ensuring the acquisition and retention of the adoptable child status, increasing the flexibility of the assessment and the post-adoption monitoring of adopters, and de-bureaucratize and simplify certain procedures. Also, the latter regulation provided for new financial incentives to support a family's decision to adopt.

Integrated community-based services. In 2017, the Joint Order no. 393/630/4236/2017 of MMJS, MS, MEN was adopted approving the agreement for the implementation of integrated community-based services aimed at preventing social exclusion and fighting poverty, to ensure the integrated organisation and operation of community-based social, educational and medical services.

Minimum package of social services. The minimum package of social services for the child and family was approved by Law no. 231/2020 supplementing Law no. 292/2011 on social assistance. The minimum package of social services for the child and family was supported by UNICEF and includes basic health, education and social protection services and information.

Violence against children. Government Decision no. 75/2015 regulating children's remunerated cultural, artistic, sports, advertising and modelling work was approved. The regulation was developed based on Article 92 (2) of Law no. 272/2004 on the protection and promotion of the rights of children, republished, and is aimed at regulating the conditions to be met where children carry out paid cultural, artistic, sports, advertising and modelling work, and the procedure for prior notification of the social assistance public service by the child's parents/ legal representatives.

In the field of education, as we have mentioned before, the Strategy is aligned with the sectoral strategies developed between 2014 - 2020: Strategy on the Reduction of Early School Leaving in Romania; Strategy on Vocational Education and Training in Romania 2016 - 2020; *National Strategy for Life-long Learning 2015 - 2020*. Though no conditionality existed between the children's rights protection strategy and the sectoral strategies, the information provided by MEC show that a consultation process was undertaken at the time of writing the strategies that included ANPDCA, NGOs and other institutional stakeholders.

Nevertheless, it is difficult to determine the extent to which the adoption of these sectoral strategies is an outcome of the Strategy. At the end of the day, though, the mutual coherence of these strategies is more important than their mutual conditioning.

In the field of healthcare, the Strategy is aligned with the National Health Strategy 2014-2020. In fact, a comprehensive consultation process on the development of the community-based care was undertaken in 2013 when meetings were organised by different entities (MS, UNICEF, ANPDCA, ANR) to define interinstitutional (intersectoral) consensus regarding community-based healthcare, with the participation of the main institutional stakeholders in the development of these services.

*"In 2013, in preparation of the sectoral strategies, several meetings were held with civil servants from MS, ANPDCA, MMJS, MEC, ANR and representatives of NGOs, UNICEF, OMS, CPSS, etc. with the goal of defining the role of CN, the range of services it could provide, and the institutional arrangements for its provision."*⁷⁹

The development of community-based healthcare followed the directions first discussed and then included in the health strategy.

In the reference period (2014 - 2020), the juvenile justice policies mainly covered the observance of children's rights in the investigation of criminal cases involving underaged victims or perpetrators, and the rehabilitation of juvenile criminal offenders (of and under criminal responsibility age); the Strategy includes objectives, measures and specific actions for each of these areas. In most situations,⁸⁰ as we have shown above, the Strategy is not indicated as reference documents for the acts providing the implementation framework for the above-mentioned policies. It is therefore difficult to determine a causal relationship between the existence of the Strategy and the development and implementation of policies for children in conflict with the law.

Contribution of the Strategy to evidence-based substantiation of public policies that contribute to the protection and promotion of children's rights

⁷⁹ Interview with a representative of a central government entity

⁸⁰ Except for legislative or programmatic acts pertaining to children who are not criminally responsible developed by the Ministry of Labour.

ANDPDCA collects monthly and quarterly data from DGASPCs and SPASs on a number of relevant indicators for the child protection system. Many indicators are included in the monthly and quarterly data sheets, allowing the monitoring of the services provided and beneficiaries, as well as the condition of children in Romania. The data provided by the DGASPCs are more accurate and presented in the statistics published on the website of ANDPDCA and in quarterly newsletters. Unfortunately, not all SPASs/ DAsS/ social assistance units understand the importance of providing statistics that the DGASPCs consolidate and forward to ANDPDCA. About 30% of SPASs/ DAsS/ social assistance units fail to provide the required data to be published on ANDPDCA's website. These data allowed the adopted public policies to be substantiated on and reflect as accurately as possible existing realities.

According to information obtained in the interviews and focus groups, public policies regarding children whose parents are at work abroad, cooperation between general departments for social assistance and child protection and social assistance public services, increasing the age for placement in residential care was from 2 to 7 years, and adoption of the minimum package of services were based on statistics collected by ANDPDCA and data provided by UNICEF.

The main studies that informed the policies developed between 2014 and 2020 covered some of the Strategy's areas of interest (deinstitutionalisation, reviewing the progress of social services, foster care network and adoption) plus the research and analysis studies carried out by UNICEF on the minimum package of services (ANNEX 11.a.).

Besides being based on available best practices evidence (focus on prevention, promoting neonatal screening and regular preventive examinations, facilitating the integration of services, increasing the coverage of and access to services - all best practices in public policies), the healthcare component of the Strategy contributed to the definition of new evidence-based tools that, during the implementation of the Strategy, were in turn used for drafting new evidence-anchored public policies.

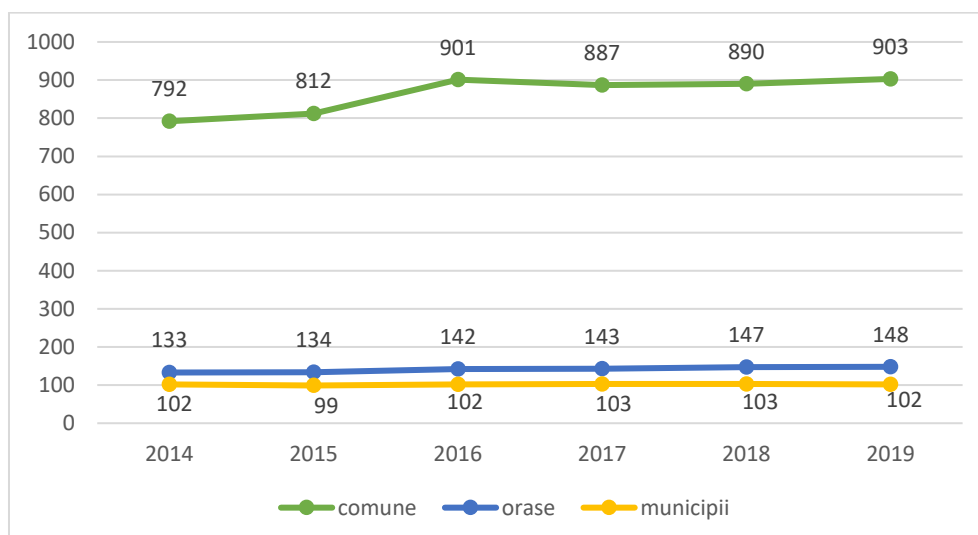
Regarding the evidence-based development of public policies for the children in conflict with the law, the analysis starts from the specificity of the Strategy indicators. Thus, the output indicators for Actions 2.7.1.1. Training of the personnel that investigate criminal cases involving juveniles and 2.7.1.3. Develop the psychosocial support component for children in prisons, education and detention centres are defined as percentages. Therefore, the Strategy does not provide evidence for these. The situation is different in the case of the indicators for Actions 2.7.1.2. Establish special services for juvenile offenders who are not criminally responsible and 2.7.2.1. Instate a mechanism whereby children in custody may submit complaints for torture and other cruel, inhuman, or degrading punishments or treatments, which may be used as evidence in substantiating public policies. We can conclude that the Strategy contributed only in part to the development of evidence-based public policies for the protection and promotion of the rights of children in conflict with the law.

Contribution of the Strategy to the development of social, educational and health services that determine the promotion and protection of children's rights

Development of social assistance public services and primary prevention social services at local level

The development of social assistance public services continued in the reference period by their increase in number and accreditation as providers of services. ANDPDCA data show that the number of rural social assistance public services increased from 792 in 2014 to 903 in 2019, and the urban ones from 133 to 148 (Figure 1). The share of rural UATs with a social assistance public service increased from 28% to 32% and the share of urban ones from 62% to 69% in the total administrative units. According to the available data, only one city lacks a social assistance public service. Given that the social assistance public services are not required to report data to ANDPDCA, their operation being monitored by the county DGASPCs, it is possible that there are more such services than the known figures. According to ANDPDCA, some 70% of existing SPASs/ DAsS/ social assistance units report data. The baseline values of the Strategy indicated that 55.3% of villages and 93% of towns and cities had SPASs, with the final proposed target of 100% in both cases. The data indicate progress in the establishment of SPASs/ DAsS/ social assistance units, yet large differences exist in numbers between urban and rural areas.

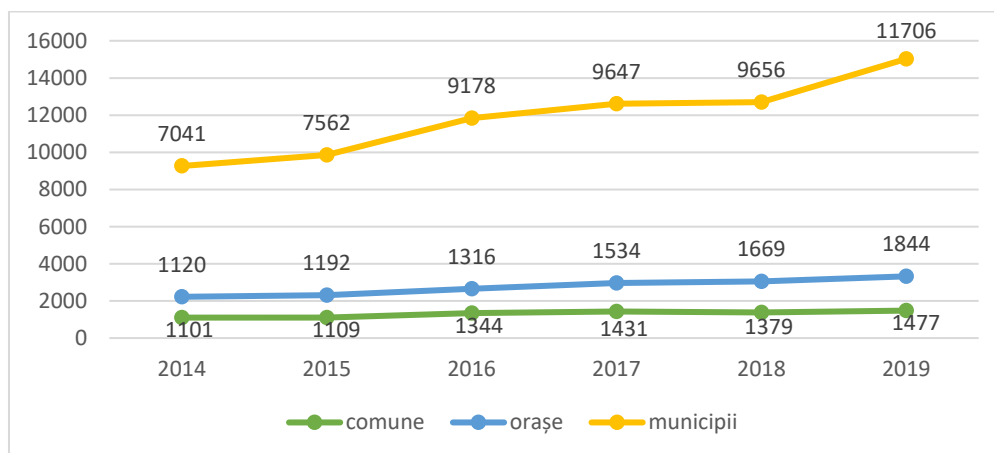
Figure 1: Trends in the number of social assistance public services



Source: ANDPDCA data, Quarterly Datasheets 2014 – 2019, data broken down by type of UAT

The number of employees of social assistance public services increased between 2014 and 2019, in particular in cities, from 7,041 in 2014, to 11,706 in 2019 (60% increase in 2019 compared to 2014). Slight increases in the number of personnel are also noticeable in towns, from 1,120 employees in 2014 to 1,844 in 2019, and villages, from 1,101 in 2014 to 1,477 in 2019 (Figure 2). The average number of SPAS employees increased from 1.4 to 1.6 in villages, from 8.4 to 12.5 in towns and from 69 to 114.8 in cities. The Strategy indicator looks at the share of filled in positions of total budgeted posts, but this is difficult to measure given the lack of data on budgeted posts.

Figure 2: Trends in the number employees of social assistance public services



Source: ANDPDCA data, Quarterly Datasheets 2014 – 2019, data broken down by type of UAT

The number of employees with specialist, higher or post high school education increased between 2014 and 2019 from 553 to 728 in villages, from 403 to 689 in towns, and from 2,812 to 4,477 in cities. The average number of personnel with specialist education increased between 2014 and 2019 from 0.7 to 0.8 in villages, from 3 to 4.7 in towns, and from 27.6 to 43.9 in cities. The number of employees with specialist higher education increased between 2014 and 2019 from 0.6 to 0.7 in villages, from 2.4 to 3.4 in towns, and from 20 to 32.6 in cities.⁸¹ The number of specialist education in rural areas is low, with high differences compared to urban areas.

The number of personnel trained in children's rights protection and adoption in SPASs/ DASs/ social assistance units increased from 177 in 2014 to 273 in 2019, and the number of personnel trained in analysing, defining and implementing intersectoral policies for child protection increased from 215 to 317 in the same period.

⁸¹ ANDPDCA data, Quarterly Datasheet 2014-2019

The Ministry of Labour is currently implementing projects aimed at training the SPASs' personnel (Annex 14). The recruitment and selection of personnel for the integrated community-based services and the identification of SPAS personnel to attend training programmes in the projects financed by the Ministry of Labour were difficult processes.

According to data from interviews and focus groups with representatives of the social assistance public services and consultative community structures, a positive aspect is the increased focus on the development of UAT-level social services. Thus, some of the SPASs/ DASs/ social assistance units, including those in villages, managed to develop social services for vulnerable individuals, groups or communities - day centres, soup kitchens. Some SPASs/ DASs/ social assistance units were accredited as providers of social services. Those that succeeded in developing social services kept the accreditation, whilst the others forfeited it for failing to develop services within 3 three-year deadline.

Data from the Ministry of Labour show that, in the period 2017 – 2019, the number of accredited public and private providers of social services in urban and rural areas increased from 2,492 to 2,913. The number of urban providers of social services increased from 281 in 2017 to 304 in 2019, and of rural ones from 536 to 614. The number of communities in which such accredited providers of social services operate increased from 240 to 267 in urban areas and from 781 to 899 in rural areas.⁸²

The number of licenced social services increased from 3,533 in 2017 to 4,175 in 2019. The number of licenced public social services increased from 1,565 in 2017 to 1,814 in 2019 in urban areas, and from 428 in 2017 to 520 in 2019 in rural areas. The large discrepancy is noticeable between the number of licenced social services in rural and urban areas, on the background of 45.5% of Romania's population living in villages. This impacts the rural population's access to social services, which, in 2019, were provided in 445 settlements (16% of the total number of the communes of villages in Romania). Though the number of licenced rural social services increased in 2019 compared to 2018, the number of settlements where such services were provided decreased from 582 in 2018 to 445 in 2019. This means indicates that social services developed in some places, yet closed down in others.

Licenced social services for children were on a positive trend between 2017 and 2019. Thus, their number increased from 1,794 in 2017 to 2,126 in 2019, from 351 to 451 in rural and from 1,443 to 1,675 in rural areas. The number of residential care centres for children in the special protection system increased from 1,077 in 2017 to 1,255 in 2019, of which from 776 to 947 in the public and from 301 to 308 in the private system. In the case of the public system, the increase was of 127 centres in urban and 44 centres in rural areas. Another important increase is noticeable in the number of day centres for children, from 542 in 2017 to 653 in 2019, of which 70 in the public system, 49 in urban and 21 in rural areas.⁸³

According to interviewed experts, the legislation fails to provide for sanctions or benefits related to the accreditation as provider and the development of social services, hence the limited efforts to this effect, many UATs failing to accredit as providers and develop social services to be licenced thereafter.

On the other hand, the interviews and focus groups indicated that the awareness of the importance of social services increased among decision-makers (mayors, deputy-mayors, local councillors, etc.), though some local councillors still insisted to be informed on the profits generated by the social services. Most local employees mentioned the importance of social services and the need for a consistent approach to and correlation between services and benefits (e.g. the format for the means testing differs depending on its purpose - provision of services or of benefits).

*"Social workers are on the beat, in the field, have phones, come home, are at their offices, are always there, receive us, listen to us."*⁸⁴

The results are better in the communities where the mayors support the social workers/ persons with social assistance responsibilities. Moreover, the local social workers/ persons with social assistance responsibilities emphasised the need to handbooks, guides, and research materials to help them in their work, when meetings or exchanges of experience cannot be held regularly.

The need to develop the SPASs to be able to identify in time the issues confronting families and prevent child vulnerability situations was mentioned in all the interviews. If social workers were employed, they would know the community, provide family counselling, etc. On the other hand, if prevention services

⁸² Ministry of Labour, Statistics Bulletin, Social Assistance, 2017, 2018, 2019

⁸³ Idem

⁸⁴ Focus group with parents

were developed, irrespective of private or public, they would have to be on an equal footing and supported with public money. In other words, private services should also receive support and funding from the public system.

Regarding the settlements without SPASs, the interviewees pointed out that *“if we don't hear about vulnerable children in these places, that is because there's no one to identify them, not because they don't exist”*.

The local efforts to prevent the separation of children from parents in rural communities takes largely the form of social benefits and family allowances. No community-level prevention strategies are in place, insufficient SPASs have strategies based on the assessment of vulnerable groups, their needs and services they require. Positive aspects are noticed in (some) towns and cities, where some well-defined SPASs that proactively attract funds managed to develop prevention services with beneficial impacts on vulnerable communities.

The solution was to put in place a mechanism for the identification and monitoring of all vulnerable children (Measure 1.4.2.). One first step for the implementation of the Measure was the adoption of GD no. 691/2015.

The relationship between SPASs and DGASPCs is generally good. The DGASPCs' representatives believe that they support the local authorities, explain the use of certain tools, changes in the laws and certain cases, consult them on annual plans, contribute to raising awareness among decision-makers, organise visits to day centres, hold meetings with the UATs, communicate their availability to provide support, and organise local campaigns. In spite of all these efforts, the results were not up to expectations: the number of admissions in the special protection system remained high and family reintegration questionable in the period 2014 - 2019. One possible solution would be to increase the coordinating role of the DGASPCs and reduce their function as suppliers of social services. The DGASPCs indicated that the needs assessments are performed by the staff of statistics and case management units.

Considering the adequacy of providing the minimum package of services

The Component “Minimum Package of Services” of the modelling Project “Social inclusion through the provision of integrated social services at community level in Romania” 2014 - 2018, implemented by UNICEF in County Bacau is relevant for this topic. The minimum package includes community-based health, social protection and education services. It is universal, in that any family may access it, but focuses on the most vulnerable children and families. The minimum package has a strong component to prevent child-family separation and school dropout, and to ensure access to healthcare.

Based on the experience of this Project, Law no. 231/2020 supplementing Law no. 292/2011 on social assistance was adopted in November 2020. This law provides for the development of a minimum package of primary services for children, mandatory in every rural and urban settlement. Various other services (primary and specialised) could be appended to the minimum package, depending on the specific needs and resources of the community (Annex 11.a).

This initiative is appreciated by many of the respondents in this evaluation; it remains to be seen how it will be implemented. The existence of qualified human resources is a minimal condition for the provision of the minimum package of services.

Developing integrated community-based services

Joint Order no. 393/630/4236/2017 of the Ministry of Labour, MS and MEN approving the Framework cooperation agreement for the implementation of integrated community-based services aimed at preventing social exclusion and fighting poverty is a first step in this direction, further supported in 2018 by the initiation of the project “Developing and implementing integrated community-based services to fight poverty and social exclusion” financed under the Human Capital Operational Programme POCU/375/4/22/122607.⁸⁵ The Project will contribute to increasing the number and quality of social, educational and health services provided to persons affected by or at risk of poverty and/or social exclusion.

⁸⁵ The Project aims to establish a mechanism for the provision of local integrated services, with interventions in areas that are relevant for fighting social exclusion and poverty, namely: social participation and access to rights and resources, healthcare, education, employment, housing and obtaining identification documents. The concept of integrated services, packages of procedures, methodologies, tools, including the responsibilities of the health mediator were defined in the Project. Available at: <http://serviciicomunitare.ro/metodologii>

Adoption - organising adoption promotion campaigns

The first amendments to the Adoption Law were passed in 2016, at the time when the Strategy was approved. They were enacted in Law no. 57/2016 and included provisions on expediting the assignment of the status as adoptable child, increasing the flexibility of the procedure for assessing adopters and supporting their adoption efforts, revising the rules on matching the child with an adopting family, special procedural rules allowing the courts to speed up the resolution of cases to complete an adoption, and international adoptions.⁸⁶

A bill was introduced in 2018 to amend Law no. 273/2004 on the adoption procedure, which was passed by the Parliament in November 2020. Many efforts were made to promote adoption, both in terms of enhancing the legal framework and of improving certain practices, in particular those pertaining to the initiation of adoption procedures. Moreover, since December 2019, ANDPDCA has been implementing the Project "National Information System for Adoption (SINA)", financed under the Competitiveness Operational Programme, and aimed at developing, installing, configuring and integrating a centralised information system addressed to potential adopters, employees of ANPDCA, DGASPC, SPAS, and other stakeholders in the adoption process (public and private social services suppliers, private organisations authorised to act in national adoption procedures, courts of justice, etc.).

Considering the existing problems in the field of adoption, ANDPDCA initiated in June 2020 the Action Plan for adoption "CHILDREN, NOT FILES!", aiming initially to unblock adoption files that, for unjustified reasons, kept children in the protection system, without access to potential adopting families.⁸⁷ More than 26,000 files were reviewed under this Action, and the number of adoptable children in the system increased from 3,985 in June 2020 to 7,822 at the end of September.

Community engagement in ensuring the observance of children's rights - developing consultative community structures

Consultative community structures, which have been around for many years and recognised by law in 2004 under Law no. 272/2004 on the protection and promotion of the rights of children, developed less significantly during the Strategy implementation period. The consultative community structures should play a key role in the protection of children's rights at local level, yet are entirely dysfunctional - most often than not, they exist only on paper or, if meetings are convened, this does not happen regularly. The member of these structure meet to discuss certain topics (e.g. condition of the homeless or beggars, certain individual cases, etc.) or provide separate support to social workers, on demand.

The number of consultative community structures varied between 2014 - 2019 in villages (up from 1847 in 2014 to 1892 in 2016, down to 1793 in 2018, and up again to 1826 in 2019). The number of such structures also varied in cities and towns. At the end of 2019, 64% of the villages, 61% of the towns and 65% of the cities had established consultative community structures.⁸⁸

In the period 2018-2019, the World Vision Foundation Romania, with support from ANDPDCA, implemented the project "Strengthening the capacity of NGOs and public authorities to develop and submit alternative proposals to social assistance public policies, with a view to regulating the operation and defining the legal status of consultative community structures" under the Administrative Capacity Operational Programme 2014 - 2020. The outputs of this projects were the development of a methodology and a guide for the establishment and operation of consultative community structures. The development of consultative community structures remains an objective that must be supported.

Institute a national system to monitor and evaluate the state of children in Romania

In September 2020, the Ministry of Labour put up for public debate two draft government decisions relevant for this measure: Draft Decision amending and supplementing Government Decision no. 1217/2006 on the establishment of the national mechanism for the promotion of social inclusion in Romania, and Draft Decision approving the social inclusion indicators. The 47 proposed social inclusion indicators include a series of child-related social indicators.⁸⁹

⁸⁶ <http://www.cdep.ro/proiecte/2015/800/30/0/em1057.pdf>

⁸⁷ <http://andpdca.gov.ro/w/planuri-si-actiuni/>

⁸⁸ ANDPDCA data, Quarterly Datasheet 2014-2019

⁸⁹ The 'at risk of poverty or social exclusion' (AROPE) indicator; severe material deprivation rate; relative poverty rate; rate of youth not in education, employment or training (NEETs 16 - 29); at-risk-of-poverty rate before and after social transfers (including/ excluding pensions) measured as: a. number and share of persons; b. impact of social transfers on the level of relative poverty; number of accredited social services providers by legal status; number of

Regarding the exchange of data based on cooperation agreements, in 2016, ANDPDCA entered an agreement with INS covering the contents and implementation of cooperation activities on the statistics information system, for the purpose of complementing and developing its information and decision-making capabilities, as well as of rounding off the corpus of national statistics and transferring data to the INS.

The periodic studies carried out by ANDPDCA covered several topics, such as: report on children deceased in the system and causes thereof (2015), report on the agreements made between DGASPCs and healthcare facilities (2016), report on siblings in the special protection system (SOS children's Villages Romania, in partnership with ANDPDCA, 2016), report on the complaints registered with DGASPC on begging children (2017), report on underaged asylum seekers under a protection form who have received services from county child protection bodies (2018), report on the psychologists in the special protection system (2019), report on the revision of the individual protection plans, of which those finalised by adoption (2020), report on youths leaving the special protection system in the period 2014-2017 (SOS children's Villages Romania, in partnership with ANDPDCA).

Rehabilitation and social reintegration of disabled children

The number of disabled children increased from 70,493 to 72,349 between 2014 and 2019. Whilst the number of children with mild, moderate, and severe disabilities decreased, the number of profoundly disabled children increased by 8109 cases.⁹⁰

Progresses in this period:

- passing of a new Order approving the bio-psycho-social criteria for assessing children's degree of disability and of the rules for their application (Order no. 1306/1883/2016);
- passing of Order no. 1985/1305/5805/2016 approving the methodology for integrated assessment and intervention to determine children's degree of disability, education and career guidance of children with special educational needs, and to empower and rehabilitate children with disabilities and/or special educational needs;
- passing of Order no. 4532/2020 of 15 June 2020 amending and supplementing Order no. 4.948/2019 of the acting Minister of National Education on the organisation and implementation of the admission exams to the state high school education in the academic year 2020 - 2021 (allocation of dedicated places for SEN pupils in special and mainstream schools, on top of the usual places);
- development of minimum quality standards for respite centres for disabled children (under debate at the time of writing the Report);
- implementation of local and national information campaigns. The national campaign was launched in 2020 by ANDPDCA in partnership with MEC and UNICEF under the slogan "We grow stronger when we grow together".

Issues were mentioned in the interviews regarding the access of children from disadvantaged areas or poor families to services. According to the data from interviews and focus groups, disabled children are the first to be excluded from mainstream education, are marginalised and stigmatised, and have no facilities to attend school (support teachers, schools with accommodations); moreover, teachers are not suitably trained to work with them. The respondents believe that everything that was achieved was mainly done by NGOs. Respite centres, recovery centres, counselling centres for families with disabled children and adequate financing thereof are needed in each town in a county.

Regarding the access to habilitation/ rehabilitation services for children in areas where no such services are available, the mobile teams' solution proposed in the Strategy was not implemented in all counties. Specific actions were developed to train experts working with disabled children and develop parenting skills, yet without significant results.

Roma children

licenced social services on 31 December by type of provider and category of beneficiaries; number of children abandoned in hospitals; number and share of children from the special protection system integrated in families/ communities (including by adoption) by type of service; persons with disabilities registered with ANDPDCA by age group and status: institutionalised/ non-institutionalised; share of students first enrolled in the reception class who attended preschool education; rate of early leaving from school and training; poor performance in PISA tests (below proficiency level 2); infant mortality rate; rate of severe housing deprivation; rate of housing deprivation; overcrowding rate; homeless, including children.

⁹⁰ ANDPDCA data, Quarterly Datasheet 2014-2019

Between 2013 and 2017, the Romanian Social Development Fund (FRDS) launched and implemented four calls for proposals financed from EEA and Norway Grants 2009 - 2014 and addressed to Roma communities, including children. Day centres, educational centres, school after school programmes, etc. were developed. One such centre is the Day Centre of Glodeni, County Mures, which is still operational, its work being appreciated by the local experts interviewed.

In 2018, FRDS launched a new programme, the Programme for Local Development, Poverty Reduction and Increasing the Inclusion of the Roma (local development) financed from EEA and Norway Grants 2014 - 2021 and relevant for the inclusion of the Roma. Also, funding was provided to marginalised communities, including Roma, to implement integrated interventions (Axes 2014-2021) under the Human Capital Operational Programme 2014 - 2020. These programmes failed to yield significant results in reducing the opportunity gap between Roma and non-Roma children, hence this objective should continue to be pursued.

The likelihood of a Roma child attending creche or kindergarten is less than half of that of other children - 38% of the Roma children are enrolled in preschool education at age 4 -5, compared to 85% of all Romanian children. Roma girls participate more than boys at this age (41% and 36% respectively). Though most Roma children are enrolled in primary school (85% participation of 7 - 14 years old), their education route is marked by grade repetition and dropout, so that their participation rate at high school age (age group 15 - 18) decreases to only 34%. In the academic year 2015, 15.6% of Roma boys and 15.2% of Roma girls failed to promote and had to repeat the school year. Studies have though demonstrated that grade repetition reduces self-esteem and increases the chances of school dropout. The participation and performance gaps between Roma and other children become even more obvious when the Roma are separated from their majority peers by grade repetition or ethnic segregation of schools and classrooms.⁹¹

Continue the transition from institutional childcare to community-based care

The number of children under special protection in foster and residential care decreased slightly between 2014 and 2019. Thus, the number of children in foster care decreased by 2,000 and those in residential care by almost 6,000. At the same time, the number of beneficiaries of services to prevent child-family separation increased by almost 13,000. The focus on the development of services to prevent the separation of children also influenced the entries into the special protection system. The minimum age for institutionalisation of children was increased from 2 to 3 at the end of 2014 and from 3 to 7 in 2019.⁹²

The number of children in the residential system decreased, with the most significant drops in public residential care centres, from 17,453 in 2014 to 12,371 in 2019. The number of children in private residential care decreased by 800 cases in the 5 years. The share of children in public residential centres in the total number of children in residential care decreased from 81% in 2014 to 79% in 2019.⁹³

The number of children in foster care decreased by 1,809 between 2014 and 2019, with the highest decrease in the number of children cared for by relatives (1,559) and professional foster parents (AMP) (755). The number of children entrusted to other families/ persons increased by 505.⁹⁴

One of the most important outcomes is children exiting the special protection system by reintegration in their natural families, adoption or turning 18. In the period 2014 - 2019, the number of children exiting the system for becoming of age increased from 3,501 in 2014 to 3,853 in 2019. The number of children reintegrated in their natural families decreased by some 500. At the same time, the number of adopted children increased by about 200.⁹⁵

The deinstitutionalisation and closure of traditional institutions continued throughout the Strategy implementation period, with progresses being appreciated by all the interviewees. In March 2016, ANDPDCA started the implementation of the 33-month long project "Development of the children's deinstitutionalisation plan and ensuring their transition to community care" under which all the traditional institutions were assessed, institutions to be closed down were prioritised, the DGASPCs were supported to develop closure plans, and plans were drafted to build the prevention services in 30 rural source communities (29 counties). Based on this project's first results, several calls for proposals were

⁹¹ Child Rights Now Report (2019)

⁹² www.andpdca.gov.ro

⁹³ Idem.

⁹⁴ Idem

⁹⁵ ANDPDCA data, Monthly and Quarterly Datasheets 2014-2019

put out under the Regional Operational Programme, of which the latest is still open. Contracts were entered for the development of community-based services (family-style homes, day centres, etc.) and for the closure of traditional institutions. Several of the provisions of the guides were pointed out as obstacles to accessing the funds, so that the last call launched in July 2020 is still open to both DGASPCs and NGOs.

Two relevant measures were implemented during the Strategy implementation period in the field of foster care: 1/ adoption of Order of the MMFPSPV no. 1733/2015 approving the Procedure for determining and disbursing the monthly placement allowance and 2/ launching the Project „TEAM-UP: Progress in the quality of alternative care for children” in January 2019. The TEAM-UP project is aimed at increasing the quality of the social assistance system and at increasing the number of foster carers in the communities, to ensure the sustainability of the efforts to transition from institutionalised to community-based social services. On the other hand, the study to assess the opportunity to specialise foster care for certain categories of children, such as infants whose institutionalisation is prohibited, disabled children, and children with behaviour disorders, was not performed, so that this matter remains topical. The measure included in the Bill to amend Law no. 272/2004, currently under re-examination, which provides for a monthly allowance granted to foster persons/ families, other than professional foster carers, supports the initiative to professionalise foster carers.

The number of professional foster carers decreased from 12,079 in December 2014 to 11,522 in December 2019 (minus 4.6%). On the other hand, the number of children in foster care decreased too, so that the average number of children per foster carer remained relatively constant (1.55 and 1.56 respectively).⁹⁶

Another issue approached by the Strategy is the development of children's independent living skills, with a view to preparing them to leave the special protection system. The interviewees indicated that the main obstacle to implementing the activities meant to develop independent living skills is Order no. 1955/1995 of the MS approving the Hygiene rules for child and youth protection, education and training facilities.

To support the development of living skills, ANDPDCA entered agreements with MTS to implement the projects “Prepared for Life” and “Prepared for Life second edition”, included in the schedule of MTS's own projects.

Whilst 46.6% of the children in residential care were older than 14 in December 2014, their share increased to 56.75% in December 2019.⁹⁷ According to experts from ONGs, deinstitutionalisation is a holistic process that requires the implementation of all stages in a coherent manner. According to some opinions, in order to support this process in an adequate and timely manner, NGOs should have had access to the POR from the first call for proposals, and the required documentation should have been less complicated.

The central and local efforts to continue and complete the deinstitutionalisation process are commendable. Another positive aspect is that all children in residential care centres have been subject to an evaluation process whereby potential alternative measures were considered for each child which then informed the subsequent financing applications.

Furthermore, the representatives of NGOs and DGASPCs equally emphasised that the 2020 deadline for shutting down all institutions (stipulated in the Bill to amend Law no. 272/2004, adopted by the Parliament in June 2020,⁹⁸ but referred back by the President for reconsideration) is not reasonable. According to the Bill, it is not mandatory that the closure of residential care centres be completed by 01 January 2021, but a concrete closure plan backed by financing sources should be in place for each such institution. Moreover, some representatives of the DGASPCs were

⁹⁶ www.andpdca.gov.ro

⁹⁷ Idem

⁹⁸ On the other hand, the Bill (PL 457_19) stipulates:

Article VII. - (1) As from 1 January 2021, the operation of residential care services other than those provided for at article 123 of Law no. 272/2004, republished, as amended and supplemented, including by this Law, is prohibited, except for those undergoing closure operations based on financing contracts that end after this date.

(2) The executive management of the General Directorate of Social Assistance and Child Protection shall include in the Annual Plan for Social Services (developed in compliance with Article 118 of Law no. 292/ 2011 on social work, as amended and supplemented) the measures required for the reorganisation of residential services according to Article 123 of Law no. 272/2004, republished, as amended and supplemented, including by this Law, and the measures for closure or, as the case may be, reorganisation of residential care centres.

unhappy with having to close down residential centres caring for 30 disabled children and mentioned that more leeway is needed in thinking out social assistance in each county.

A recurrent topic in the interviews was the debates about including family-style homes in the category of institutions and the pressures from NGOs dealing with persons with disabilities. The appreciation is that, in theory, they are right, but in the current situation of the special protection system, family-style homes continue to be necessary, given that children with behaviour or psychiatric issues or disabilities are present in the system, and foster carers cannot cope, have no support services in the community and very few can take upon themselves the responsibility of specialised care. For the time being, family-style homes remain the best alternative for such cases.

Street children

Statistics show that there are less and less children living in the streets, but no national study was carried out in this period to determine as accurately as possible the size of the phenomenon and identify its main causes. The number of street children decreased from 695 to 559 between 2014 and 2019. The number of children who work in the streets and return in the family at night decreased most significantly, from 336 in 2014 to 221 in 2019. A decrease is also noticeable in the number of children living in the streets with their families, from 194 to 127. However, the number of children living in the streets without their families increased from 165 to 211.⁹⁹

The number of street children receiving services remained relatively constant, with decreases in 2016 and 2018, on the background of the reduction of the number of street children. Though the number of street children decreased in 2019, the number of those receiving services increased, based on improved identification and the work of mobile teams.¹⁰⁰

Children whose parents are at work abroad

In 2015, HG 691/2015 approved the Procedure for monitoring the way children with parents gone abroad for work are being raised and cared for and the services available to them. In 2016, Save the Children and ANDPDCA developed "Recommendations for the temporary delegation of parental authority in the case of children whose parents are at work abroad". They were improved in 2017 by the conclusions of the Interinstitutional Working Group coordinated by the Presidential Administration.

Regarding the collection of data, some SPASs stated that, at the start of each academic year, they receive from schools lists of the children whose parents are at work abroad, which does not match the list of children for whom the parental authority was assigned according to the procedure. According to the interviewed experts, the cooperation between the SPASs and the schools is very useful. When the schools notify parents left for work abroad, the SPAS should verify the cases. This unfortunately does not happen, and, for this reason, MEN and ANDPDCA data differ at times.

Children arriving for the first time or returning to Romania need support to integrate/ reintegrate socially and educationally. One solution is the development of after school programmes or counselling centres, with employed psychologists who would help the children to adapt and overcome the trauma.

The interviewees also indicated that there are parents who leave for work only a few months every year, are reluctant to counselling, invest money in physical goods, do not support children's participation in school, and, after a certain age, take the children with them.

The analysis of the number of children whose parents are at work abroad shows an increase from 82,339 to 86,263, with a significant increase in the case of children with one parent left to work abroad. It can be noticed that the number of children whose parents are at work abroad increased by more than 13,000 in 2014 - 2016 and started to decrease in 2017. The children with one parent working abroad are the majority. Their number increased between 2014 and 2017, and then decreased, reaching 59,262 in 2019. The number of children whose both parents are at work abroad decreased from 22,050 in 2014 to 15,858 in 2019.¹⁰¹

Children in conflict with the law - juvenile criminal offenders who are not criminally responsible

⁹⁹ ANDPDCA data, Quarterly Datasheet 2014-2019

¹⁰⁰ Idem

¹⁰¹ Idem

The number of juvenile criminal offenders and are not criminally responsible decreased by 64% between 2014 and 2019. Also, the number of children who committed theft decreased from 1,629 in 2014 to 578 in 2019; the number of juvenile robberies, assaults or rapes also decreased.¹⁰²

According to the experts, the specialised services should be developed in partnership with all the responsible agencies. This group of children cannot be supported only by the social services, and the involvement of other expertise (justice, health, education, etc.) is necessary. Since no progress has been made, the objective of developing specialised services for the social reintegration of juvenile offenders who are not criminally responsible and prevent reoffending must be included in the next strategy.

Violence against children

The global campaign to end violence against children was launched in March 2017 and will be implemented over 5 years. The goal of the campaign is to positively influence the lives of vulnerable children and contribute significantly to ending violence against them and to achieving the Sustainable Development Goal. Romania is one of the PATHFINDING countries, whose governments made commitments under the global partnership to end violence against children. Romania is a member of the PATHFINDING countries alongside El Salvador, Mexico, Jamaica, Indonesia, Paraguay, Tanzania, Sweden, Uganda, Sri Lanka, and The Philippines.

With the support of UNICEF and a working group comprised of experts from NGOs, public entities and other organisations, ANDPDCA appointed a focal point (a person at government level) to coordinate the process, developed a self-assessment report on violence against children and defined its objectives and an action plan for 2018-2020.

Progress in the development of child helpline services and local intersectoral teams is variable. They operate based on HG no. 49/2011 approving the framework methodology for prevention and intervention based on a multidisciplinary team and on Network resources in situations involving violence against the child and domestic violence and the Methodology for multi-disciplinary and inter institutional intervention for exploited children and children at risk of labour- exploitation and we see, children victims of human trafficking and Romanian migrant children victims of other forms of violence in other countries and support the abuse, neglect and exploitation (or violence) compartments of the DGASPCs.

Between 2014 and 2019, the child's helpline was implemented as a service in all DGASPCs, and the number of calls increased by more than 3,000.¹⁰³

According to data from ANDPDCA, the number of local intersectoral teams (EIL) remained relatively constant in the period 2014 - 2019: 52 in 2014 and 53 in 2019. Two EILs were established in 5 counties and one Sector of Bucharest City. In the same period though the number of non-operating EILs increased from 7 to 10.

Both primary and specialised community-based healthcare services were developed between 2014 and 2020. According to MS data (2020) for the period 2014 - 2019, the number of CN increased from 1,010 in 2014 to 1,696 in 2019, and the number of health mediators increased from 379 in 2014 to 473 in the period 2016 - 2018, with a slight decrease to 379 in 2019. The number of school medical rooms remained the same throughout the period (i.e. 3275). Less was invested in the development of interdisciplinary or intersectoral working methodologies and procedures:

*"I don't know clear needs assessment mechanisms. We identify, then contact the social worker, perhaps the director, and see what we can do for that family. [...] I get involved even with birth certificates, when I've identified a problem, I make phone calls and go door to door until I've solved it."*¹⁰⁴

The services to control unwanted pregnancies decreased drastically over the past three years, due to the failure to provide free contraceptives in this health programme of the MS. Pregnancy monitoring services are also inadequate: only 565 of mothers spoke with a doctor during pregnancy, and the gap between rural and urban mothers is 15% on favour of the latter.¹⁰⁵

¹⁰² Idem

¹⁰³ Data from online survey of SPAS personnel collected for this evaluation

¹⁰⁴ Focus group CN

¹⁰⁵ https://insmc.ro/uploads/documents/STUDIU_IOMC_final_23.09.2019_BT.pdf

After a decrease from some 86% in 2014 to about 77% in the period 2015 - 2018, neonatal screening services for phenylketonuria and hypothyroidism were somewhat revitalised to 83.5% in 2019.¹⁰⁶

*"We fail to assess children born in private maternities that do not provide this service. It happened that we took kits in private maternities to ask them to carry out this test."*¹⁰⁷

With regard to specialised medical services, an important development resulting from the National Health Strategy (it is not clear if it was co-determined by the National Strategy on the Protection and Promotion of Children's Rights) was in the screening of new-borns for hearing impairment - the MS purchased the required equipment with funding from the state budget. According to the international best practice guides, this screening should be performed in the first month of life of each new-born,¹⁰⁸ the failure to identify hypoacusis and correct it with cochlear implants leading to deaf-dumbness and implicitly to a severe social handicap. In this area, the MS initiated a programme for the procurement of equipment and training of healthcare workers to increase the access of new-borns to this type of neonatal screening.

*"We aimed at reducing deafness. In 2017 - 2018, the MS wanted to expand the hearing screening programme to the entire country, and for that we procured the required machines (it was important that we had the equipment to meet the criteria for being accepted in the programme). Also, the staff received training, and a screening monitoring platform and an electronic reporting platform were developed."*¹⁰⁹

Given the lack of the equipment required for implementation, the MS's new-born hypoacusis screening programme provided 50,000 tests in 2018, whilst almost four times more babies are born each year in Romania (190,170 new-born in 2018).¹¹⁰

After an adverse development in the share of immunised children, in particular in 2016, the curve of immunised children was redressed, achieving shares of 75% and 80% for DTP, polio and MMR and over 90% for hepatitis vaccine.

*"The extension of the range of vaccinations and administration of several vaccines in one shot was a good measure, because you do 6 vaccines at a time, not call them in again."*¹¹¹

Some family practitioners have a positive perception of their relationship with the Health Insurance House. However, others point out aspects that are not so positive, for instance, the impact of CNAS rules on vulnerable populations, aspects that limit the access to medical services and treatment for children from poor families.

*"It is said that medicine is free, but they aren't. For example, antipyretics are not subsidised and the subsidy for antibiotics is only 20-30%."*¹¹²

Regarding the healthcare component, the role of CN in the proactive provision of services definitely had an important impact on the registration of children with family doctors.

*"Among others, we identified children who were not registered with family doctors, and we enrolled them. This is how we managed to get them over for vaccinations."*¹¹³

Training of the personnel that investigate criminal cases involving juveniles

Looking at the entities with assigned responsibilities, it is clear that this action was only aimed at the training of criminal investigators (judicial police), prosecutors, judges (rights and liberties, preliminary chamber or courts) and possibly the staff of the probation service (also subordinated to the MJ). Other categories of professionals participating in these procedures, some with critical roles (lawyers, DGASPC counsellors, social workers, psychologists, etc.) were not included, which can impact inter-institutional cooperation and the quality of the services provided.

¹⁰⁶ Idem

¹⁰⁷ Interview with a representative of a local entity

¹⁰⁸ <https://www.cdc.gov/ncestd/documents/Screening-Contingency-Plan-Version-II.pdf>

¹⁰⁹ Interview with a representative of a central government entity

¹¹⁰ <https://insp.gov.ro/sites/cnepss/wp-content/uploads/2014/11/SSPR-2018-final-2-1.pdf>

¹¹¹ Focus group with family doctors

¹¹² Focus group with family doctors

¹¹³ Focus group CN

Currently, 6,212 officers with judicial police licences work in the criminal investigation and organised crime units. No data were identified on the number of officers with judicial police licences specialised in investigating cases involving children, offenders or victims, nor any training programmes/ courses on such topics addressed to these police officers. Initial and continuing training opportunities are available to judges and prosecutors at the National Institute of Magistracy,¹¹⁴ including in joint programmes with civil society organisations.

Establishment of special services for juvenile criminal offenders who are not criminally responsible

Specialised services for juvenile offenders who are not criminally responsible¹¹⁵ were set up in the general departments for social assistance and child protection in existing units (e.g. compartment for emergencies, compartment for family placement and juvenile crime) or by the establishment of dedicated residential centres.¹¹⁶

Number of child-friendly hearing rooms

According to MAI, the number of hearing rooms under its management increased from 67 to 131 in the period 2014 - 2020. MAI representatives point out though that these rooms are not exclusively intended for the hearing of children (hence have no specific facilities to make them child-friendly).

The number of child-friendly rooms for children visiting imprisoned parents increased from 9 to 40 in the reviewed period.

Developing the psychosocial support component for children in prisons, education and detention centres

Training programmes were delivered during the Strategy implementation period in the National Administration of Penitentiaries. Thus, the course "Intervention methods for underaged with mental disorders or from disorganised families" (667 participants - all the social reintegration personnel) was delivered in 2014; the course "Individualised approach by age groups in educational and detention centres" (625 participants - all the social reintegration personnel) was delivered in 2015; the course "Training programme for the personnel working with imprisoned children and youths" (participants - 18 from the detention safety and prison regime unit, 27 from the social reintegration unit, 3 medical staff) and the course "Communication with special groups of imprisoned persons" (693 participants - all the social reintegration personnel), and a course on the compliance with the relevant human rights international instruments at the Bacau prison were delivered in 2016;¹¹⁷ the course "Protecting the mental health of children and youths in the custody of ANP" (795 - all the social reintegration personnel) was delivered in 2017; the course on "National rules in education, psychological counselling and social assistance for persons committed to educational and detention centres" (818 - all the social reintegration personnel) was delivered in 2018; and the courses "Specifics of the underaged and intervention recommendations for the detention place personnel" and "Strengthening the relationship with the support environment for imprisoned and detained underaged and youths" (773 - all the social reintegration personnel). The training programmes were delivered via the e-learning platform provided for in the Continuous Personnel Training Plan.¹¹⁸

The National Administration of Penitentiaries has five units that specialise in juvenile criminal offenders (psychological, social, educational, health and food cooking and serving services) complemented since 2019 by the Child's Helpline.

Institute a mechanism whereby children in custody may submit complaints for torture and other cruel, inhuman or degrading punishments or treatments

Such a mechanism was established based on a partnership between the National Administration of Penitentiaries and the Child's Helpline Association, starting in 2018. The mechanism is based on the

¹¹⁴ <http://inm-lde.exemplu.ro/?s=minori>

¹¹⁵ According to Decision no. 1439/2004 on specialised services for juvenile criminal offenders who are not criminally responsible.

¹¹⁶ For example, Sf. Stelian Centre of DGASPC Brasov <http://www.dgaspbcv.ro/wp-content/uploads/2017/11/ROF-CENTRUL-SF-STELIAN.pdf>

¹¹⁷ Organised in the Project "Strengthening the capacity of the Bacau Prison for Underaged and Youth to comply with the relevant international human rights instruments", funded from the Norwegian Financial Mechanism 2009 - 2014.

¹¹⁸ National Administration of Penitentiaries (2020)

services of the above-mentioned NGO, which provides information and counselling in the field of children's rights via the social phone line 116 111.¹¹⁹

Besides the above-mentioned mechanism, imprisoned children can contact the Ombudsman by e-mail, post, fax or phone under the dispatch programme.¹²⁰ Complaints may be lodged individually by children or their representatives. Currently, statistics are collected by the Administration by breached right, and not by the capacity of the petitioner. Consequently, the number of children who turned to the presented mechanisms is unknown.

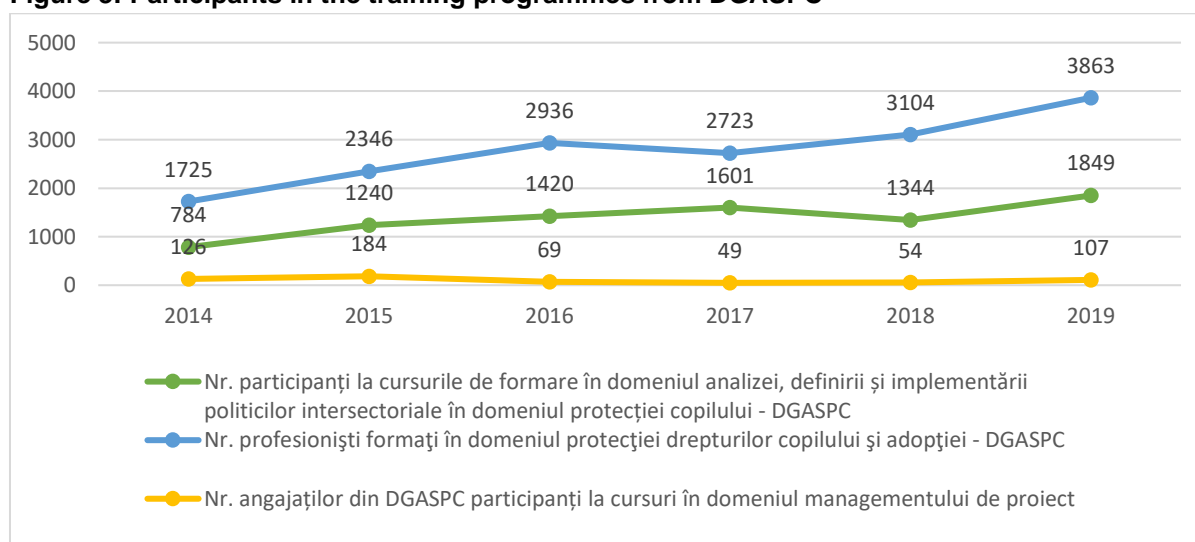
Between 2014 and 2020, the number of child-related petitions submitted to the Ombudsman increased significantly, from 77 in 2013 to 612 in 2019, which might indicate that the entity has become better known, but also some level of emancipation of the interested groups.

The number of solved petitions also increased from 77 in 2013 to 123 in 2017. No data are available on the number of petitions settled yearly after 2018, since the establishment of the Child's Ombudsman. During the reviewed period, besides the petitions submitted, a number of notifications were received, significantly more since the establishment of the Child's Ombudsman, up from 18 in 2017 to 523 in 2019.

The contribution of the Strategy to improving the capacity to implement the required measures to promote and protect children's rights at national and local level

The Strategy also included a number of measures aimed at building capacity of the personnel to implement quality services for the children. Training sessions were delivered in the field of child protection and adoption; analysing, defining, and implementing inter-sectoral child protection policies; and project management. The data collected from the DGASPCs show that the number of personnel attending training programmes in children's rights and adoption increased from 1,725 to 3,863 in the period 2014 - 2019, and in the analysis, definition, and implementation of intersectoral child protection policies from 784 to 1,849. The increase in the number of staff attending project management training programmes was more modest (Figure 3).

Figure 3: Participants in the training programmes from DGASPC



Source: Data from online survey for this evaluation (broken down by type of training programme)

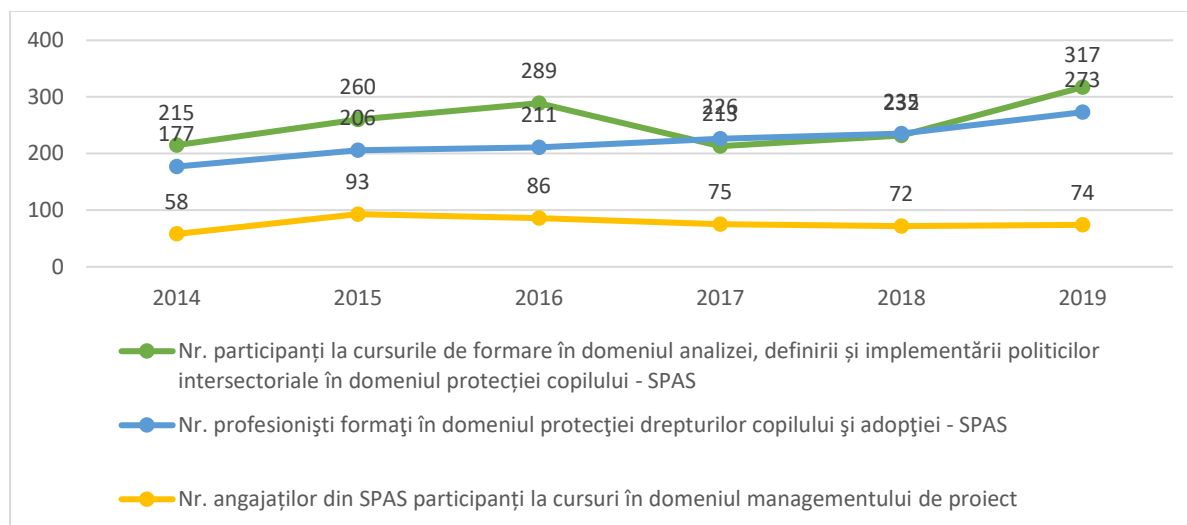
The number of personnel from SPASs/ DASs/ social assistance units attending training programmes in the three areas increased. The number of participants in children's rights and adoption training programmes increased from 177 in 2014 to 273 in 2019, and in the analysis, definition, and

¹¹⁹ The beneficiaries are juveniles in the custody of the prison system and children with one or both parents imprisoned.

¹²⁰ For good reasons, the petitioner may be permitted at his/her request to submit the complaint via the dispatch service. The complaint will be taken down on standard forms by the persons manning the audience and dispatch compartment.

implementation of intersectoral child protection policies from 215 in 2014 to 317 in 2019. The number of participants in project management training programmes increased less, from 58 to 74 (Figure 4).

Figure 4: Participants in the training programmes from SPASs/ DASs/ social assistance units



Source: Data from online survey for this evaluation (broken down by type of training programme)

The number of experts working with disabled children increased by 497 in DGASPCs and 327 in SPASs/ DASs between 2014 and 2019. The share of DGASPC personnel working with disabled children and included in training programmes increased from 22% to 33%, but is only 16% in SPASs/ DASs.

The Strategy contributed decisively to the allocation of resources to increase the UATs' capacity to provide community-based services with the help of community nurses and Roma mediators, and thus uphold children's rights to health at local and national level (almost half of the rural communities are now covered by community nurses).

Regarding the children in conflict with the law, the Strategy contributed to improve the capacity to implement measures to promote and uphold children's rights by prioritising investments, facilitating the financing of large projects to optimise the training of experts, developing the infrastructure (build the capacity of educational centres), creating work methodologies, and establishing the local cooperation framework for the social reintegration of offending children.

The Strategy contributed to the implementation of measures to end violence against children in schools, promote the inclusion of SEN, Roma, and disabled children,¹²¹ develop foster care services - all measures that impacted the communities (as a result of creating jobs in foster care). The implementation of the Strategy led to the decrease in the number of children in residential care centres, switch from residential system to family-style homes, increase in the number of adoptable children and adopting families, and adoption becoming less bureaucratic. Law 272/2004 was amended (to include provisions on children whose parents are at work abroad), residential care centres were shut down, and the mandatory minimum standards, including minimum cost standards, in child protection were created/ revised. Clearer procedures were developed on children abandoned in hospitals and on the issuance of birth certificates, and new centres for victims of domestic violence were established.¹²²

The Strategy led to an increase in the provision of prevention services by NGOs (but not by SPASs). The services for disabled children were improved (types of available services, training of experts in various therapies), yet the capacity is limited, with waiting lists and negative impacts on the recovery of children. The parents should make all the efforts to access, pay or co-pay for services. Children from rural areas are disadvantaged, since no such services are available there.

6.3.2. To what extent did the Strategy lead to the increase of investments in programmes addressed to children?

¹²¹ Interview with a representative of a central government entity

¹²² Interview with a representative of a local authority

The contribution of the Strategy to the level of allocation of resources from national and European funds

In the period 2014 - 2020, social projects were financed under four operational programmes: POCA, POR, POCU and POC. Annex 14 provides details on these projects. Information on some of these projects, more specifically on those whose beneficiary is ANDPDCA, are available on the Agency's webpage. Information on other funding allocated to social issues are not easily accessible, so that stakeholders would like the list of approved projects (at least those aimed at closing down traditional and modulated residential care centres) to be available to the public and regularly updated. The objectives of all these projects were subsumed to the Strategy.

Between 2014 and 2020, MEC initiated and implemented a wide range of projects in the field of education, covering children's access to quality education (relevant for personal, community and labour market development) and programmes to develop education services for economically and socially vulnerable children.

In the first category, we can mention the development and implementation of a new generation of framework plans and curricula, as required by Law 1/2011, in force as of the academic year 2013 - 2014.¹²³ Centred on the development of new skills, the new school plans and curricula are equally in line with the national educational policies and with the international trends and European recommendations on curriculum development. By the adoption of the new early childhood education curriculum,¹²⁴ the activity of the creches acquired an educational dimension, going beyond the medical or care components (Annex 14).

The Strategy's explicit and direct contribution to the initiation of these projects and programmes could not be identified. Moreover the Strategy was not a conditionality in and had no systemic impact on the relevant education operational programmes. It may have had an indirect contribution to attracting funds, proportional to the extent to which its objectives matched those of the sectoral strategies that were conditionalities and directly facilitated the access to structural development funds. An example is the Project "Relevant curriculum, open education for all - CRED" of the MEC, which, whether or not inspired from the Strategy, pursues many of its objectives: facilitate the implementation of the new skills-centred curriculum by the training of 55,000 teachers and development of method guides and open educational resources; revise the mythology of the "Second Chance" programme; create a mechanism to identify children at school dropout risk and a methodology for approaching them in differentiated manners, etc. The project contributes to the funding of activities meant to increase the efficacy and relevance of educational services, yet a direct causal relationship cannot be identified between the project and the Strategy.

Premises exist that would allow the increase of national budgets allocated directly to vulnerable children. For instance, the enactment of the Bill to reduce the number of students assigned to one school counsellor down to 500 in the lower secondary and to 300 in primary education will entail the reorganisation of the network of school counsellors and, implicitly, the increase of the budgets allocated starting with the academic year 2020 - 2021.

Nevertheless, major limits continue to exist in the financing of the educational system, for which the Strategy failed to provide a framework for identifying solutions. Examples are the SEN schools, inclusive education centres¹²⁵ that operate with one teacher to 12 children with various deficiencies, without the contribution of support and medical staff, as required by law. In mainstream schools around the country there are many classrooms with more students than the maximum number allowed by law, including in primary education, which contributes to limiting the quality of teaching and raises artificial barriers to the real integration of SEN children in mainstream education.

The Strategy contributed decisively to the allocation of resources to increase the UATs' capacity to provide community services with the help of CN.

¹²³ Order no. 3.371/12 March 2013 approving the framework curricula for primary education and the methodology for their implementation.

¹²⁴ Annex to the Order no. 4.694/2.08.2019 of the Minister of National Education.

¹²⁵ The inclusive education centres are schools organised under the METS' Regulation of 7 October 2011, updated, and their purpose and goal is to recover, compensate, rehabilitate and integrate various groups of disabled children/ students/ youths in school and society.

*"In 2015 - 2016, the number of community nurses increased from 970 to 1696 and that of health mediators from 280 to 459. As a result of the POCU 122607 Project, implemented in partnership with the Ministry of Labour (project leader), following three selection rounds, 104 community nurses and 3 health mediators (the only to meet the ANC education and training criteria) were hired to cover the needs of the communities that accepted to be included in the project. Thus, we currently have 1,741 community nurses, an increase due to some health mediators completing community nurse training programmes and now being employed as such in the communities where they used to work as mediators. Some of the community nurses are employed by the UATs and paid from the local budgets, since EOG 18/2017 allows this."*¹²⁶

During the Strategy implementation period, the Ministry of Justice and its subordinated entities (National Administration of Penitentiaries, National Direction of Probation) and MAI implemented several important projects covering the assistance afforded to children in conflict with the law.

The most important European and national funding programme in the field of justice, including juvenile justice, was the Administrative Capacity Operational Programme (POCA), with a financial allocation of 553.19 million Euros, of which 187.69 mm Euros ESF (33.93%) allocated to the PA "Accessible and transparent public administration and justice system". The financing programme is specifically targeted at the development and implementation of standard systems and modern and efficient tools of management in judicial entities (Specific Objective 1.3 that, inter alia, aims at building the consolidated capacity of the judiciary, with a view to increasing institutional performance, including to continuing the enforcement of the new Codes. The financing programme does not specifically indicate the Strategy as one of its reference documents, but does refer to measures to develop the human resources in courts, prosecutors' offices, probation and prison system, and to the provision of services to meet the needs of vulnerable groups (e.g. victims of crime, children and women at risk, other disenfranchised groups) in terms of access to justice and knowledge of law and rights, aspects that are in line with the Strategy.

Other significant sources of funding for the programmes of the Ministry of Justice were the EEA and Norway Grants 2009 - 2014 (Project "Strengthening the capacity of the Romanian probation system to provide efficient alternatives to imprisonment" sponsored by the National Direction of Probation),¹²⁷ and the Norwegian Financial Mechanism 2014 - 2021.¹²⁸

Besides the above-mentioned projects, the Ministry of Justice implemented projects financed directly by the EC under the Erasmus+ Programme,¹²⁹ dedicated to developing working skills of the probation personnel.

In the period 2014 - 2020, the Ministry of Administration and Internal Affairs, through its specialised department, proposed itself to attract more than 1.2 billion euros,¹³⁰ most intended for covering the logistics and other operational costs of the Ministry. No grant projects were identified aimed at training the personnel involved in investigating criminal cases with underaged perpetrators (corresponding to Action 2.7.1.1 of the Strategy) that were implemented in the period 2014 - 2020¹³¹ and managed directly by the Ministry.

¹²⁶ Interview with a representative of a central government entity

¹²⁷ The project was implemented in partnership with the Rogaland Probation Service from Norway and was aimed at increasing the overall performance of the Romanian probation system by developing its organisational management, improving its practices, work tools and capacity, including the provision of specific assistance to Roma offenders under probation, as well as by improving the employees' working conditions and the operation of the probation services, in line with European standards, with a view to providing efficient alternatives to imprisonment. (<http://probatiunenorwaygrants.just.ro/>)

¹²⁸ The Ministry of Justice is Programme Operator for the "Justice" Programme financed under the Norwegian Financial Mechanism 2014-2021. The intervention areas financed under the "Justice" Programme include: correctional services – prison and probation systems (three predefined projects); efficiency and effectiveness of the judicial system and strengthening the rule of law (three predefined projects); domestic and gender-based violence (one predefined project) - <http://norwaygrants.just.ro/>

¹²⁹ <https://www.juridice.ro/669807/ministerul-justitiei-conferinta-de-diseminare-a-rezultatelor-proiectului-modelarea-prosociala-intre-egali-pprompt-17-ianuarie-2020.html>

¹³⁰ <https://www.mai.gov.ro/absorbtia-de-fonduri-externe-nerambursabile-prioritate-pentru-mai/>

¹³¹ The exception is the Project "Childhood without Crime" financed under the Programme "Prevention of and fight against crime" of the European Commission (ISEC), which produced a handbook on the "Prevention of juvenile crime and provision of specific services to juvenile offenders who are not criminally responsible", yet was launched

The National Anti-drug Agency (ANA) was contracting authority for the annual grants programme under the Programme of National Interest (PIN) in the field of medical, psychological and social prevention and assistance for drug users for the period 2015 - 2018, applicable until 2020, programme that included children in conflict with the law (drug users) among its beneficiaries.

The Strategy facilitated the attraction of extra-budgetary funds (an important target for central and local child protection agencies), but projects were also developed with funds from the budget.

The entities participating in the national evaluation mentioned that they did not make joint efforts with other agencies with responsibilities under the Strategy to attract funds to implement projects and programmes. Such projects were developed to implement their own institutional strategies or together with entities that facilitate the sourcing of funds (Ministry of Finances, Ministry of European Funds).

Local and national campaigns to promote children's rights

The developed campaigns (details in Annex 14) partially cover the themes of the Strategy,¹³² but support entirely its main directions for action. The number of campaigns implemented by DGASPCs to promote the concept of ability versus disability increased from 63 to 77 in the period 2014 - 2019; the number of campaigns to promote adoption increased too. The number of campaigns to discourage begging and reduce stereotyping of the Roma children remained relatively constant.

The number of campaigns implemented by SPASs to promote the concept of ability versus disability increased from 122 in 2014 to 185 in 2019.

The campaigns in the field of education are scarcely visible, except for those organised by UNICEF, Save the Children, or the Child's Helpline in partnership with MEC against violence in schools (details in Annex 14).

Considering that all these campaigns were initiated by ONGs/ private organisations, we appreciate that the final targets set forth in the Strategy for this type of activities (3 campaigns to reduce negative stereotypes about the Roma and 6 awareness-raising campaigns on youths' participation in decision-making) were not achieved.

Some participants in the evaluation deem that the impacts of these local and national campaigns to promote children's rights were not visible. It is a fact that no studies exist indicating the extent to which the campaigns succeeded in changing behaviours or attitudes. Given that changing attitudes is a lengthy process that exceeds the cycle of a policy or programme, we appreciate that the next strategy should also provide for the implementation of such campaigns. The campaigns for a healthy lifestyle and long-term prevention of chronic non-transmissible diseases are deemed to priorities.

*"I believe that children's and adolescents' behavioural factors will have a significant impact on us on the long term. If we do not tackle behavioural factors now, we will have a population that will be much more burdened with health issues and the stress on the health system will increase over the next 10 - 20 years. I believe that behavioural factors should be also considered beyond the health system, in education, social services, local administration, urban planning, etc., this being an issue that requires more attention over the next decade."*¹³³

According to MAI data, the number of adults who received information in campaigns meant to raise awareness of the negative consequences of all forms of violence increased year upon year (from 101,269 in 2013 to 121,586 in 2019).

The intensity of the actions undertaken by MAI to curtail violence against children through school campaigns increased during the Strategy implementation period. Thus, according to MAI data (2020),

in 2013, before the implementation of the Strategy. (<https://childhub.org/ro/system/tdf/library/attachments/manual-final-cu-coperti.pdf?file=1&type=node&id=20745>).

¹³² The Strategy provides for the implementation of campaigns on the following topics: regularly and adequately inform parents on children's rights and access to available services for children; promoting the concept of ability versus disability; reducing negative stereotypes about the Roma in general and Roma children in particular; discourage begging; children information, education, sensitisation and awareness raising to prevent first-time drug and other harmful substances and to avoid experimental and occasional use turning into regular use; through preventive interventions in school, family and community, education for health, changing the collective perception of violence, with a focus on its negative impacts on children's development, information in schools on the specific forms and activities whereby children may participate in the making of decisions concerning them.

¹³³ Interview with a representative of an international organisation

the number of students participating in peer education interventions to prevent and curb violence against children increased from 118,479 in 2013 to 322,954 in 2019.

The intensity of the activities undertaken by the National Agency against Trafficking of Human Beings to inform, sensitise and raise awareness as to the forms of trafficking in human beings decreased permanently, from 300,000 beneficiaries (adults and children) in 2015 to 185,000 beneficiaries in 2019.

From among the most frequent campaign (implemented by public entities and NGOs) themes, the institutional stakeholders participating in the evaluation highlighted the ones regarding the prevention of online victimisation/ exploitation of children, violence in schools (local level), crime, unwanted pregnancies, but also the benefits of vaccination, healthy lifestyle, and prevention of risk behaviours (including the use of ethnobotanicals).

For the future, it would be useful to develop campaigns to promote the inclusion of children with SEN in kindergartens and schools, social and career integration of disabled children and youths, children's access to education, children's and youths' emotional health, protection of children with a focus on the importance of the family in their lives.¹³⁴

National information campaigns in schools on the forms and activities whereby children can participate in the taking of decisions that concern them

No data and information were identified during the evaluation to demonstrate the existence of such campaigns at national level. One exception might be the initiative of the National Council of Students to develop the Illustrated Student's Guide,¹³⁵ produced together with the Forum Apulum Association and UNICEF in Romania and meant to promote diversity and students' participation in the making of decision concerning them.

Also worth mentioning are the interventions undertaken by UNICEF in partnership with ANDPDCA during Romania's Presidency of the Council of the European Union. The activities were aimed at raising awareness of the importance of the participation of children in relevant decisional processes that concern them directly, and involved children from all social groups, of all ages, ethnicities, and financial statuses, so that participation might become a critical topic on the agenda of European and Romanian decision makers (see the Case Study in Annex 11.d.). Though these were not campaigns in schools, the National Council of Students was involved in the said activities.

6.3.3. Which were the major factors that influenced the success or failure in achieving the objectives of the Strategy? Which factors explain the success?

Enablers for the achievement of national objectives

The main factors that contributed to the achievement of the Strategy objectives were:

- Public entities working together with NGOs - an example is the campaign against violence in schools that was supported by both public entities and NGOs and resulted in the amending of the Education Law no. 1/2011 to prevent bullying and the MEC's adoption of the rules for the implementation the new regulations,¹³⁶
- The creation of an optimal framework for the involvement of NGOs, in particular in the identification of issues and solutions thereof in the context developing public policies, so that all NGOs became constant partners of MEC in all the processes of developing public policies for education. We exemplify the four sectoral strategies of MEC and the active involvement of NGOs, such as the National Council of Students or the National Federation of Parents' Committees, in the adoption of specific anti-COVID measures taken in the education system,
- Progress in interinstitutional cooperation - a best practice example being the partnership between ANDPDCA and MEC agreed in 2020 to allocate a number of distinct places in high

¹³⁴ Interview with an NGO representative

¹³⁵ <https://bit.ly/2kJEXpK>

¹³⁶ Rules of 27 May 2020 for the implementation of [Article 7 \(1.1\)](#), [Article 56.1](#) and of [point 6.1 of the Annex to National Education Law no. 1/2011](#), on bullying. <http://legislatie.just.ro/Public/DetaliuDocument/226680>

schools to children with SEN. Under this partnership, MEC issued an order¹³⁷ whereby places are allocated to SEN students from special and mainstream schools, above the number of places in the high schools in question. Steps were also taken to this effect at local level, yet, for the time being, the cooperation between school, mayoralty and SPASs remains the result of individual initiatives.

- The data from studies performed by international organisations such as UNICEF or the World Bank were important, in particular for suggesting models for analysing the children's rights issues.
- The implementation of projects resulting in structural changes and financed under operational programmes (e.g. EC's Partnership agreement with Romania, where one priority is "Developing human capital, by increasing the employment rate and tertiary education attainment, but also tackling the severe social challenges and poverty levels, in particular for deprived or marginalised communities and in rural areas". During the Strategy implementation period, these operational programmes were a motivating factor and played a critical role in the financing of projects that directly or indirectly contributed to the achievement of some of the Strategy's objectives.
- The development of the legal framework that allowed the intensification of children's participation in the decisions that concern them, in particular in education, and the constant conveyance of messages meant to incentivise the active participation of youths in school life. However, according to the available information, MEC failed to carry out an assessment of the organisational development needs of the National Council of Students, or to implement a programme to support students' participative structures, as required by the Strategy.

Factors that deterred the achievement of national objectives

The main factors mentioned in the interviews were the lack of Strategy coordination and monitoring, inconsistent distribution of human and financial resources, insufficient financial appropriations, inflexibility of the conditions for accessing European Funds (exclusion of NGOs as applicants on projects to close institutions), and poor interinstitutional cooperation.

The COVID-19 pandemic had a negative impact on the implementation of the Strategy measures in 2020. On the one hand, a number of measures were adopted to simplify the working procedures and beneficiaries' access to online services; on the other hand, the pandemic worsened certain social problems, by reducing the activity of day centres and limiting children's access to education and health. At the same time, the number of domestic violence cases increased during the pandemic (UNICEF, 2020).

As shown above, with the outbreak of the pandemic, public systems were forced to refocus their efforts to controlling it. Thus, community nurses had to adapt their work to the new demands, concentrating on supporting Public Health Departments (DSPs) in monitoring individuals quarantined at home.

*"In such times, community nurses and health mediators are at the forefront of preventing and fighting the spread of the new coronavirus. The roles of the community nurses and health mediators during the COVID-19 pandemic entail the following: in each community where present, they work together with local police, social worker of the town hall, family doctors, local authorities, DSP, and prefect to monitor persons quarantined at home, identify persons newly arrived from abroad, and ensure that they comply with the ordinances in force. Therefore, we work together with the police to identify individuals returning from abroad."*¹³⁸

Enablers for the achievement of local objectives

The main enabling factors mentioned in the interviews were European funding, legal framework, cooperation between county councils and DGASPC management, etc. Local stakeholders, usually schoolteachers or principals, representatives of the SPASs or of the local authorities, undertake individual/ group initiatives materialised in projects that have a positive impact on the achievement of the Strategy objectives at local level. For the communities who had this opportunity, accessing European Funds was a real advantage in the process of permanently improving the quality of education services.

¹³⁷ Order no. 4532/2020 of 15 June 2020 amending and supplementing Order no. 4.948/2019 of the acting Minister of National Education on the organisation and implementation of the admission exams to the state high school education in the academic year 2020 - 2021

¹³⁸ Interview with a representative of a local entity

At local level, the availability of financial resources facilitated the testing of cooperation models, for example, between the educational centres subordinated to ANP and DGASPC. Moreover, the cooperation with NGOs facilitated the implementation of new methods for working with the underaged, attraction of extra funds, and management of grant projects. The cooperation with NGOs afforded access to programmes in which public entities are not eligible as lead applicants.

Overall, the coordination between the national, county, and local levels in dealing with acute, specific problems was associated with success in achieving objectives:

*"Where progress was made, the needs were stringent, and the Strategy was correlated with the allocated resources and county strategies."*¹³⁹

The local-level participants in the evaluation mentioned the personal involvement of decision makers or professionals: *"a good farmer makes a good farm; it is not just a matter of resources."*¹⁴⁰

Deterrents for the achievement of local objectives

The main deterrents mentioned in the interviews were the lack of political will, insufficient local personnel to assess the needs, poor cooperation between public entities and NGOs, lack of initiative and failure to assume responsibility, contracting of social services to some extent, and misunderstandings between the DGASPC management and the county councils. One critical factor that limited the impact of the Strategy was the insufficient local budgets for education. The lack of a culture of cooperation, reflexive practices and sharing best practices are equally significant barriers. The politization of local governments was also mentioned as one of the most serious deterrents, the reviews carried out by the European Commission regarding the local authorities being relevant for this matter.

The lack of a coherent, evidence-based approach in defining measures and activities - an illustrative example is the definition of the communication campaigns whose messages failed to reach the target audiences.

Inadequate financing of family medicine (WHO recommends 10-12% of the national health budget, the European average is 13%, and Romania allocated up to 6% in the last years). *"If the allocation for family medicine would increase, we could attract young doctors."*¹⁴¹

The lack of specialised community services is not only felt by the families/ communities, but also by the community nurses.

*"Counselling is needed for vulnerable children, pregnant teenagers, underaged mothers, children of deceased mothers whose father/ grandparents' level of education is very low. [...] I also see a connection with psychological practices. We don't have the capacity to provide counselling at the level of their needs. Being very far, it is very difficult."*¹⁴²

By far the most often mentioned of the factors that deterred the local implementation of the Strategy is the low level of involvement of community entities, including in the provision of data for assessing the needs and provision of services, including those needed for implementing educational measures¹⁴³ and continuing integration activities.¹⁴⁴ Other deterrents mentioned are the lack of resources and poor knowledge of the relevant regulations by the representatives of local entities (Mayor, SPAS employees).

6.4. Efficiency

6.4.1. To what extent were efficient the activities and approaches of the Strategy?

Level of integrated implementation of the Strategy

The Operational Plan of the Strategy was the main tool for intersectoral, integrated coordination during the implementation, though its usefulness was limited in practice. The field data collected for this evaluation show that, during the implementation of the Strategy, intersectoral coordination was more specific rather than systemic. A best practice example here is the preparation and implementation of

¹³⁹ Interview with an NGO representative

¹⁴⁰ Interview with a representative of a local entity

¹⁴¹ Focus group with family doctors

¹⁴² Focus group CN

¹⁴³ Interview with a representative of a central government entity

¹⁴⁴ Idem

POCU projects in partnership by the MMJS, MEC, MS to define and implement the integrated community centres, with the involvement of AJPIS, DSP, CJRAE, etc.¹⁴⁵

*"Currently we are implementing an intersectoral project that covers social, education and health aspects and is aimed at developing community-based care and integrated services. There is a sort of national pride, when you talk to anyone in this country. We work together with three ministries in this project. Unfortunately, it is the only one. It is an extraordinary effort for all involved, but one project of this kind is very little."*¹⁴⁶

Still, in the absence of stable communication mechanisms, ad-hoc interinstitutional communication causes situations where coordination is but partial, for instance, the signing of the ADS Agreement, which does not include the Ministry of Labour or ANDPDCA.¹⁴⁷

*"I would like to see the agenda of the inter-ministerial groups. It should be public and constantly updated. The coordination of efforts should start there. Perhaps the pandemic will force us to progress in intersectoral coordination, irrespective of the public policy area."*¹⁴⁸

Another limitation to an integrated approach was the fact that each entity of the central government implemented the measures provided for in their own strategies, without submitting monitoring data to ANDPDCA. The Advisory Coordination Group did not operate suitably, such as to support the communication between the entities in charge with implementing the Strategy. The integrated implementation of the Strategy measures was, to some extent, also impacted by the position of ANDPDCA as an entity subordinated to the Ministry of Labour, which arguably reduced sometimes the efficiency in its working together with line ministries.

Examples of integrated interventions and approaches are few and far between, mainly reflecting local initiatives, and not so much systemic national approaches. Though the Strategy explicitly promotes integrated interventions, this was not backed up with administrative measures to facilitate inter-ministerial cooperation¹⁴⁹ or financing of the various types of interventions from the budgets of multiple ministries. The integrated approach was also hindered at the level of European Funds, where it was not possible to fund projects under different Axes in this Programming Period.

In general, the Strategy provisions on children in conflict with the law were not subject to implemented in an integrated manner. There are examples of good local cooperation (local implementation of the CHILD Project),¹⁵⁰ but, at least in as far as this group of children is concerned, they illustrate the individual cooperation of some entities, without the availability of all the services to support the rehabilitation and social reintegration of children post-detention (community services).

In the opinion of some institutional actors participating in the evaluation, the lack of clarity regarding the distribution of responsibilities impacts negatively on the implementation of measures and actions, because they are not enacted in joint orders.¹⁵¹ Nevertheless, it should be mentioned that the Operational Plan of the Strategy states that the first entity indicated in responsibilities column is the one in charge of implementing the action in question. Unfortunately, including this statement in a footnote caused some Strategy implementation stakeholders to ignore it.

Coordination of resources

The Strategy was mainly based on financial resources from European Funds, which led to implementation delays. The management authorities monitor the projects financed from European Funds without ANDPDCA seeing the findings.

The ministries and local authorities acted in most cases as independent entities in financial terms. In this context, the resources were poorly correlated. In fact, the Strategy failed to explicitly provide for

¹⁴⁵ See footnote 84.

¹⁴⁶ Interview with an international organisation

¹⁴⁷ <http://www.ms.ro/2019/04/02/servicii-integrate-de-sanatate-sociale-si-de-educatie-pentru-pacientii-cu-tulburari-de-spectru-autist/>

¹⁴⁸ Interview with an international organisation

¹⁴⁹ Information is available about a 2016 Draft Order on integrated interventions, which in the end was not approved.

¹⁵⁰ Component of the "Justice" Programme financed under the Norwegian Financial Mechanism 2014-2021.

¹⁵¹ Interview with a representative of a central government entity

such coordination, the Strategy objectives being “achieved through their inclusion in the budgets of ministries and public institutions involved [...]”.¹⁵² (SNPPDC, p. 39).

The coordination of human resources is a difficult management task, in particular when it is aimed at organising new activities to be carried out by large groups of professionals in fairly difficult contexts (high workload, excessive bureaucratisation, etc.) The coordination of activities impacts the performance and motivation of intervention teams.

Social workers and community nurses are employees of the APLs and, sometimes, members of different compartments. The social worker is used with bureaucratic activities. Moreover, the ‘coordination’ of the activities of social workers and community nurses starts from the assignment of tasks to the latter.

*“We sometimes have problems with the social component. Since ours is a large town with very many beneficiaries, if the social worker stays in the office, our field work must cover both the medical and social components. And then it is very difficult.”*¹⁵³

*“Oftentimes, social workers don’t know their cases. How can they develop individual plans for beneficiaries they don’t know?”*¹⁵⁴

The coordination between the family doctor and the social worker/ DGASPC is not based on consistent practices, so varies from case to case.

*“In my work I was never asked anything by the child protection people.”*¹⁵⁵

*“It happens that I have to deal with social issues, and then I notify the town hall that a certain child is in a particular social vulnerability situation. The town hall then liaises with DGASPC and deal with the problem.”*¹⁵⁶

The most often used coordination tools are informal harmonisation of professionals, but also the direct supervision by the MS manager of the community nurses. Training programmes (coordination by standardising knowledge) were delivered to a limited number of professionals. The need for better coordination between the family doctor and the community nurse was identified by the MS, where a cooperation agreement between these professionals is being developed. The Strategy established a roadmap and was a reference document for ONGs in writing project proposals in this area. Furthermore, the Strategy prompted public entities to define and initiate projects to implement integrated community centres.¹⁵⁷

The perception of family doctors in relation to social assistance provided to the population they serve is generally positive, yet situations were reported where the social services perform poorly. Similarly, there are situations where the family doctor and the CNs work together very well, as well as situations where the family doctor deems that their cooperation with CNs is poor.

*“The community nurse is employed by the DSP, and, either by her choice or by the orders of the DSP, she fails to cooperate and discharge her duties. For example, she doesn’t notify families to vaccinate their children, does not pick up the list of pregnant women, in particular of the Roma.”*¹⁵⁸

Along the same line, the CNs expressed the need for clearer coordination of their work with that of family doctors.

*“It would be necessary to formalise this working relationship (between family doctors and CNs), it would be very useful to have cooperation agreements between entities. My colleagues in the rural areas work with 1-2 family doctors, but we, in the city, have to work with 4 family doctors. We are given no priority, they don’t answer the phone, there are large queues at their offices.”*¹⁵⁹

Regarding the inter-institutional coordination of financial resources, though the structural funds did not allow infrastructure to be financed in human resources development projects, efforts were made to

¹⁵² National Strategy on the Protection and Promotion of Children's Rights, p. 39

¹⁵³ Focus group with community nurses

¹⁵⁴ Interview with an NGO representative

¹⁵⁵ Focus group with family doctors

¹⁵⁶ Idem

¹⁵⁷ <https://www.fonduri-structurale.ro/stiri/22968/por-a-fost-aprobat-ghidul-solicitantului-pentru-centre-comunitare-integrate-finantare-acordata-de-pana-la-100-000-euro>

¹⁵⁸ Focus group with family doctors

¹⁵⁹ Focus group CN

coordinate the resources allocate to the POCU 122607 Project: "Developing and implementing integrated community-based services to fight poverty and social exclusion" financed under the Human Capital Operational Programme POCU/375/4/22/122607

*"We had many meetings with MDRAP, Ministry of Labour, and MFE to plan these funds in a coordinated manner."*¹⁶⁰

The budget appropriations for the operation of CNs were, in general, well-coordinated between the European Funds and the national financing. There are cases however where the failure to include relevant lines in the national budget made it impossible for the APLs to take over CN contracts:

*"We no longer have a community nurse in our settlement. CN was provided as long as it was paid for from European Funds, but terminated as soon as we switched to local funding. I spoke to the mayor, and he said that CNs should be paid for from the budget, and the budget was nil."*¹⁶¹

Another shortcoming in the coordination of financial allocations is the insufficient equipment afforded to the nurses, their performance being obviously reduced by the lack of medical kits.

Another case where the coordination of financial resources could be improved is the framework contract that fails to provide for the pre-appropriation of funds for preventive lab tests, this leading to barring the access to preventive services, in particular for vulnerable children:

*"We are at 30-50 km from a town with a hospital where tests can be carried out. My patients never get to have subsidised medical tests. As a family doctor, I should have an appropriation for the tests of the annual comprehensive check-ups - they have no income, yet must pay for the bus and the tests too."*¹⁶²

Budget appropriations considering the cost standards

The revised minimum cost standards for social services were adopted in May 2020, meaning that the funds were allocated based on the existing standards in the period 2014 - May 2020. After the implementation of the unitary pay law (Framework Law no. 153/2017 on the remuneration of personnel paid from public funds), it was no longer possible to observe the cost standards for social services provided by public entities (FONPC, 2019),¹⁶³ which led to difficulties in ensuring adequate financing for such services.

According to representatives of NGOs, the local authorities failed to comply with the minimum cost standards in the financing of services outsourced to private suppliers. The funds were allocated depending on the available budges, most of the time below the minimum cost standard.¹⁶⁴

*"We are not happy, public funding for public providers is cut back, the share of the GDP is reduced for all services, we don't know how much was allocated for children - this analysis is needed, and the key is to invest in social services. The solution may be the allocation of direct financing lines from the central level."*¹⁶⁵

In the field of education, no data were identified during the evaluation demonstrating the use of cost standards in budgeting projects, except for the cost standard per student, used in school budgeting. The collected data suggest that, given the manner in which they are used, cost standards lead to the deepening of inequities in the education system. The explanation resides in the perpetuation of the funds' redistribution mechanism, which causes the reduction of the budgets allocated to schools in disadvantaged, usually rural areas. With poorly qualified teachers, these schools have lower expenses with human, and the "excess" funds being reallocated to schools from privileged areas. The phenomenon was pointed out as early as 2014,¹⁶⁶ without any corrective action being taken.

¹⁶⁰ Interview with a representative of a central government entity

¹⁶¹ Focus group with family doctors

¹⁶² Idem

¹⁶³ FONPC (2019): "Efectul măsurilor fiscale și economice asupra furnizării și contractării de servicii sociale" - Author: Claudia Petrescu

¹⁶⁴ SOS Children's Villages Romania (2018): "Amprenta socială și economică a Asociației SOS Satele Copiilor România" – Authors: C. Petrescu (coord.), S. Ilie, A. Neguț, F. Milhalache, G. Stănilă

¹⁶⁵ Interview with an NGO representative

¹⁶⁶ Fartușnic, C. (coord.), (2014), Financing the pre-university education system based on the standard-costs: a current assessment from the equity perspective, UNICEF Romania and the Institute for Educational Sciences, Bucharest: Vanemonde

GD 459/2010 approving the cost standards for medical services, community-based healthcare and Roma health mediators was approved in 2010.¹⁶⁷ The Decision defines, inter alia, the standard for the personnel providing medical services in communities (one community nurse for 500 assisted persons), as well as the standard for Roma health mediators (one mediator to 500-700 supported persons).

GD 459/2010 defines cost standards, and the cost standard for uninsured/ healthcare disadvantaged individuals was set at 40 lei/ year/ beneficiary, and for Roma individuals at 20 lei/ year/ beneficiary. Community nurses and Roma mediators are employed in the community, and the number of assisted/ counselled vulnerable persons varies accordingly, generating large workload discrepancies.

No specific cost standards exist for the children in the custody of the National Administration of Penitentiaries, except for determining the food allowance.¹⁶⁸ For other types of costs, the same standards are used as for the rest of the prison population.¹⁶⁹

The cost standards/ year applied in the protection and promotion of children's rights are applied for children who are not criminally responsible and receive specialised social services.

Financial support for activities that facilitate the integration and integrated use of the data obtained from the monitoring of various interventions subsumed to the Strategy

The correlation of data bases and the integrated use of data entail the interoperability of the existing data bases at the level of the central stakeholders involved in the implementation of the Strategy measures, which is planned for the next Programming Period (2021-2027).¹⁷⁰

6.4.2. To what extent were the resources allocated for the implementation of the Strategy matched to the needs?

Investments in the development of the chain of stakeholders involved in safeguarding the children's rights from the bottom (schools, hospitals, local authorities) to the top (ministries and other authorities responsible for developing relevant policies)

The training of the social services staff is an obligation by all the categories of acts (framework law, special laws, bylaws, minimum quality standards). According to the social workers/ persons with social assistance responsibilities, less training programmes were delivered in the past 6 years, though the need is there, and the usefulness of meetings and exchanges of experience is appreciated. Though social workers are required to obtain 10 annual training credits, sometimes this target is difficult to reach.

*"Each social worker registered with the National College of Social Workers must obtain 10 annual training credits. Training programmes have been provided in the public system, but they were not tailored to the real needs. There are studies that show that the training is not at all adequate. Supervision is also ignored."*¹⁷¹

*"As far as we know, there have been virtually no training programmes financed from the DGASPCs' budgets for many years in the counties where we work... Training was rather delivered by NGOs."*¹⁷²

Nevertheless, the partnership between ANDPDCA and the Association for Child Development, Department of Sociology and Social Assistance of the University of Bucharest, and Association Rhône Alpes pour la Formation des Directeurs d'Etablissement du Secteur Social was aimed at establishing a system for the training and certification of the DGASPCs' and SPASs' management staff in the management of social services. A series of training sessions on this topic was delivered to the directors of the DGASPCs.

The investments in the training of personnel on education issues were modest. The shortage of human resources is mainly visible in the ranks of school counsellors (insufficient in urban areas, insufficient and poorly trained in rural areas). The investments in their training were almost entirely based on local projects, mainly financed from European Funds, not on a concerted national effort.

¹⁶⁷ http://old.ms.ro/documente/317_696_HG%20si%20NF%20standarde%20de%20cost_319_696.pdf

¹⁶⁸ Order no. 3146/2018 approving the food allowances for inmates

¹⁶⁹ <http://anp.gov.ro/wp-content/uploads/2020/06/Raport-de-activitate-Anul-2019.pdf>

¹⁷⁰ Interview with a representative of a central government entity

¹⁷¹ Interview with an NGO representative

¹⁷² Idem

Despite the overall decrease in the number of teachers as a result of the reduction of the number of students, unqualified teachers are still present in the Romanian education system. For example, the share of teaching positions filled-in by personnel without suitable education increased in 2016 - 2017 by 0.14% compared to the previous academic year.¹⁷³ A new competency-centred curriculum (a critical component of the curriculum reform in Romania) was introduced as from 2015, without a systematic teacher training programme, which significantly reduces its impact. This process only started in 2020, through the CRED Project.

Concurrently, Romania is making considerable efforts to include SEN children in mainstream schools. The success chances of this process are significantly diminished by the teachers' being poorly prepared to understand the cases they are dealing with and provide adequately sized education services, and by the lack of support (support teachers, nurse, etc.).

Another problem continues to be the provision of the physical resources required for modern, learner-centred education. Though in other parts of the world science education, for instance, is unconceivable without laboratories (both physical and virtual), they have become the exception rather than the rule in Romania. The lack of suitable educational means has a negative impact on the performance of Romanian students in national and international tests, but also on the employability of school leavers.

During the implementation of the Strategy, the number of stakeholders involved in the provision of community-based healthcare increased considerably, with more community nurses and Roma mediators. Notwithstanding, the training of personnel was not systemic, but fragmented, depending on the projects aimed at training CNs, family doctors, or hospital staff on various topics.

The allocation of human and financial resources for the implementation of measures and actions directed to children in conflict with the law differs from one entity to another. Thus, in the case of the National Administration of Penitentiaries, all the social reintegration personnel were trained in working with juveniles, and resources were appropriated for expanding and improving the infrastructure for the underaged. At the same time, the mechanism whereby children in custody may submit complaints for torture and other cruel, inhuman or degrading punishments or treatments (Action 2.7.2.1) was only developed at the initiative and with the financial support of NGOs.

During the Strategy implementation period, 477 counsellors from the National Direction of Probation were trained on topics including working with juveniles and providing quality services. Besides the above-mentioned programmes, the probation counsellors participated alongside representatives of the prison system in a project aimed at the reinsertion of children and youths by learning and development, financed under the Norwegian Financial Mechanism 2014 - 2021.

The training of judges and prosecutors continued in 2014 - 2020¹⁷⁴ on topics regarding the hearing of and interaction with juveniles during judicial proceedings (on average, 5-6 sessions per year, each with about 25 participants). No major investments were made in the reviewed period in infrastructure and procedures for the participation of children in judicial proceedings in cases involving children, victims or perpetrators, with due consideration to their rights (one specialised court and one prosecutor exist, at Brasov).¹⁷⁵ Given these circumstances, we believe that the resources allocated were insufficient.

In the case of MAI, the data collected for this evaluation on the training of the personnel investigating cases involving underaged and on the number of child-friendly rooms for the hearing of juveniles in conflict with the law or victims shows that insufficient resources were allocated to achieving the Strategy objectives.

Thus, we appreciate that, though important steps ahead were made, insufficient financial and human resources were allocated for the implementation of the Strategy measures and actions addressed to children in conflict with the law. No data were identified on the financial appropriations for the operation of specialised services for children who are not criminally responsible.

6.4.3. Was there a mechanism in place for monitoring and evaluating the allocation of resources for the implementation of the Strategy?

¹⁷³ Ministry of National Education, Report on the condition of preuniversity education in Romania 2017 - 2018 (p. 82)

¹⁷⁴ By the National Institute of Magistracy

¹⁷⁵ Superior Council of Magistracy. Raport privind starea justiției (2019)

Monitoring and evaluating the allocation of resources for the implementation of Strategy subsequent programmes

Since most of the Strategy measures were planned to be financed from European Funds, the outcomes of their implementation are difficult to monitor. These projects are monitored by the management authorities.

Nevertheless, it was possible to monitor very closely the allocation of resources for the health component, in terms of implementing national health programmes and the assignment of community nurses and their remunerations. It is though more difficult to monitor the allocation of resources by CNAS/CJAS, in particular since many of the monitoring indicators defined in the Strategy do not match the data collection protocols from healthcare providers under contract with CJAS (e.g. children in the protection system who receive specialised services in the health insurance system are not registered in the information system of the CNAS separately from other children of the same age).

The MS's health programmes are centred on the budget execution and each vaccine or neonatal screening test is carefully regulated and monitored.

The resources from international financing programmes (European Structural Funds, Norway Funds, Swiss Funds, etc.) accessed by various entities [MS/ MMJS, INSP, IOMC, Marius Nasta Institute for Pulmonology and Phtisiology (tuberculosis), Matei Balş Institute (HIV/SIDA), universities, etc.] are mainly monitored by each funding provider.

The National Administration of Penitentiaries has detailed information about all the Strategy indicators regarding children in conflict with the law: number of children, number of personnel trained to work with children in conflict with the law (including the number of child-friendly visit rooms, though not necessarily intended for hearing). The allocation of resources for the implementation of subsequent programmes can be monitored with relative ease.

Regarding the activity of courts and other judicial bodies, data is available on the number of trained judges and prosecutors and the number of children involved in judicial proceedings as perpetrators or convicts (the number of children victims by criminal offence is unknown).¹⁷⁶ In the absence of data to assess the needs, the resources can only be monitored with approximation.

Mechanisms for monitoring the integrated character of the Strategy

No mechanism was in place for monitoring and evaluating the integrated character of the Strategy. Though the Operational Plan includes actions and performance indicators for each measure, their implementation was never monitored.

ANDPDCA monitors and evaluates the Strategy based on an Operational Plan for the period 2014-2016. The officially adopted Operational Plan does not include information on the financial effort required for implementing the Strategy activities, so that the element that would have made possible such monitoring in practice is missing. This Operational Plan was revised, but the updated version was not officially adopted.

ANDPDCA keeps monthly and quarterly Strategy monitoring sheets, yet the collected data do not concern the integrated character of the Strategy, but only social indicators.

The mechanisms for monitoring the health component of the Strategy are variable. The MS monitored the number of newly employed community nurses and the provision of community-based services; moreover, based on the example of the AURORA application, a software was developed to monitor the work of the community nurses. The MS developed an online application, a standardised tool for data collection and analysis, planning, monitoring and evaluating community-based healthcare services nationwide and for real time intervention when major risk medical or social are identified (AMCMSR.gov.ro registered in REGISTRU GOV.RO, ensuring the protection of personal and medical data as required by law). The attention paid to the work of the community nurses contributed to the development of a proactive organisational culture and encouraged this professional category to support the vulnerable persons.

Nevertheless, the indicators defined in the Strategy that are not routinely collected by healthcare entities were not monitored.

¹⁷⁶ Data are available regarding the number of children victims of certain crimes only (e.g. trafficking of human beings, but not violence) (according to Notification 18867 of 14.09.2020).

Still, despite the lack of mechanisms for monitoring the integrated character of the Strategy, in its subsequent actions/ initiatives, such as integrated projects, e.g. "Developing and implementing integrated community-based services to fight poverty and social exclusion", the three ministries implementing the project (Ministry of Labour, MEN and MS) are required to carry out the integrated monitoring based on the methodologies proposed in the project, which is a useful exercise for future similar activities, possibly on a larger scale, such as the integrated implementation of certain national strategies.

A major problematic aspect is the fact that the data systems are not interoperable/ integrated not even at the level of the health system entities that collect data (CNAS, INSP, National School of Public Health Management and Professional Development) leading to reporting duplications and more bureaucracy for services suppliers. There is even less (if possible) interoperability with social sector data systems, hence some indicators proposed for monitoring the Strategy could not be measured. The lack of correlation between data bases results in difficulties in identifying the problems and needs of certain target groups or the target groups themselves. For instance, no information is available on the fate of children who drop out of school, and correlated data are needed from the education system, social assistance system, MAI, etc.

The lack of correlation in the education system is manifest between public entities with different responsibilities, within the same entity and between those and NGOs. For example, the data available to MEC from SIIR are not correlated with those provided by ARACIP and EDUSAL, which, in turn, are not correlated with the INS data. Furthermore, the data provided by NGOs are in many cases different from those of the public entities, in particular in the case of disaggregated ones. For example, the data provided by the school inspectorates differ from those used by *Save the Children*, because different data collection methodologies are used. If the former collect data based on official declarations of the parents, the NGOs collect data in field surveys.

Reviews and evaluations of subsequent projects/ interventions to determine the benefits for the target groups resulting from the implementation of the Strategy

The Strategy and its Operational Plan do not include provision for the development of evaluations of the benefits for the target groups resulting from implementation the Strategy actions.

Nevertheless, one project that contributed to the implementation of Strategy measures, the Project on the Minimum Package of Services (MPS), was evaluated in terms of its impact on the beneficiaries. Thus, this evaluation indicated the positive impact of the MPS on vulnerable children in communities and a net impact (measured by comparing the treated group with the control one) on the situation of children, leading to the reduction or slower amplification of vulnerabilities (see the Case Study in ANNEX 11.a.).

The data collected in this evaluation indicate the importance of these analyses, such as to accurately measure not only the progress in implementing various measures and interventions, but mainly the benefits for children and their families, in particular the most vulnerable, derive from the adoption and implementation of policies for promoting and protecting children's rights.¹⁷⁷

6.5. Sustainability

6.5.1. How sustainable are the interventions proposed in the Strategy and implemented based on it?

Measures included in the Strategy with high sustainability potential based on the responsibility/ involvement of the relevant stakeholders

The measures with high sustainability potential are those provided for in other sectoral strategies (development of SPASs, integrated community centres, etc.), those that were allocated resources during the implementation of the Strategy (deinstitutionalization, development of family-based services, etc.), and those that were piloted and supported strategically for extension at national level (MPS). Also, the

¹⁷⁷ Interview with a representative of a central government entity

main actions with high potential for financial sustainability are dependent on the approval of the new cost standards.

From among the measures/ actions with high sustainability potential of the health component of the Strategy we mention:

- Develop the community-based healthcare system; strengthening the role of the personnel providing community-based healthcare and defining the integrated community centres, by EOG 18/2017 on the community-based healthcare, approved by Law no. 180/ 2017, as amended and supplemented, and by GD no. 324/2019 approving the Rules for the organisation, operation and financing of community-based healthcare, are two of the important steps that the MS has taken towards improving the access of vulnerable groups to quality medical and social services and consolidating the legislation on the organisation, operation and financing of community-based healthcare. EOG 18/2017 and the Rules approved by GD 342/2019 define the approach to integrating community-based healthcare with social services and education services that focus on identifying and dealing with medico-socio-educational problems in vulnerable groups.
- The priority development of the range of pre- and post-natal services and alternatives to facilitate the access to these services, paying special attention to disadvantaged individuals and communities; this development would be based in the intervention of the above-mentioned community nurses, on their ever more organised/ fluent cooperation with family doctors (cooperation agreement being developed by the MS).
- Implementing comprehensive screening programmes for early identification of disabilities; this action is in fact addressed to the entire population of new-born, precisely for identifying all those who could have a disability. The neonatal screening is already regulated in MS legislation (in national health programmes) and were given increased attention by the political stakeholders during the implementation of the Strategy.

Alongside investments in infrastructure, the investments in human resources in entities that investigate criminal cases involving underaged offenders, provide psycho-social assistance to children in prisons, educational and detention centres or provide services to juvenile offenders who are not criminally responsible are undoubtedly a pillar that ensures the sustainability of the measures laid down in the Strategy. These pillars' soundness is though impacted by the modest concern of the entities responsible for the implementation of the Strategy with capitalising on relevant opportunities.

The sustainability of the Strategy measures and actions aimed at juvenile criminal offenders may be assessed to the extent to which the relevant entities were concerned with their implementation. Thus, we appreciate that some of these entities (National Administration of Penitentiaries) assumed responsibility for developing their own capabilities, whilst others focused on maintaining the status quo (Ministry of Internal Affairs and its subordinated entities), though it was necessary to increase and streamline these entities' capabilities.

The integration of the services for children below the age of criminal responsibility in the range of services provided by DGASPCs can significantly contribute to their sustainability. These services' efficiency is though affected by the lack of interest of local authorities to support the social reintegration of this category of children (including by financial allocations to cover certain costs related to supporting children and developing local social assistance services).

Other entities provide services to children in conflict with the law (e.g. to underaged drug users), which should contribute to the sustainability of the Strategy measures.

The MS's strategy to finance new community nurses and Roma mediators positions from European or Norwegian Funds and then, at the end of the projects, take over the payment of these wages from the state budget and reopen new positions in following projects was successful to date and allowed the financial sustainability of these categories of professionals with critical roles in the implementation of the Strategy.

In the action to provide prenatal services, the diagnosing of the pregnancy by the family doctor automatically registers the uninsured woman as insured.¹⁷⁸ Empowering the family doctor to diagnose pregnancies gives uninsured women the possibility to be registered as pregnant and thus be included

¹⁷⁸ Previous provisions required the gynaecologist to diagnose the pregnancy, so that uninsured women getting pregnant could not benefit from the insured status until they visited a gynaecology practice to be officially diagnosed pregnant.

in the insured population, which entails, inter alia, the right to undergo free of charge (financed by CNAS) the lab tests required for monitoring the pregnancy, thus ensuring not only the fairness, but also the sustainability of these services.

Continuity of operation at the parameters achieved during the implementation of newly created or improved services as a result of implementing the Strategy

One adopted measure that contributes to the sustainability of the outcomes achieved to date in the implementation of the SNPPDC 2014 - 2020 is the development of the Operational Programme Inclusion and Social Dignity (POIDS). The first version of the POIDS provides that the rural population is more prone to social exclusion, mainly children and youth, as well as the elderly, disabled, single parents and families with many children. The priorities envisaged by the POIDS are: prepare local development strategies; social housing; develop the primary social assistance system and integrated interventions (social workers, social work technicians, community nurses, school counsellors, etc.); develop measures contributing to the reduction of material deprivation of children (including by supporting single parents); mitigate the risk of child-family separation; develop specialised services for children; physical support for disadvantaged and other vulnerable persons. The measures addressed to persons leaving the prison system, addicted to alcohol and drugs, victims of trafficking in human beings, migrants, etc. are also relevant for the new groups of vulnerable children.¹⁷⁹

Children's preventive check-ups by the family doctor would be another type of service that could be improved by increasing the coherence of the legislative framework in the upcoming period; this could turn from a random, unreported activity into one carried out systematically by the adoption of extra regulations alongside the legal framework (amending the framework contract so that the use of the clinical prevention guide for children to be supported by the granting of a budget for the required laboratory analyses/ training the personnel). This could ensure the wider application of preventive medical examinations of children, the systematic collection of the resulting information, and the definition of risk profiles in the communities of children.

The Strategy provides for two categories of services addressed to children in conflict with the law: special services for juvenile criminal offenders who are not criminally liable (Action 2.7.1.2) and psychosocial support component for children in prisons, and in education and detention centres (Action 2.7.1.3). These services are currently integrated in large entities (ANP, DGASPC) and this sets the premises for ensuring the resources and maintaining the standards and parameters achieved between 2014 and 2020. Furthermore, the financing of services for children in prisons, educational and detention centres is currently ensured from extrabudgetary sources until 2024, that means a significant part of the duration of the next Strategy.

Ownership of the changes among decision makers responsible for the operation of the new or improved services

As shown above, the level of ownership of the changes generated differs significantly. ANDPDCA took ownership of the implementation of the Strategy more than other entities.¹⁸⁰ We can, however, identify two other categories of entities: those that gave significant importance to implementing measures and actions for the protection of children's rights, but state that they are associated to their own strategies, and not necessarily to the Strategy¹⁸¹ (even though efforts were made at times to correlate the documents in question), and others that did not focus much on implementing specific newer or better measures for the protection of children's rights, an approach also demonstrated by the lack of references in their documents to the Strategy or the condition of children.¹⁸²

Stability of the legal framework

¹⁷⁹ <http://mfe.gov.ro/wp-content/uploads/2020/07/abb8f40148bd49e2fde9e32a6030f50f-1.pdf>

¹⁸⁰ A fact also illustrated by the absence of the Strategy from among the references of their regulatory or programmatic documents, except for those developed by the Ministry of Labour and its subordinated structures.

¹⁸¹ This is the case of the National Administration of Penitentiaries and the Ministry of Education.

¹⁸² This is the case of the Ministry of Justice, Ministry of Health and Ministry of Internal Affairs and their subordinated entities.

A number of regulations continue to require sustained efforts for the allocation of adequate resources, consistent interpretation and enforcement, monitoring and progress evaluation, etc., such as:

- GD no. 49/2011 approving the Framework methodology for prevention and intervention based on multidisciplinary teams and networks in situations involving violence against the child and domestic violence and the Methodology for multi-disciplinary and interinstitutional intervention for exploited children and children at risk of labour exploitation, children-victims of human trafficking, and Romanian migrant children victims of other forms of violence in other countries;
- GD no. 691/2015 approving the Procedure for monitoring the way children with parents gone abroad for work are being raised and cared for and the services available to them, and approving the Working methodology for cooperation between the general directorates for social assistance and child protection public service, and the standard model for the documents developed by these institutions;
- Joint Order no. 393/630/4236/2017 of MMJS, MS, MEC approving the Framework cooperation agreement for the implementation of integrated community-based services aimed at preventing social exclusion and fighting poverty;
- Law no. 231/2020 supplementing Law no. 292/2011 of social assistance by the introduction of the minimum package of services.

Though the legislation on financing education projects was fairly stable, this did not necessarily result in progress. No cost standards were used in budgeting various projects, except the cost standard per student used in building the schools' budgets. Bureaucracy and inflexibility, in particular in budgeting, lessens the impact of the measures to induce changes in education.

The health legislative framework was sufficiently sound, yet flexible enough to allow changes with potential positive impacts on the target groups of the Strategy. Regulations on the operation of community-based healthcare were approved in the reference period, based on which it was possible to improve the access of vulnerable persons to services - uninsured pregnant women and children without CNP/ birth certificates can be enrolled with family doctors (Law no. 186/2019),¹⁸³ and files of disabled children can be also submitted online as of 01.02.2020.

The legislation regulating the interactions between state entities and the child in conflict with the law comprises provisions on the criminal investigation and psycho-social support provided to offending children under the age of criminal responsibility and children in prisons, educational and detention centres. The legislative stability analysis did not highlight notable changes in the relevant regulations.

Nevertheless, according to the participants in the evaluation, the most important amendments introduced cover: child-friendly justice, through the approximation of the provisions of the Council of Europe Strategy on the Rights of the Child (2016-2021); domestic violence; trafficking in human beings; minimum quality standards for various types of services for children; adoption; inclusion of disabled children in mainstream education.¹⁸⁴

No significant changes occurred in the legislation covering certain areas relevant for the Strategy (e.g. laws regulating the operation of the Anti-drug National Agency); nevertheless, the legislation should be supplemented by joint orders, secondary and tertiary acts assigning higher responsibilities to involved entities.

Continuing the information and awareness-raising campaigns and their integration in the current work of the responsible entities

The data collected for this evaluation indicate that the local information and awareness-raising campaigns were integrated in the current operations of the responsible entities and implemented in partnership in all cases. On the other hand, the national campaigns covered various topics, depending on the prevailing priorities the time: children whose parents are at work abroad, children's participation, disabled children, etc.

¹⁸³ <http://legislatie.just.ro/Public/DetaliiDocumentAfis/218987>

¹⁸⁴ <https://www.servicii-sociale.gov.ro/ro/legislatie-standarde-minime>

The information and awareness-raising campaigns require radical changes in their concept and approach, such as to be turned into information, education, and behaviour change campaigns.

*"The campaigns should not be limited to television, but should be promoted at the grassroots, in all media, close to the target audiences."*¹⁸⁵

The interviewees deemed that the campaigns for a healthy lifestyle and for changing the community attitudes towards disabilities continue to be necessary.

The participants in the evaluation believe that campaigns to prevent juvenile offending, promote the role of the parents, prevent violence against children, warn of the online dangers, and promote a healthy lifestyle would be useful in the near future. Social stakeholders who use information, awareness-raising and sensitisation methods in their current work deem that they will continue to do so.

6.5.2. Which are the main enablers for the sustainability of the outcomes?

Factors that will enable the operation of the new/ improved services at no less than the parameters achieved during implementation

The most often mentioned sustainability enabler is the provision of financial resources. The statistics available in June 2020¹⁸⁶ show that one influence of crises, such as that caused by the COVID-19 pandemic, is the reduction of the number of children beneficiaries of day care services from 68,415 at the end of December 2019 to 55,946 on 30 June 2020.

The COVID-19 pandemic did nothing but deepened the chronic problems of the education system: curriculum reform unsupported by teacher training, overcrowded classrooms (over the legal limits), poor infrastructure (lack of hygiene facilities and materials, insufficient or no modern teaching and learning resources, etc.).

Other deterrents (some already highlighted) include: lack of continuity in implementing educational policies, caused by frequent management changes; insufficient correlation of data bases kept by various public entities or within an entity; lack of broken down data providing an accurate picture of the various groups of children; generality of certain indicators; lack of assessment of the financial effort required to implement certain measures; lack of budgets dedicated to implementing the Strategy measures; shortage in the quality and number of human resources; ricketiness and even absence of implementation plans, etc.

Another factor that reduces the sustainability of the outcomes is the existence of initiatives that, despite having produced good educational outcomes, are insufficiently documented to be disseminated at national level. One example to this effect, is the Pilot Project *Priority Education Areas* (PEA), with the objective to increase school participation and reduce school dropout. Initiated in 2016, the project was extended first to 24 and then to 103 disadvantaged schools. The concept was taken over and integrated in the *Let's go to school!* Initiative (2010-2013) implemented by UNICEF in Romania and MEC in partnership with NGOs and businesses, which remained a pilot project.

In order to support more and more community nurses with European Funds, the CE requires the development of the relevant legislation, which is an example of good practice in ensuring the sustainability or community-based healthcare.

The operation of the two categories of services addressed to children in conflict with the law: special services for juvenile criminal offenders who are not criminally liable (Action 2.7.1.2) and psychosocial support component for children in prisons, or in education and detention centres (Action 2.7.1.3) will be sustainable to the extent to which investments will be made in infrastructure and training professionals. No investments were made between 2014-2020 in training the employees of the relevant institutions (SPASs, Ministry of Internal Affairs, justice) in working with children, an issue that, together with the (lack of) integration and cooperation in the communities, can have negative impacts on the operation of the above-mentioned services.

Factors that influence the enforceability of acts

The enforceability of acts is correlated with the allocation of the required resources, but also by the inconsistencies with other regulations (examples to this effect were provided by several interviewees

¹⁸⁵ Interview with an NGO representative

¹⁸⁶ www.andpdca.gov.ro

and were presented in previous sections of this Report) either regarding the implementation of and compliance with quality standards for accreditation, or strict provisions that limit the intervention capacity of some entities, etc).

The factors that limit enforceability mentioned in interviews and focus groups are related to resources (financial and human), clarity and political will; the factors that support enforceability include: explaining the vision and manner of implementation (a Q&A platform is recommended), monitoring implementation, regular training sessions, facilitating exchange of experience and discussions on concrete cases, civil society advocacy, etc. Also risk identification and management should be reconsidered and appreciated at a higher level in the process of developing and implementing the Strategy.

Many a time, NGOs are those that highlight an issue in the community, but, lacking political support, the proposed solutions cannot be sustainable and equitably disseminated to the entire population of potential beneficiaries.

The enforceability of acts is also limited by the lack of local experts and the lack of funding to support/continue/ takeover certain local initiatives,¹⁸⁷ but also by the ambiguity in assigning responsibilities.

The positive factors are the existence of real needs around which a critical support mass develops, as was the case of recognising the right to health services for children without ID documents, by the unanimous adoption of Law no. 186/2019.¹⁸⁸

Perspectives for community engagement (through the mechanisms put in place during the implementation) in preventing risks and in interventions aimed at safeguarding children's rights

The involvement of the community through its consultative structure was less developed during the implementation of the Strategy. On the other hand, the participants in interviews and focus groups emphasised the need to support the consultative community structures. The methodology and guide for the establishment and operation of consultative community structures developed by World Vision Romania with support from ANDPDCA is the first step in preventing risks and in undertaking interventions to support children's rights. It must, though, be kept in mind that both the local authorities and the community's social norms play an important role in the implementation of the Strategy. "Unfortunately, the engagement of some community members is questionable, being more of an exception than a rule. The doers of good (common people, some priests, etc.) are not always seen as role models; many times they are envied and even blamed for meddling in other people's business".¹⁸⁹

Reconsidering the mechanisms used to implement various activities and moving from centrally initiated interventions to community-based integrated ones is unanimously deemed to be a solution that strengthens the sustainability of the outcomes. It is estimated that the superior valorisation of the voice of children and parents, and their constant involvement in the identification of problems and solutions thereof will add value to local interventions

6.6. Impact

6.6.1. What changes did the Strategy cause or influence among beneficiaries (children and their families)?

Changes in the lives of the children, in particular those from vulnerable groups

Lifting children from poverty or social exclusion

According to the Strategy, more than half (52.5%) of the Romanian children were at risk of poverty or social exclusion in 2012. In the period 2014 - 2019, the share of children at risk of poverty or social exclusion dropped significantly, down to 35.8%. However, Romania has the highest rate of risk of poverty and social exclusion in Europe. The AROPE indicator¹⁹⁰ decreased more in the case of children than in the general population. (Figure 5)

The participants in the evaluation generally believe that the Strategy did not generate a significant positive impact on the lives of these children, even though opportunities appeared that are not

¹⁸⁷ Interview with an NGO representative

¹⁸⁸ <https://www.formaremedicala.ro/acces-gratuit-la-servicii-medicale-pentru-copiii-fara-cnp/>

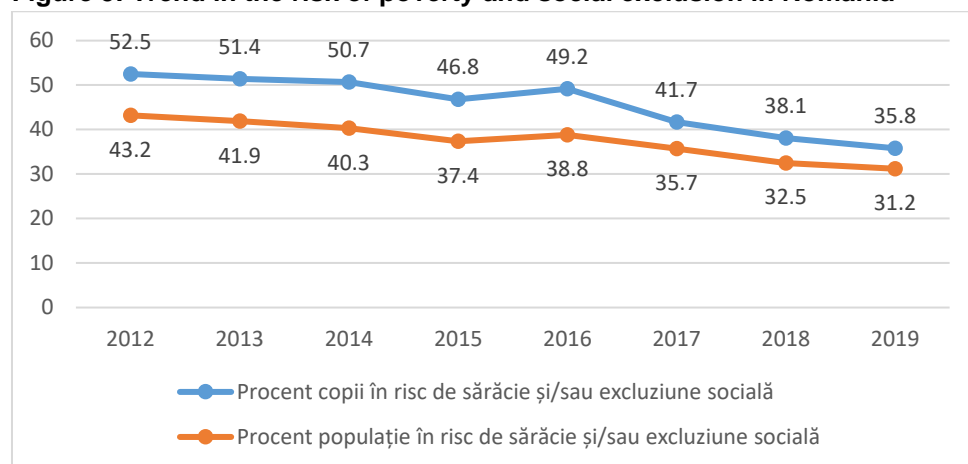
¹⁸⁹ Interviews with parents

¹⁹⁰ Rate of poverty or social exclusion

necessarily associated to the Strategy (e.g. jobs, access to resources, etc.) Children at risk of poverty or social exclusion are deemed to be the most affected by the COVID-19 pandemic, and their effects will be very difficult to mend, in particular by this target group.

"The lives children from of poverty-stricken families is difficult because the lives of these families failed to improve. I believe that th Strategy did not change these children's lives.

Figure 5: Trend in the risk of poverty and social exclusion in Romania



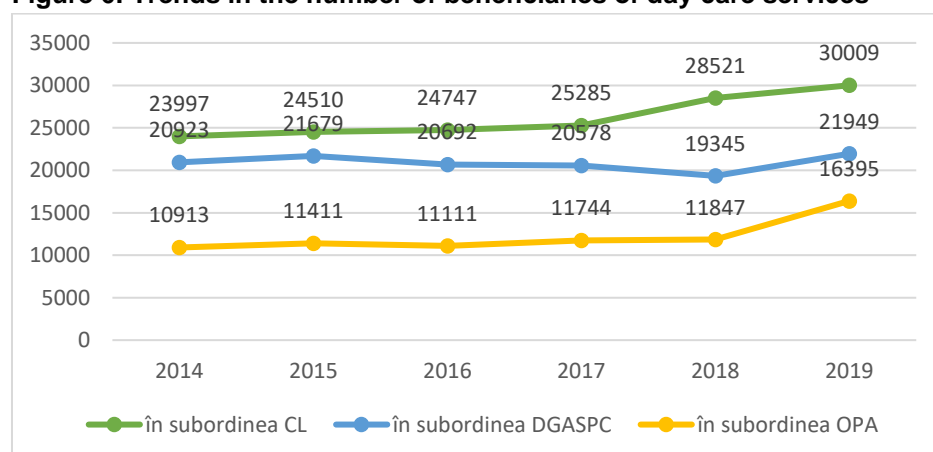
Source: INS, Tempo Base, SAR111B – Rate of the poverty or social exclusion rate (AROPE), by age groups

Reduce the number of children temporarily or permanently separated from family

The number of children in the protection system decreased from 58,178 (31 December 2014) to 50,401 (31 December 2019), that is by 13.4%. 9,043 children entered the protection services in 2014 and 9,844 in 2019. The increase is explained by the higher number of entries in the foster care system, some coming, most likely, from residential care.¹⁹¹

The total number of beneficiaries increased from 55,833 to 68,475 (22.6%) as a result of heightened focus on the services to prevent children's separation from their families (Figure 6). A higher increase is noticeable in the number of beneficiaries of day care services coordinated by the local councils, from 2,3997 in 2014 to 30,009 in 2019. This confirms the opinions of the SPASs' representatives in focus groups, who said that the main change in the past 6 years was the establishment of local social services.

Figure 6: Trends in the number of beneficiaries of day care services



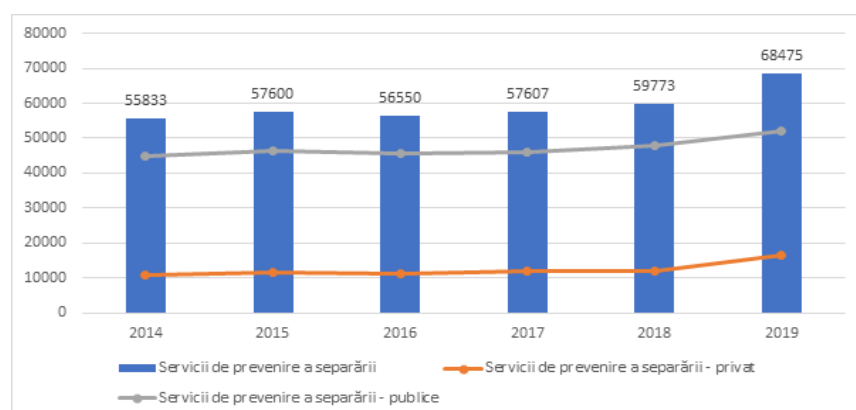
Source: ANDPDCA data, Quarterly Datasheets 2014 -2019, data broken down by coordinating entity

The number of beneficiaries of services to prevent child-family separation increased in both public and private facilities. Thus, the number of beneficiaries of public services to prevent child-family separation

¹⁹¹ ANDPDCA data, Quarterly Datasheet 2014-2019

increased from 44,920 in 2014 to 51,958 in 2019. In the case of private services, the increase was from 10,913 in 2014 to 16,517 in 2019. The share of children beneficiaries of public services to prevent child-family separation decreased from 80% in 2014 to 76% in 2019 (Figure 7).

Figure 7: Trends in the number of children receiving prevention services



Source: ANDPDCA data, statistics, overview of the special protection system, www.andpdca.gov.ro, data broken down by type of services provider

The gaps between the provision of day care services in rural and in urban areas persists. Even though the number of such services increased, in 2019, only 35% of the 592 services coordinated by local councils, 2% of the 301 coordinated by DGASPC, and 26% of those provided by private accredited organisations were operating in rural areas.¹⁹²

Close down all traditional institutions for children temporarily or permanently separated from their families

According to data from the Ministry of Labour, whilst 166 residential care centres (83 traditional and 83 modulated) existed at the end of 2014, in December 2019 their number was down to 143 (91 traditional and 52 modulated). Therefore, a total of 23 institutions were closed down in this period. Regarding the categories of children addressed by these centres, the number of centres for disabled children decreased by 25 and the number of centres for non-disabled children increased by 2 (Annex 15, Table 1).

Though the number of traditional and modulated residential care centres did not decrease much, the number of children sheltered in these centres decreased from 7,974 in 2014 to 4,427 in 2019. The number of disabled children in traditional and modulated residential care centres decreased from 4,667 to 2,357.

The number traditional and modulated residential care centres run by NGOs (private) decreased from 36 to 27. The number of family-style flats and houses remained relatively constant - 815 in December 2014 and 813 in December 2019. The number of centres developed by NGOs decreased significantly, from 318 to 272 (Annex 15, Table 1).

Children's living conditions in old-type institutions are perceived to be better. The respondents indicated that these children receive quality services, including psychological support for emotional issues that cannot be dealt with merely by improving the physical environment. The improvement in these children's life quality was also due to the provision of services in small, family-style facilities (houses, flats), some integrated in communities. The involvement of NGOs continued to be an important change driver.

Young children temporarily or permanently separated from their families receive family-style care

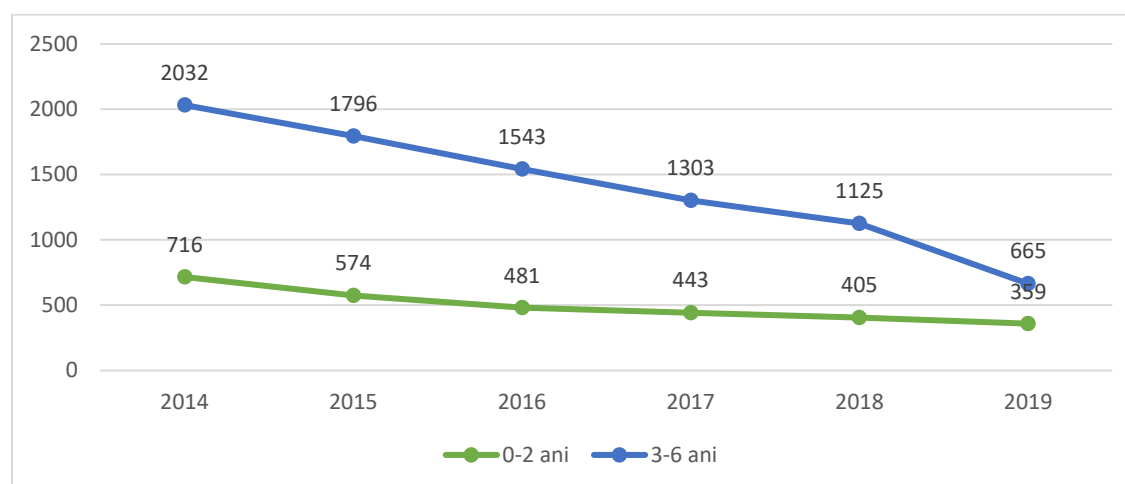
The review of the data on the number of children aged 0-2 receiving residential services show a decrease from 716 to 359. Even though the maximum age for placement in residential care was increased from 3 to 7 years in 2019, the number of children aged 3 to 6 in such facilities decreased significantly anyway in the period 2014 - 2019, from 2,032 to 665, (Figure 8).

The number of institutionalised children aged 0 to 2 and 3 to 6 decreased in both public and private residential care centres. The number of institutionalised children aged 3 to 6 in the public system

¹⁹² ANDPDCA data, Quarterly Datasheet 2014-2019

decreased by a third and that of children aged 0 to 2 by half in the period 2014 - 2020. In the private institutional system, the number of 3 to 6 years old decreased by 61% and of 0 to 2 years old by 50% (Annex 15, Figure 1).

Figure 8: Trends in the number of institutionalised children in the 0-2 and 3-6 age groups



Source: ANDPDCA data, Monthly Datasheets 2014 - 2019, data broken down by age group

Children with special education needs have access to inclusive education

According to MEC, the number of children with SEN who received customised support services increased by more than 52%, from 22,841 in the school year 2014 - 2015 to 34,771 in 2019 - 2020. The number of SEN children integrated in mainstream education who have a support teacher increased constantly and significantly (from 15,579 in school year 2014 - 2015 to 22,423 school year 2019 - 2020 (Annex 15, Figure 2). The number of integrated children with SEN included in support programmes in 2019 is higher by almost 70% than in 2014, the reference year, meaning that the indicator defined in the Strategy (90% increase) was partially achieved.

Disabled children have access to early detection, evaluation and rehabilitation services

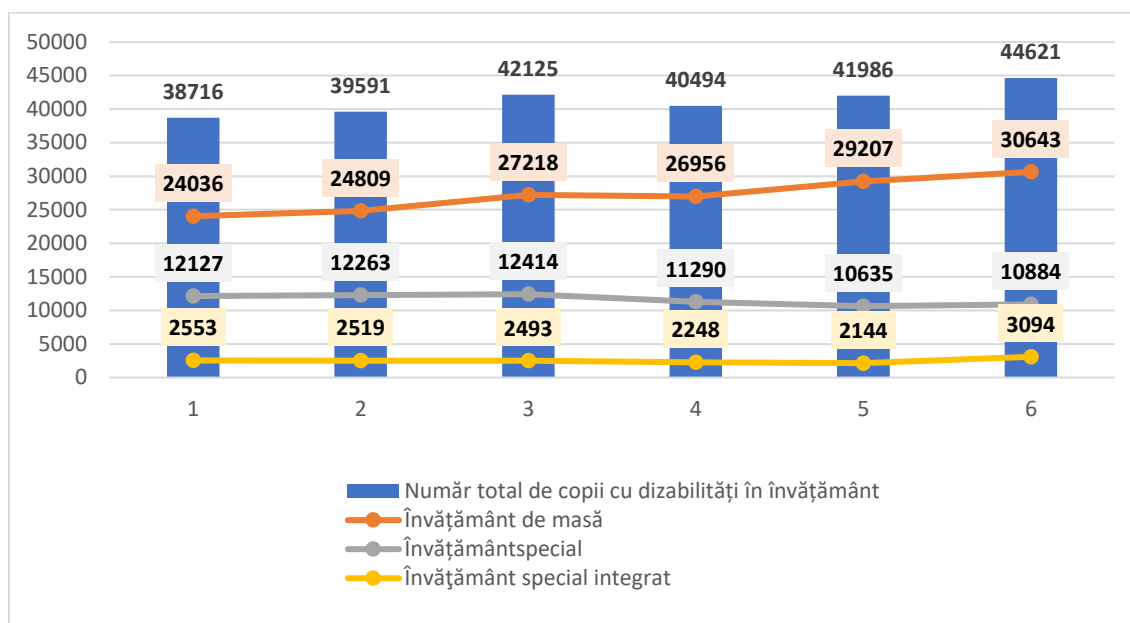
Between 2014 and 2019, the number of disabled children increased from 70,493 to 72,349. The share of disabled children in education increased from 55% in 2014 to 62% in 2019.¹⁹³ As a result of the adoption of Order no. 1985/1305/5805/2016 approving the methodology for integrated assessment and intervention to determine children's degree of disability, education and career guidance of children with special educational needs, and to empower and rehabilitate children with disabilities and/or special educational needs, the number of disabled children included in mainstream education increased from 24,036 in 2014 to 30,643 in 2019.¹⁹⁴ Notwithstanding, there is still much to be done for their suitable integration in mainstream schools, for instance, provision of support services (support teachers), reduce discrimination, make accommodations to educational premises, etc.

The number of disabled children in special education decreased from 12,127 in 2014 to 10,884 in 2019 (Figure 9).

Figure 9: Trends in the number of disabled children participating in education by type of education facility

¹⁹³ ANDPDCA data, Quarterly Datasheet 2014-2019

¹⁹⁴ Idem



Source: ANDPDCA data, Quarterly Datasheet 2014 - 2019

The number of day-care centers for disabled children increased from 159 to 211 in the period 2017 - 2019. The number of urban recovery centres increased the most, from 48 in 2017 to 197 in 2019. There are 34 more public and 18 private recovery centers increased (Annex 15, Table 2).

The perception of the respondents is that the condition of disabled children changed for the better. They highlight the legislative changes that are seen as positive, but with reservations regarding their implementation. Also, they believe that the public perception of these children has improved. There are though opinions to the contrary, which point out issues related to the accessibility of services, shared by respondents from NGOs and parents of such children. They say that the parents must cover huge costs for the recovery services required by their children, since the services provided free of charge by public entities are entirely insufficient.

*"I think that the condition of disabled children has improved - there are access ramps, services, standards... In general, they receive more attention. [...] They received more services from the local authorities, the mammoth centres disappeared, and personal assistants were employed. Also, the public perception of them improved."*¹⁹⁵

Children victims of any form of violence

The number of confirmed cases of violence against children increased from 12,542, to 15,996. An increase in the total number of abuse, neglect and exploitation cases is noted, but also a reduction in the number of cases of exploitation for criminal purposes (Annex 15, Table 3).

Children whose parents are at work abroad

The respondents believe that the lives of children whose parents are at work abroad have changed for the better. The legal framework was amended, and the obligations to notify the authorities and to designate a caregiver were introduced. The awareness of the negative impact of the parents' departure seems to be somewhat stronger, so that the specifics of migration changed - parents tend to take their children with them.

The participants in the evaluation notice the intense activities of the social services for these children, but also the fact that many children in conflict with the law come from among this group that, therefore, has needs uncatered for.

During the Strategy implementation period, progresses were made in the quality of education services provided to children, under several lines of intervention. A certain definite progress is placing children's rights at the center of the efforts to improve the quality of education. In the absence of research data

¹⁹⁵ Interview with a representative of a central government entity

disaggregated by disadvantaged groups, it is difficult to appreciate which of the various groups of children benefitted more or less from the implementation of the projects subsequent to the Strategy.

The statistics indicate progress in the enrolment in ante-preschool education, despite the reduction in the number of such educational establishments (11 creches less in 2019 - 2020 than in 2016 - 2017) (Annex 15, Figure 3). Nonetheless, according to MEC data (2020), the participation rate in early education and care of children aged 0 to 3 was 15.1% in 2019, mainly due to the insufficient number of creches.

The data provided by MEC on the increase in the number of ante-preschool education facilities is incongruent with that reported by INS, with implausibly low figures (e.g. 31 creches in 2014 or 28 creches in 2019 in the entire country).

Children's participation rate in primary education increased from 88.7% in the school year 2014 - 2015 to 90.8% in 2018 - 2019. The rate of participation in vocational education is also raising, the number of youths enrolled in this form of education being more than 92% higher in the school year 2019 - 2020 compared to 2014 - 2015. In fact, the number of youths in vocational education has been constantly increasing after the reintroduction of vocational schools in 2011, the Strategy's outputs and outcomes being significantly exceeded (i.e. 95,210 in 2019 compared with the final target of 45,000).

Violence has been one of the most debated themes in the last years in the Romanian education system. The involvement, to equal extents, of the authorities and civil society generated progress at legislative level and in the real schools. Regarding the legislation, we should mention the recent amendment of the National Education Law no. 1/2011 such as to recognise, prevent and reduce school bullying and introduce methodologies¹⁹⁶ for preventing and responding to it. Training programmes were initiated in schools, addressed to both teachers and students. The number of students participating such violence prevention programmes increased from 261,197 in the school year 2014 - 2015 to 384,197 in 2019 - 2020. This is an increase of 68%, which is double the target defined in the Strategy (30%). The data available from MEC show that, except for the above-mentioned methodology, a revised system for monitoring violence in schools was not developed.

The MEC also took important measures to fight segregation in the education system. To this effect, MEC adopted the *Framework Order no. 6.134/21.12.2016 prohibiting any form of segregation in Romanian schools on grounds of ethnicity, disability or special education needs, social or economic status of the family, residence environment and children's school performance*. No data are, though, available on the number of schools where it was necessary to take corrective action at the recommendation of the relevant authorities, so that we cannot say if the Strategy target (100% schools that took action) was achieved or not.

The specific indicators on fairness indicate a regress, in particular regarding the level of access, participation, transition from one education level to the next, school performance, etc. For example, the number of children enrolled in preschool education decreased from 559,565 in 2014 to 526,216 in 2019. The data are confirmed by the EC, according to which the participation rate of preschool children from 4 to compulsory education age went down to 86.3% in 2018. This percentage is significantly lower than the EU average of 94.8% and EU target of 95%.¹⁹⁷

Though the rate of participation in primary education increased slightly up to 90.8% in 2018-2019, in lower secondary it decreased by more than 6% compared to the reference indicator, down to 85.10% in 2018 - 2019 (Annex 15, Figure 5), much lower than the 98% final target proposed in the Strategy for the participation in primary and lower secondary education.

"The share of students who perform poorly in maths, science, reading and national and international tests", one of the most indicators on the quality of education used in the Strategy, is on the increase. Thus in 2017 - 2018, the share of students performing poorly in national tests was by more than 2.5% higher than in the reference year (2014), with a small drop (from 17.70% to 16.96%) in 2018 - 2019 (Annex 15, Figure 6). All the same, the level of poor performance in national tests is below the 25% target set in the Strategy, so the target was achieved.

These data are confirmed by the comparative analysis of the scores of Romanian children in PISA 2018 (Annex 15, Figure 7). Though on a slight increase compared to previous assessments, the share of the

¹⁹⁶ Rules of 27 May 2020 for the implementation of Articles 7 (1.1) and 56.1 of the National Education Law no. 1/2011 and point 6.1 of the Annex thereof, all on bullying

¹⁹⁷ EC, 2020, Education and Training Monitor Romania, p. 6

Romanian students with poor scores in reading and maths is almost double the OECD average and the final target set in the Strategy, namely to decrease below 25% the share of children with poor performance. Some 41% of the students scored below level 2 in reading, 5% more than in 2015. The performance is even more modest in mathematics, where 46.6% of the students scored below level 2. Their share increased by 17% between 2015 and 2018 (Annex 15, Figure 8).

It should be noted that the students from families with good socio-economic standing scored 109 points more in reading than those from families with poor socio-economic standing (OECD 2019, p.17), the difference being higher than that recorded in the 2009 tests (86 points). The socio-economic status was also closely correlated with the performance in maths and science.

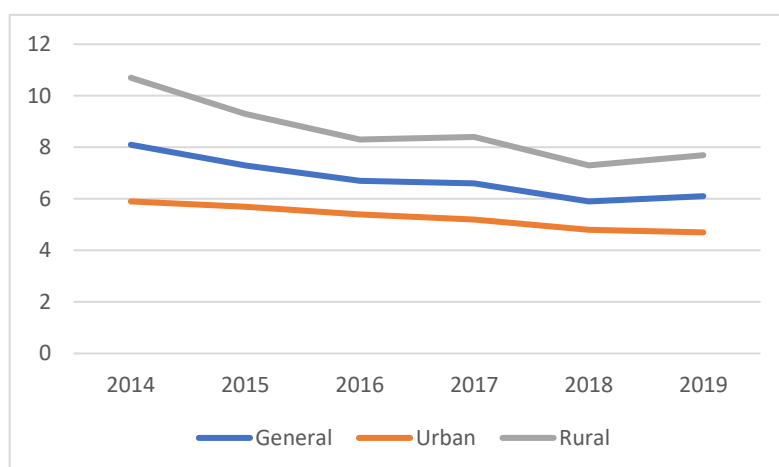
The review of the PISA 2018 results highlights major differences between schools determined by the privileged or disadvantaged status of the children's background, with the indicator that measures the polarisation of scores due to socio-economic status increasing by about 30% in both maths and reading (OECD 2019, p.21). The explanation resides in the fact that students from and educated and affluent families tend to perform better as a result of attending schools with better educational infrastructure and teachers with higher qualifications.

Moreover, the analyses show that Romanian students from disadvantaged backgrounds, even those who perform very well in school, have lower education ambitions: 1 in 4 highly performant students from disadvantaged backgrounds thinks that he/she will not complete tertiary education, compared to 1 in 30 highly performant students from privileged socio-economic groups (OECD 2019, p.30). The disparities between disadvantaged and privileged backgrounds are furthered by the manner in which minimal performance is associated with disenfranchised social groups.

Lacking impact studies, these education trends cannot be directly associated to the implementation of the Strategy.

A synthetic indicator for the improvement of children's health is the reduction of the infant mortality indicators (Figure 10), but with the retention of the rural gradient (7.7‰ versus urban 4.7‰ in 2019).

Figure 10: Changes in infant mortality rates



Source: MS (2020)

Regarding the promotion of a healthy lifestyle for teenagers, their access to substances increased compared to previous years. The number of drug-using teenagers increased, while their age decreased under 14. Though teenagers are better informed, the programmes that also involve parents and caregivers prove to be more effective. The programmes addressed to children in emergency shelters are much less efficient, because these interventions do not include protection factors.

According to the summative Evaluation Report on the component "First Priority: No More 'Invisible' Children!" (ANPDCA, UNICEF in Romania, 2017),¹⁹⁸ the share of unvaccinated children aged 1 to 5 was three times higher in the Roma than in the majority population in 2015, and the situation did not improve

¹⁹⁸ <https://www.unicef.org/romania/ro/rapoarte/evaluarea-sumativă-modelului-„prima-prioritate-niciun-copil-«invizibil»>

significantly. According to the same Report, the analysis of the incidence of vulnerabilities in children by ethnic group shows a higher incidence of certain vulnerabilities among Roma children, who are more exposed to the risk of violence, abuse or neglect. The school mediation programme is the main intervention in the education of Roma children, but no methodology is in place to assess the impact of the school mediators on the children's education.¹⁹⁹

Children in conflict with the law are a category that should be covered in the future strategy. More should be invested in the training of experts, in order to increase the quality of these children's life. Standards are in place that are observed (on judicial proceedings), but services continue to be scarce or ineffective, which explains the high reoffending rates.

The introduction of reparatory justice marked a change for the better, the prosecutors being provided with several levers. "The prosecutor can refer offending children under the age of criminal responsibility to anti-drug centers for evaluation, and, following the evaluation, may reduce the proposed punishment down to none, provided that the child goes to counselling. This is great progress."²⁰⁰

The participants in the evaluation believe that the specific issues confronting these children has changed too: "There are fewer of them, but with more severe issues. A third of them are convicted for murder. These children's life quality increased in prison - since there are fewer, they have more room, better conditions, and participate in more types of activities."²⁰¹

Changes in the disparities between rural and urban

The Strategy aimed at reducing by 5% the gap in the access to services of children in rural areas.

Considering the available data broken down by urban and rural, we can appreciate that no significant progress was made in the social field in this period:

- In 2014, there were more confirmed cases of violence against children in rural than in urban areas, but the gap between urban and rural became even wider in 2019 (6,800 cases in 2014 and 9,107 cases in 2019 in rural areas; in urban areas the increase was from 5,742 to 6,889);
- The number of day care services is three times smaller in rural than in urban areas (326 vs. 995);
- The share of operational SPASs in rural is much lower than in urban areas (27% vs. 77%), and the number of SPASs' staff increased much slower in rural than in urban areas (34% vs. 66%).

Some progress was made in achieving the education objectives of the Strategy. For example, the number of children/ teens participating in the students' representative bodies increased constantly throughout the Strategy implementation period, reaching a maximum of 5,445 youths, 13.3% more than in 2014, the reference year (Annex 15 Figure 10). Though the trend is upward, it is difficult, in the absence of data, to appreciate if the target to have 30% of rural youths participating in students' representative bodies (30% of the total) was met.

In spite of these positive developments, the disparities between rural and urban persist at national level. Thus, most of the ante-preschools in Romania are in urban areas, a discrimination that impacts children at a crucial age for their future cognitive and psycho-social development. For instance, only two, less than 7%, out of the total (very small) number of creches operated in rural areas in the school year 2018-2019²⁰² (Annex 15, Figure 11). The same gap is noticeable in preschool education, most of these schools being in urban areas (Annex 15, Figure 12). In the school year 2019 - 2020 only 1 in 14 kindergartens were in rural areas.

Primary and lower secondary schools are predominant in rural areas. From a qualitative perspective, though, the table is turned, with better school performance of students in urban schools, reflected in lower rates of school dropout, better vocational training, stability of staff and, at the end of the day, in the quality of learning outcomes. For example, the school participation rate in rural areas is constantly lower than in urban areas (Annex 15, Figure 13 illustrates the situation of 6-year olds, and the situation is similar for other age groups in the school year 2017-2018); the share of students passing on to the next

¹⁹⁹ The Strategy of the Government of Romania on the Inclusion of Romanian Roma Citizens for 2014-2020 (draft version for public consultation 05/11/2020)

²⁰⁰ Interview with a representative of a central government entity

²⁰¹ Interview with a representative of a central government entity

²⁰² To be noted that one of the two rural creches was no longer included in the statistics of the following school year.

academic year in urban areas was higher (98%) than in rural areas (95.9%).²⁰³ Also, the school dropout rate has been increasing in rural in both primary and lower secondary education, evolving in a different direction than the one expected in the Strategy (decrease to 1.5% and 1%, respectively, by the end of the implementation period). One factor that contributes to the widening of the rural-urban gap is the mechanism for correcting schools' budget, which puts the schools in rural and generally disenfranchised communities at a disadvantage.

We note the presence in the primary education of a significant number of children over the standard age for this level of education (Annex 15, Table 4), which point to the risk of truancy or dropout. Possible causes are the late enrolment (more so in special education), class repetition,²⁰⁴ health issues, poor integration in the school environment, or other difficulties to adapt to the school requirements.

According to the *Socio-educational Risk Index* published in 2020 (p. 38), marginalised areas, many of which are rural, are significantly associated with settlements where the share of the Roma in the total population is higher than the national average. There are very few counselling services available in rural areas, and where they are, the professional level of the counsellors is modest. The number of school mediators in rural areas is on a downward trend. The rural living conditions are a deterrent for both students and teachers.

The same study demonstrates that the rural-urban disparities have been on the increase during the Strategy implementation period (Annex 15, Figure 14). According to IRSE, the number of most advantaged schools has been continuously decreasing, from 113 in 2015 - 2016 to 56 in 2018 - 2019. In parallel, the number of most disadvantaged schools increased from 34 to 94 in the same time interval. The same trend applies in the case of advantaged/ disadvantaged schools, with the observation that there are already eight times more of the latter than the former.

In the context of the COVID-19 pandemic and the decision to move the teaching-learning processes online, there is concern about the deepening of gap between children who have access to resources and those from disadvantaged social and economic backgrounds. The absence or precariousness of the IT&C infrastructure in poor areas, lack of access to adequate online learning resources, and teachers' poor digital skills are the main elements that feed the anxiety about the deepening of the already existing inequities in the education system.²⁰⁵

No changes in the urban-rural gap were noticed regarding the health status, and the specifics of such gaps remained constant. However, in terms of the distribution of human resources, we see an increase in the number of community nurses, in particular in rural settlements. According to the MS (2020), a "positive discrimination" exists, with some 80% of the CNs working in rural areas. According to MS data (2020), same as in 2018, in 2019, most family practices were in urban settlements - 6,500 compared to 4,400 in rural areas. In 2019, one rural family doctor's practice covered 1.3 more inhabitants (residents) than an urban one.

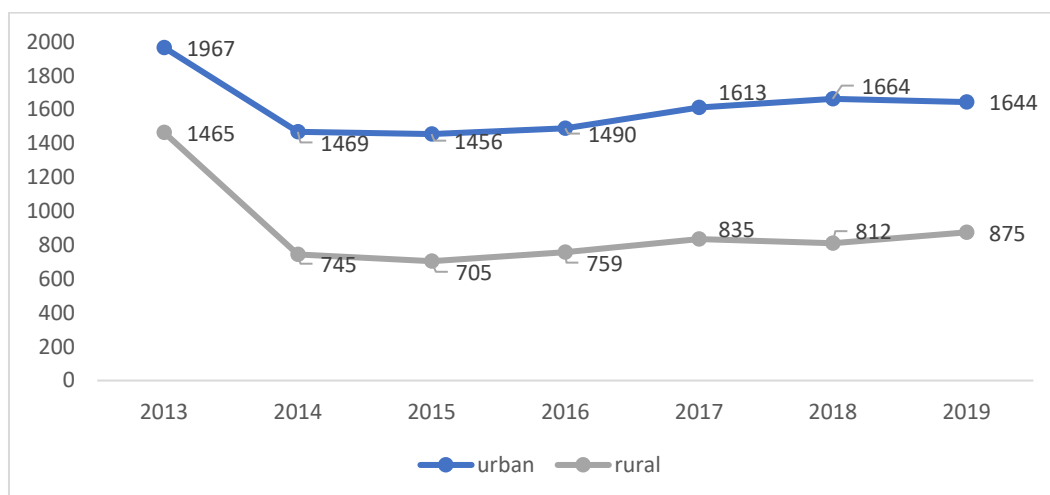
Regarding the condition of children in conflict with the law, the Strategy failed to induce changes in the urban-rural gap, which continues to be very wide. The community services concerned with facilitating the social reintegration of these children continue to be sparse. Though it imposed a standard and set the premises, the Strategy left the implementation at the discretion of the local authorities depending on their resources and skills. For this reason, rural-urban, rural-rural and regional differences exist. According to MAI data (2020), the number of offending children increased from 2,214 in 2014 to 2,519 in 2019. Though the figures differ, most criminally offending children are from urban areas, but the trends are similar (Figure 11).

Figure 11: Trend in the number of children committing criminal offences (by living environment)

²⁰³ National Institute of Statistics, Romanian education system. Synthetic data, p. 26

²⁰⁴ According to the INS, 47,400 (2.9%) of all pupils in primary education failed to progress to the next academic year at the end of 2018 - 2019.

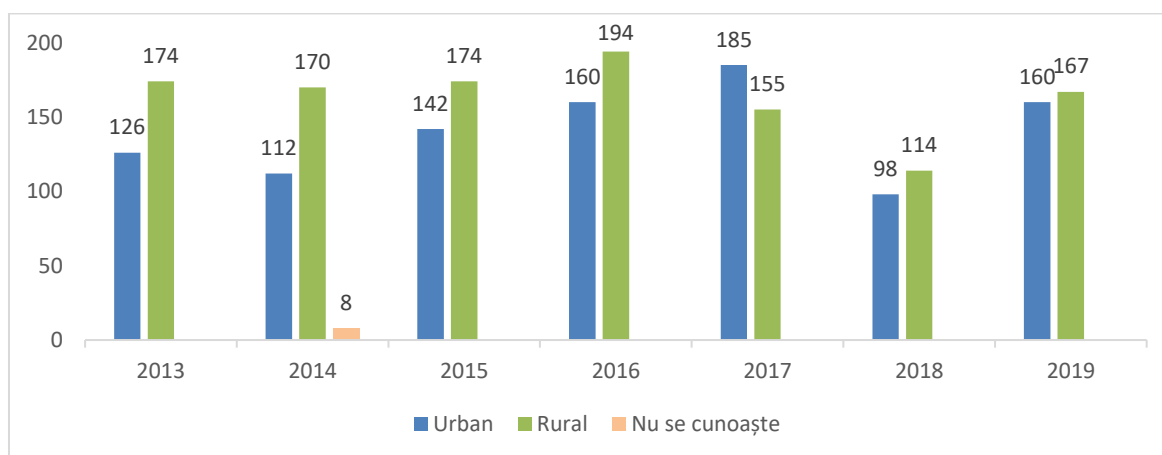
²⁰⁵ EC 2020, Education and Training Monitor, Romania, pp 6-7



Source: MAI (2020)

Trafficked children come mainly from rural areas (Figure 12). We also note that, towards the end of the implementation period (2018 and 2019), the difference between the number of children from rural and urban areas tends to decrease, such as to become insignificant in 2019, when just over 51% of the trafficked children come from rural areas).

Figure 12: Trend in the number of children victims of trafficking of juveniles (registered in SIMEV) by living environment



Source: MAI (2020)

Changes in the number of children in the vulnerable groups identified in the Strategy

The Strategy identified the following groups of vulnerable children: poor, from rural areas, disabled, Roma, in the special protection system, homeless, in conflict with the law, users of drugs or other harmful substances, with parents working abroad, with teenage mothers. The numbers of individuals in some of these groups have increased (disabled children), others decreased (poor children, children from rural areas, children in the special protection system, street children, children in conflict with the law), and no information is available on others (the respondents said that the number of teenage mothers has increased, at the same time with the lowering of the age when they get pregnant; some believe that the number of children who use drugs and other substances, including alcohol, is on an upward trend). Nevertheless, the respondents said that measures should continue to be taken to improve the access of these vulnerable groups continue to quality services.

During the Strategy implementation period, MEC was permanently concerned to implement support programmes for vulnerable children. Of these, we should mention: "Second Chance", "School after School" and the multifunctional early education centers.

Early school leaving youths were given the opportunity to finalise their education in the "Second Chance" programme. Implemented in both primary and lower secondary education, the programme involved a

total of 15,914 mayoralities (4,932 and 10,982 lower secondary), 38% more than in 2014 (Annex 15, Figure 15). European Funds are the solution for financing these programmes, which gives us reason to believe that, on the short and medium term, the Strategy target was achieved, but the long-term sustainability of the measure is debateable.

Though not data are available to give us an accurate picture of the evolution of the vulnerable groups during the Strategy implementation period, according to the INSP Report on the Health of Children and Youth (2019),²⁰⁶ non-transmissible chronic diseases are setting in insidiously and at early ages, in the absence of efficient interventions for children's healthy lifestyle. The first signs of children's unhealthy lifestyle are non-endocrine overweight and diabetes mellitus (adult's diabetes) in adolescence (early onset of chronic diseases).

*"Of late, there are more children who need vision correction or posture changes, children with hypothyroidism, or children under 14 with diabetes mellitus."*²⁰⁷

The gender-disaggregated data about children offenders show that there are significantly more boys than girls (the latter making up less than 20% of the children offenders). In the reviewed time interval, the number of offending boys increased constantly, from 1,593 in 2014 to 2,066 in 2019, whilst the number of girls increased from 349 in 2014 to 431 in 2017, to then drop to 453 in 2019 (Annex 15, Figure 16).

No statistics are available on the age, gender or origin (urban-rural) of the victims of crimes. Data are available for some crimes only. The statistics (SIMEV, 2020) on the number of children victims of trafficking show an upward trend in the period 2014 - 2016, from 300 to 354, followed by a significant decrease to 212 in 2018, and an increase to 327 in 2019.

There are significantly more girl victims of trafficking than boys (the latter represent just over 10% of the total trafficked children). Between 2014 and 2019, the number of girls victims of trafficking increased from 278 in 2013 to 312 in 2016, then dropped to 182 in 2018, and grew to 288 in 2019. The dynamics of the cases of trafficked boys is different, with the number of victims increasing from 22 in 2013 to 82 in 2017, followed by a significant decrease to 30 in 2018 and a slight increase to 39 in 2019 (Annex 15, Figure 17).

Another vulnerable group is comprised of children and adolescents using drugs and other harmful substances. Their number is not known, and since no methodology is available (globally) for "counting" drug users, the estimates are based on mathematical models. Thus, triennial prevalence studies are used to estimate drug national and international level.²⁰⁸ According to MAI data (2020), the number of illicit drug-using children and adolescents who received services tailored to their needs has been constantly increasing, from 121 in 2014 to 337 in 2018. The number of drug-using children and adolescents included in harm reduction programmes varied substantially, from 83 in 2014 to 176 in 2015, dropping to 39 in 2016 and 2017, and then further, to 15, in 2018.

According to MJ data (2020), all imprisoned/ detained children (prisons, educational centres and detention facilities) receive psychosocial assistance services. Their numbers varied from 316 between 2014 and 2015, to 407 in 2016, 329 in 2017, 276 in 2018 and 301 in 2019. No figures are available on the number of child offenders under the age of criminal responsibility, or the number of such children who receive specialised services.

6.6.2. What changes did the Strategy determine or influence in communities, professionals, and local/ national government?

Changes (improvement/ stagnation/ deterioration) in the condition of the personnel employed in the areas covered by the Strategy (social, education, medical, justice)

One of the measures provided for in the Strategy was the training of personnel. Training programmes were organised on various topics, but the perception is that the investment in training was insufficient. One of the highlighted problems is the personnel turnover, hence the need for periodic training programmes for all new employees. Another aspect pointed out is the importance of intersectoral team work and that this is yet to become a routine.

²⁰⁶ <https://insp.gov.ro/sites/cnepss/wp-content/uploads/2020/09/Raport-National-de-Sanatate-a-Copiiilor-si-Tinerilor-din-Romania-2019.pdf>

²⁰⁷ Focus group with family doctors

²⁰⁸ According to MAI (2020)

In education, the professional development process was mainly focused on the areas described above.

Recognising, preventing and fighting any forms of violence. This objective was tackled by the involvement of all stakeholders - teachers, students and parents. The number of teachers attending training programmes increased constantly, from 12,519 in 2014 - 2015 to 21,229 in 2019 - 2020. Despite this increase, the final target to have 50% of the teachers participate in training on the prevention of violence was not reached - only 18.33% were included in such a training programme in 2019. The number of children participating in similar activities has been also increasing (Annex 15, Figure 18). Yet, in this case too, the share of participating children is just about 24% compared to the 30% target set in the Strategy.

Since the involvement of the family is also important, there are examples of violence prevention programmes addressed to them. Nevertheless, it is impossible to ascertain if the 25% target proposed in the Strategy was reached. However, it should be noted that the measures against violence in schools were included in the legislation. To this effect, the Rules²⁰⁹ for preventing and reducing violence, including bullying, were approved in July 2020. The NGO sector, in particular Save the Children, played a very important role to this effect.²¹⁰

Intercultural education. During the Strategy implementation period, 9,080 teachers were trained in intercultural education and history of minorities, with a maximum of number of 2,198 trainees in school year 2018 - 2019 (Annex 15, Figure 19). The conditions are thus created for better integration of minorities and increased social cohesion. We appreciate that Strategy indicator “% of teachers in schools with minimum 25% Roma students who attended training programmes in inter-cultural education and Roma history/ traditions” cannot be calculated due to the multiple variables involved.

Inclusive education. Increasing school inclusiveness - another major objective in the field of education - was supported by both professional development programmes for teachers, and projects, for example, CRED, which developed tools for the early identification of children at school dropout risk, but also a framework document on curriculum adaptation strategies in disadvantaged schools.

Moreover, the number of professionals employed in the public education system who work with disabled children increased constantly, from 8,867 in 2014 - 2015 to 9,864 in 2019 - 2020 (Annex 15, Table 5), also considering the constant increase in the number of training programmes in this area (Annex 15, Table 6). This indicator highlights at least two problems: 1/ there is no definition of ‘the professional’ in the area and 2/ the data required to compute the share of those included in training programmes are existent.

The participation of disabled children's parents in parenting education activities is very important (Annex 15, Table 7). Despite the constant increase, the final target of 50,000 persons in this category set in the Strategy for 2020 has yet to be reached.

Children's rights. The number of teachers attending training programmes on this topic increased by more than 57%. The number of those participating in this process, though, is very small - at the end of the school year 2018 - 2019, it represented only 0.3% of all teachers (INS, 2020, p.20) and was far from the target 50,000 trained ‘professionals’. According to MEC, the amounts of money allocated to training in children's rights increased from 6,564 RON in the reference year, 2014 - 2015, to 37,512 RON in 2019 - 2020 (Annex 15, Table 8).

The training programmes were not limited to teachers. The number of parental education programmes increased constantly during the Strategy implementation period, from 144,388 in school year 2014 - 2015 to 187,120 in 2019 - 2020, and the maximum of 192,206 last year (Annex 15, Table 9).

In spite of this progress, the quality of human resources in the education system remains a problem. No analysis of the quality of human resources in education exists to have documented the impact of the numerous professional development programmes, the persons entering and exiting the system etc.

On the other hand, it is difficult to measure the professional competency of teachers, in the absence of benchmark professional standards. Also, no unanimously accepted definition exists of the meaning of quality in education. There are, however, many arguments that support the need to improve the policies on human resources. Thus, in terms of policies on human resources, the analysis of the PISA 2018 scores shows that Romania is included in the group of countries where the highly educated and trained

²⁰⁹ Order no. 4.343/2020 of 27 May 2020 approving the Rules for the implementation of Articles 7 (1st) and 56/1 of the National Education Law no. 1/2011 and point 6/1 of the Annex thereof, all on bullying

²¹⁰ Interview with a representative of a central government entity

(at least master in education) human resources are concentrated in the economically and socially privileged schools (OECD 2019, p.26). The finding is confirmed by INS data, which show that, in the academic year 2018 - 2019 "a higher concentration of teachers in urban areas is observed, except in primary and lower secondary education".²¹¹

Another argument is that the inclusion policies are not supported by initial teacher training programmes, which would equip them to knowledgeably approach children with SEN or from economically disenfranchised areas.

In ante-preschool education, human resources are not prepared to teach the new curriculum. Also, despite the positive curriculum developments, the status (care or education) of these schools is yet to be clarified.

The number of school mediators, psychologists and itinerant support teachers is much below that required by the standards in force. Their presence in rural areas is uncommon, even though, according to MEC, the number of the professionals in the three categories increased constantly (Annex 15, Figure 20). Thus, in 2019, there were only 8.8% more school counsellors and psychologists, 24% more support teachers, and 18% school mediators than in 2014. However, if the standards on school counsellors were applied, in 2019, the 3,503,683²¹² students in preuniversity education should have been served by 5,037 school counsellors, at a rate of 800 students and, respectively, 400 pre-school children per counsellor,²¹³ which would have required 2,832 more counsellors than the ones employed.²¹⁴ The total number of support staff (mediators, counsellors, psychologists) in the education system in 2019 is below the target set in the Strategy: 4,764 compared to 5,000.

The influence of the Strategy among the children's healthcare professionals may be identified in the improvement of community-based healthcare, in both the number and quality of interventions, the community nurses and Roma mediators receiving training in projects financed from POCU, UNICEF, and Norway Funds.

With small exceptions, the rural family doctors, in dwindling numbers, felt the consistent support of the community nurses and social workers who, within the limits of their capabilities, responded to the needs of vulnerable persons.

*"In the past, I had to monitor social cases on my own; now, the mayoralty has hired two social workers who deal with social issues; for me, this is important help."*²¹⁵

Changes in the administrative capacity

Progress was made in the same period regarding the capacity of some SPASs and DGASPCs to manage children's issues at local and county level, a fact demonstrated by:

- The higher than average reduction in the share of children in the special protection system: 30 DGASPCs (3 in Region North-East, 3 in Region South-East, 3 in Region South-Muntenia, 4 in Region South-West Oltenia, 4 in Region West, 4 in Region North-West, 3 in Region Center, 6 in Region Bucharest-Ilfov);
- The higher than average increase in the number of foster carers: 13 DGASPCs (2 in Region North-East, 3 in Region South-East, 1 in Region South-Muntenia, 2 in Region South-West Oltenia, 2 in Region West, 2 in Region North-West, 1 in Region Center, 1 in Region Bucharest-Ilfov),
- Reduction of the number of young children (aged 0 to 7) in residential care facilities by more than 10: 14 DGASPC-uri (2 in Region North-East, 3 in Region South-East, 5 in Region South-West Oltenia, 1 in Region West, 1 in Region North-West, 2 in Region Bucharest-Ilfov),
- The number of operational SPASs increased in counties (3 in Region North-East, 2 in Region South-East, 5 in Region South-Muntenia, 3 in Region South-West Oltenia, 2 in Region West, 2 in Region North-West, 2 in Region Center, 1 in Region Bucharest-Ilfov).

²¹¹ National Institute of Statistics, 2020, Romanian education system. Synthetic data, 2018- 2019, p. 20

²¹² Total students in preuniversity education, less creches.

²¹³ Order no. 5555 of 7 October 2011 approving the Regulation on the organisation and operation of the county and Bucharest City centres for educational resources and assistance

²¹⁴ To be noted that, the students-counsellor ratio was reduced to 600 students and, respectively, 300 pre-schoolers per counsellor by the amending of Law 1/2011

²¹⁵ Focus group with family doctors

In general, the perception is that the administrative capacity has improved and that there is some concern with improving the procedures such as to provide quality services by facilitating the access of beneficiaries to services (e.g. setting up online desks).

*"Progress was made in revising the minimum quality standards on the provision of child-protection services and developing standard for new services."*²¹⁶

6.6.3. What changed in the prioritisation of children's issues at local and/or national level?

Current priorities regarding children's issues at national level

The respondents indicated that, at the national level, the efforts were intensified in certain areas (e.g. protection of disabled children, vulnerable children from marginalised rural communities, offending children, street children, Roma children, children whose parents are at work abroad, etc.); also, new topics were mentioned, such as children's online violence or post-COVID psycho-emotional difficulties in children.

The approach to children's rights at national level continues to require institutional capacity building, to strengthen: project-centered management, including the adequate sizing of services; human resources management, from personnel recruitment and training, to performance monitoring and evaluation; capacity to clearly define Strategy outcome indicators and monitor them through persons specifically designated to this task.

The inclusion of children with mental disorders and, respectively, ASD/ autism on the public agenda can be seen as a change in the prioritisation of children's issues, produced due, on the one hand, to the pressure of relevant ONGs (Help autism, FEDRA) and, on the other hand, to the political support for this agenda, by the development of the National Plan for Autism 2020 - 2022²¹⁷ (see, inter alia, Annex 11.c.).

on the public agenda of the mental health

The main changes in working with children in conflict with the law include the significant reduction in the number of imprisoned/ detained children (from 512 in 2013 to 301 in 2019) as a result of the widening of the range of options (preventive, educative)²¹⁸ available to prosecutors, the optimisation of the infrastructure and capacity of the National Administration of Penitentiaries to provide psycho-social support to children in prisons, educational and detention centers.

The priorities defined in the Strategy remain topical. It is still imperative to provide training to the relevant professionals (judicial and local police officers, prosecutors, judges, probation officers, reintegration personnel, educators, social workers, etc.), with a focus on improving the quality of preventive services and alternatives to prosecution. The procedures and infrastructure of the police and courts remains child-unfriendly; in the case of ANP, though significant progress has been made, recent studies show that teenagers have even fewer rights than adult inmates.²¹⁹

Current priorities regarding children's issues at county level

Several topics were mentioned at county level: social inclusion, development local services and ensuring their sustainability, teenage mothers, violence against children (including online), children in conflict with the law, children using drugs and alcohol, etc.

County-level entities are not used to setting priorities, but rather to implementing the policies and priorities defined at the national level. We did not identify county-level priorities. Nevertheless, there are some examples of county-level proactive attitudes, for instance, DSP Botosani. Between 2014 and 2020, the Botosani County Department for Public Health implemented 20 projects aimed at supporting

²¹⁶ Interview with an NGO representative

²¹⁷ <http://legislatie.just.ro/Public/DetaliiDocument/206993>

²¹⁸ "According to the New Criminal Code, only educational measures may be ordered against juveniles in conflict with the law. Some educational measures include imprisonment, yet others are community-based" (Durnescu&Popa, 2018).

²¹⁹ For example, children's worked days are not deducted from the sentence, as in the case of adults; a child ordered to enrol in a counselling programme must pay for it, unless DGASPC provides a specialised psychologist, whilst adults can use the probation service free of charge (Durnescu&Popa, 2018).

social inclusion through integrated medico-socio-educational development. The activities were facilitated by the community nurses' network and health mediators.

The county-level priorities are aimed at improving the coordination of entities and professionals in preventing juvenile criminality, investigating cases, supporting youths in serving educational sentences and, subsequently, in their reintegration in community, but also at strengthening the cooperation with schools, AJOFM, etc. for reintegrating the youths supervised by the probation services.

6.6.4. Are there any unplanned outcomes from the implementation of the Strategy?

Such outcomes resulted from the initiatives of NGOs such as *Child's Hotline*, *Itsy Bitsy*, etc. working in partnership with public entities e.g. MEC, ANDPDCA, SGG, etc. There were interventions in the Strategy focus areas, such as school violence, which led to initially unanticipated results, such as the regulation of school bullying. In the same category were the interventions directed at target groups not included in the Strategy, e.g. children of imprisoned parents, who received financial (scholarships) and moral (meetings, work sessions, participation in small projects) support from the Svasta Foundation.²²⁰

Other unplanned outcomes of the Strategy include the reduction of bureaucracy, change in attitudes, heightened public awareness of domestic and school violence, and behaviour changes regarding the population's own health.

*"The community mind set changed, in that before they had claims, but now they listen more; before they had preconceived ideas, and now they speak to us openly, are more honest, come and ask for advice."*²²¹

7. Conclusions

Relevance

The National Strategy on the Protection and Promotion of Children's Rights 2014-2020 was an important step ahead in asserting then concept of children's rights in Romanian public policies and in various economic sectors. In recent years, children's rights have become part of both the public discourse and action, materialised in programmes and projects meant to contribute to developing the services provided to children, irrespective of their ethnicity, gender, financial status, etc.

The method proposed by the Strategy *to approach children's rights issues was based on an integrated intervention*, whose effectiveness was validated in previous projects implemented in partnership with local and central stakeholders from both the governmental and NGO sectors.

A logical correlation exists between the objectives (general and specific), outcomes and activities. The measures and actions are relevant and contribute to the achievement of the proposed goal and objectives. The Strategy is based on an ample set of data and addressed to social groups whose relevance has been confirmed by numerous other national and international studies. Nevertheless, *the highly generic and insufficiently broken down data, lack of community needs analyses to thoroughly identify the issues and high dynamics thereof limited the identification of deep causes of the various vulnerabilities associated to the Strategy target groups.*

The development of the Strategy was preceded by a multi-sectoral analysis of the children's wellbeing on all levels (social welfare, education health, justice, participation) and wide consultation of all stakeholders (ministries and their subordinated entities with responsibilities in the protection of children and upholding their rights, general social assistance and child protection departments, but also civil society's organisations working in the field). The consulted stakeholders proposed other measures to tackle certain problems identified in the activities they had implemented. *Most of these measures proposed by the consulted stakeholders were included in the final text of the Strategy, though they should have been better prioritised based on an estimation of available resources.*

²²⁰ In Svasta Foundation's initiative, more than 300 children of imprisoned parents completed vocational, high school or even university education, and were supported to find a job.

²²¹ Focus group with family doctors

The Strategy goal, measures and actions did match the needs of the Romanian children and their families at the time of its development and, even though new issues emerged, many of the proposed measures continue to be relevant, since the problems identified in 2014 are still actual, the time required for their resolution extending beyond one public policy cycle. Though the Strategy intended to cover all the identified categories of vulnerable children in the status quo analysis and public consultations, *the approach to vulnerable children remained rather general, insufficient for addressing some specific categories of children and provide them with prospects for significantly improved services.*

Most sector strategies developed for 2014 - 2020 include provisions on the protection of children and their rights. The child protection provisions included in county or local development strategies were based on the objectives and measures proposed in the Strategy. Moreover, the Strategy informed the strategic documents and projects financed from public funds, partnerships with public entities and advocacy campaigns/ projects of some NGOs.

Consistency

The Strategy is consistent with the Romania's international commitments, including the principles of the UN Convention on the Rights of the Child, provisions of the UN Convention on the Rights of Persons with Disabilities (UN CRDP) and the Optional Protocol to this Convention, objectives and targets set forth in the Europe 2020 Strategy regarding the reduction of poverty, priorities of the Council of Europe Strategy for the Rights of the Child (2012-2015) and the provisions of the Commission Recommendation din 20 February 2013 Investing in children: breaking the cycle of disadvantage (2013/112/UE).

The education and health measures laid out in the Strategy were defined based on the national sectoral strategies. The child inclusion measures proposed in the Strategy were considered in the National Strategy on Social Inclusion and Poverty Reduction for the period 2015-2020. However, it is difficult to differentiate in the Operational Plan between the outcomes achieved following the implementation of the Strategy and those obtained as a result of implementing the measures laid down in the sectoral strategies. Moreover, the failure to prioritise the indicators and clearly define impact, outcome and output indicators significantly reduced the internal consistency of the Strategy's Operational Plan and its overall evaluability.

The Strategy implementation consistency should have been ensured by the *Coordination Committee for Protection and Advancement of Children's Rights, set up as a communication and coordination mechanism.* This Committee, which was also provided for in regulations on the organisation and operation of ANPDCA (GD 299/2014) and ANDPDCA (GD 102/2019), *was never operational* and only met once in the period 2014 - 2020.

Various experiences of NGOs were used in the process of developing and implementing the Strategy in areas such as: deinstitutionalisation of children in residential facilities, preventing and fighting violence against children, methods for identifying children in vulnerable situations, methods for working with youth in the special protection system. Considering the *high level of alignment between the Strategy priorities and UNICEF's regional and national priorities*, we also emphasise the good cooperation of national partners and UNICEF, which increased the implementation consistency.

Effectiveness

Numerous proposals were made between 2014-2020 to improve or expand the existing public policy framework covering the needs of the target groups identified in the Strategy and the development of public social assistance services continued both by increasing their number and scope, and by accrediting them as social services providers.

Much progress was made towards developing the system's capacity to provide quality services to children, such as: the opportunity to provide a minimum package of services was considered; the development of integrated community-based services was initiated; campaigns were organised to promote adoption and the adoption process was made more efficient; the involvement of the community in the realisation of children's rights was considered by the development of consultative community-based structures; actions were taken to instate a national system for monitoring and evaluating the state of children in Romania; limited progress was made in the rehabilitation and social reintegration of children with disabilities and the provision of dedicated places for SEN students in high school and vocational education was advocated; the legal framework on and development of support services for children with parents working abroad were completed; campaigns were delivered to raise awareness on the phenomenon of violence against children; minimum quality standards were developed and adopted on the services provided to child victims of trafficking in human beings. Insignificant progress was made regarding street children and Roma children.

With a view to *developing the capacity of the system to provide quality services to children*, the Strategy included a number of measures aimed at increasing the personnel capacity to provide such services, besides increasing their range and scope. Training sessions were delivered in the field of child protection and adoption; analysing, defining and implementing inter-sectoral child protection policies; and project management. Whilst progress was made in the first two areas, the developments in the field of project management were rather modest.

The *main enablers that contributed to the achievement of the national objectives of the Strategy* were the good work in relationship between ANDPDCA and NGOs, progress made in inter-agency cooperation, ANDPDCA's working together with international bodies such as UNICEF or the World Bank, the implementation by ANDPDCA and other relevant public entities of projects financed from operational programmes, etc. The *main enablers that contributed to the achievement of the local objectives of the Strategy* were the opportunities afforded by European Funds, legal framework, existence of individual/ group initiatives of local stakeholders, etc. By and large, it seems that the "recipe for success" lays in the good coordination of the national, county and local levels.

The *main deterrents for the achievement of the Strategy objectives* were the lack of Strategy monitoring, challenges in providing coordination, inconsistent distribution of human and financial resources, financial appropriations deemed insufficient, low levels of social services' contracting, lack of flexibility in accessing European Funds, insufficient communication between the central and local levels and institutional changes. The institutional and political changes in ministries caused a high turnover in staff responsible for the implementation of the measures.

The implementation of the Strategy was based on the budget appropriations from various national sectoral programmes, relevant sectoral strategies for 2014-2020, European and other international development programmes, and, to a lesser extent, local resources. *The lack of budget planning was an important deterring factor in the implementation, as well as in the monitoring and evaluation of the Strategy.*

The COVID-19 pandemic impacted significantly on the implementation of the Strategy measures in 2020. On the one hand, a number of measures were adopted to simplify the working procedures and beneficiaries' access to online services; on the other hand, the pandemic worsened certain social problems, by reducing the activity of day centers and limiting children's access to education and health. At the same time, the number of domestic violence cases increased during the pandemic. *The main deterrents for the achievement of the local objectives* were the lack of political will, insufficient local personnel to assess the needs, poor cooperation between public entities and NGOs, lack of initiative and failure to assume responsibility and, in some cases, lack of cooperation between the DGASPC management and the county councils.

Efficiency

The integrated implementation of the Strategy was achieved to a lesser extent. The Strategy included measures already laid down in the sectoral strategies of the ministries, and each public authority of the central government implemented the measures of their relevant strategies, without systematically providing monitoring data to ANDPDCA. The integrated implementation of the Strategy measures was, to some extent, also impacted by the position of ANDPDCA as an entity subordinated to the Ministry of Labour, which arguably reduced sometimes the efficiency in its working together with line ministries and local authorities. Many of the measures included in the Strategy were aimed at the local level, and the designated line ministries failed to make the local public entities accountable for their implementation, many of the actions being shouldered by the DGASPCs.

The integration of the measures aimed at protecting and promoting children's rights was incomplete. Thus, despite the existence of administrative measures that form the premises for inter-ministerial cooperation,²²² the financing and integrated implementation of the various types of interventions is still at an early stage. Examples of integrated interventions and approaches are few and far between, mainly reflecting local initiatives, and not so much systemic national approaches. The integrated approach was neither facilitated in the area of European Funds, since the complementary financing of projects from different operational programmes was not possible.

²²² Joint Order no. 393/630/4236/2017 approving the Framework cooperation agreement for the implementation of integrated community-based services aimed at preventing social exclusion and fighting poverty

The financing of the activities laid out in the Strategy was based on “staying within the limits of each ministry’s budget” which, *in fact, have no budget line dedicated to the Strategy*. An estimate of the costs of the measures proposed in the Strategy was developed with the technical and financial support of UNICEF, but it was never used. The Strategy being mainly based on financial resources from European Funds caused delays in the implementation of the measures, but also difficulties in monitoring their outcomes, since projects financed from EU Funds are monitored by the management authorities.

One of the limits in the implementation of the Strategy was *the lack of a mechanism for the systematic monitoring of the measures and their integrated character*. Though the Operational Plan of the 2014-2016 Strategy included actions and performance indicators for each measure, the implementation was never monitored. Furthermore, though a study was carried out to update the Operational Plan, its findings were never used, such that the initial Plan, which had a number of gaps, remained in force. Thus, very many indicators were proposed for monitoring the progress in the implementation of the Strategy measures and actions and their definition was often too generic or inconsistent with institutional data collection practices, which made it very difficult to collect progress data.

The Strategy provided for training of the social protection personnel on topics such as: 1/ child protection and adoption, 2/ analysing, defining and implementing inter-sectoral child protection policies, and 3/ project management. *The number of DGASPC, SPAS, DAS and social assistance units personnel participating in child right and adoption training programmes increased in the period 2014 - 2019*. Also, training sessions on various topics were delivered in the different projects implemented by ANDPDCA and the Ministry of Labour. Nevertheless, *the training needs of the personnel involved in the provision of social services remains rather high*.

Sustainability

The measures with high sustainability potential are those provided for in other sectoral strategies (development of SPASs. Integrated community centers, etc.), those that were allocated resources during the implementation of the Strategy (deinstitutionalization, development of family-based services, etc.), and those encouraged and supported at European and international level (violence against children, children’s participation, support for poor children, disabled children, etc.). At the same time, the measures aimed at implementing integrated community-based services are proposed to be continued in the 2021-2027 Programming Period, under the Operational Programme Inclusion and Social Dignity.

Generally, the legal framework is stable and regularly improved based on consultations with local stakeholders and NGOs. However, it is necessary to permanently inform and explain the means for consistent enforcement of the legal framework, allocation of adequate resources and monitoring the implementation.

The use of minimum quality standards, cost standards and working procedures at local level entails actions to *cut back bureaucracy*, encourage social workers to do field work, allocate financial and logistic resources, better inter-institutional cooperation (public-public, public-private), provision of consistent working methods, continuous professional supervision and development, and recruitment of persons that meet the minimum education and experience requirements for positions involving social work.

The coordination of the public social assistance services by the DGASPCs is very important for the consistent implementation of public policies (including work standards and methods). Moreover, the implementation of the standards and methodologies should be monitoring and evaluated regularly, allowing for their revision when necessary. Yet the practice of services providers (be they public or private) indicates that the minimum quality standards are in fact maximal. No cost standards exist yet for prevention services (provision of community-based services).

The involvement of the local stakeholders, in particular of the local authorities, was either inexistent or insufficient in certain communities. *Where consultative community structures are in place and active, they demonstrated their usefulness as a mechanism for mobilising local resources and cooperation* to deal locally with children's social problems.

Impact

The evaluation shows *modest improvements in the status of children from disadvantaged social and economic backgrounds*, in the context where the number of children living in poverty and with numerous social problems is still high; nevertheless, some progress has been made. In the context of the COVID-19 pandemic, sustained efforts will be needed in the upcoming period to maintain these advancements,

since there are indications that these children's situation worsened from the onset of the pandemic and the existing gaps widened.

In the period 2014 - 2019, the share of children at risk of poverty or social exclusion dropped significantly, down to 35.8%. However, Romania has the highest rate of children at risk of poverty and social exclusion in Europe.

The number of children in the special protection system decreased from 58,178 (31 December 2014) to 50,401 (31 December 2019), that is by 13.4%. The total number of beneficiaries of the services to prevent the separation of children from their families increased from 55,833 to 68,475 (22,6%) as a result of the development of these services.

A total of 23 institutions were closed down in this period. Whilst 166 residential care centers (83 traditional and 83 modulated) existed at the end of 2014, in December 2019 their number was down to 143 (91 traditional and 52 modulated). Regarding the categories of children addressed by these centers, the number of centers for disabled children decreased by 25 and the number of centers for non-disabled children increased by 2. Though the number of traditional and modulated residential care centers did not decrease much, the number of children sheltered in these centers decreased from 7,974 in 2014 to 4,427 in 2019. The number of traditional and modulated residential care centers run by NGOs decreased too.

The data on the number of children aged 0-2 years receiving residential services show a decrease from 716 to 359. Even though the maximum age for placement in residential care was increased from 3 to 7 years in 2019, the number of children aged 3 to 6 in such facilities decreased significantly anyway in the period 2014-2019, from 2,032 to 665.

In the period 2014 - 2019, the number of disabled children increased from 70,493 to 72,349. The share of disabled children in education increased from 55% in 2014 to 62% in 2019. Nevertheless, work is still needed to suitably integrate them in the mainstream schools, for instance, to provide them with the required support services (support teachers), reduce discrimination, make accommodations to educational premises, etc. The number of disabled children attending special schools decreased from 12,127 in 2014 to 10,884 in 2019. The number of day-care centres for disabled children increased from 159 to 211 in the period 2017 - 2019.

The total number of confirmed cases of violence against children increased from 12,542 in 2014 to 15,996 in 2019. An increase in the total number of abuse, neglect and exploitation cases is noted, but also a reduction in the number of exploitation for criminal purposes.

The main indicators of the impact of the educational system showed no improvements. Thus, the financing of the education system remains much below the OECD average and far from the real needs, the rate of school enrolment is decreasing (except for ante-pre-school), school dropout is increasing, students perform modestly in national and international tests, and the rate of functional illiteracy is high. The indicators proposed in the Strategy for measuring the achievement of these objectives were not met.

The Strategy aimed at reducing by 5% *the gap in the access to services of children in rural areas*. Considering the available data broken down by living environments, we can appreciate that no significant progress was made in this period. Not only that the urban-rural gap failed to close, as planned in the Strategy, but it widened. Indicators such as the rate of school enrolment, school dropout rate, children's performance in national and international tests, etc. have significantly lower values in rural compared to urban areas. The number and level training of teachers in urban areas is higher than in rural schools. In this context, schools are polarised in terms of access to resources, and the students' school performance follows the same trend. In the conditions described above, the impact of the Strategy on the quality of education services and life of school-aged children was rather modest.

However, the Strategy had a positive impact on some of the measures that impact on children's health status. Thus, child mortality is decreasing, but maintaining the rural-urban disparities, and the immunisation rates are on an upward trend.

Children in conflict with the law are a category that should receive more attention in the future, since the current Strategy failed to close the rural-urban gap, which continues to be very wide in the case of these children. More should be invested in the training of experts, in order to increase the quality of these children's life. Judicial procedure standards are in place that are observed, but the services are wither inexistent in certain areas, or are ineffective, since their development was the responsibility of the local

authorities whose involvement was modest, depending on their respective resources and skills. For this reason, rural-urban, rural-rural and regional differences exist, which explains the high reoffending rates.

Progress was made in this period regarding the capacity of some SPASs and DGASPCs to manage children's issues at local and county level. Personnel training was one of the measures set forth in the Strategy - training sessions were delivered on various topics, but the investment in training remains insufficient. One of the mentioned problems is the personnel turnover and the need for regular training to give all new employees the opportunity to develop intersectoral team working skills, which remains a fairly uncommon practice.

8. Lessons Learned

In the absence of a methodological approach focusing on the impact of the Strategy on children's lives, including a clear definition of the types of planned effects, from outputs to outcomes and impact, the risk exists to excessively plan the pursuit of more or less relevant outputs of the type "number of campaigns [...]", to the detriment of giving due consideration to the access, quality and fairness issues identified in the initial stock taking of the system for the protection and promotion of the rights of children. The Operational Plan of the next Strategy should include impact indicators derived from the strategic vision on its long-term effects, in the context of the structural reforms envisaged by PNRR, the new Operational Programmes and the new European Child Guarantee.

It is important that the Strategy objectives be matched with those of the sectoral strategies, to the level where the latter substitute the Strategy. Given that the entity responsible for implementing the Strategy had no formalised coordination role with the ministries, no list of clearly defined intervention programmes existed and no projected budget was available, the positive and negative outcomes are difficult to associate with the implementation of the Strategy.

Equal access to quality services for all children cannot be ensured in the absence of professionalised and numerically sufficient human resources. The situation is even more serious in rural and socioeconomically disadvantaged areas, where the education level of human resources is low, and support staff is in most cases absent. A manifest and sustainable positive change in the system for the protection and promotion of the rights of children will only be possible to the extent to which the implementation of the policies will change by the allocation of resources matching the identified needs.

9. Recommendations

With a view to preparing the next Strategy on the Protection and Promotion of Children's Rights, ANDPDCA is recommended to:

1. *use an outcome-based logical approach* that highlights the long-term change - impact, so that medium-term and immediate outputs be subordinated to and in a logical relationship with the former;
2. *prioritise the proposed measures* based on criteria defined in mutual agreement with the other stakeholders in the consultation process (line ministries, NGOs, UNICEF, etc.), such as: relevance for the needs, convergence with other strategic priorities (SDGs, EU, relevant national strategies) and feasibility in terms of resources (financial and human);
3. *ensure flexible yet rigorous operational planning for the next Strategy*, including realistic and measurable indicators, clear deadlines and responsibilities, proposed programmes that will contribute to achieving medium- and long-term objectives, as well as an estimate of the budget requirements;
4. together with the Ministry of Development, Public Works and Administration, *take action to raise awareness among mayors and presidents of county councils* as to the importance of their participation in consultative community structures, documenting and pooling data on community needs, and implementing projects to develop local services adapted to the needs of the children and families, in particular the most vulnerable;
5. incentivise NGOs as important sources of learning and innovation for the public sector and document experiences in various areas of upholding children's rights.

Given the need to increase the quality of social services, the Ministry of Labour and Social Protection is recommended to:

6. adopt measures aimed at *developing the social services delivered by private providers and public-private partnerships*. More attention should be paid to private services providers, considering their contribution to the development of the social protection system and to upholding children's rights. To this effect, it is necessary to develop an independent mechanism for the assessment of social services (both public and private).

In order to ensure access to integrated services for the most vulnerable children, the Ministry of Labour, the Ministry of Education and the Ministry of Health are recommended to:

7. working together with local authorities, implement the Minimum Package of Services at national level, considering the experience gained from piloting this intervention; to ensure that this integrated intervention becomes reality, financing should also be integrated; *the integrated financing approach* to this intervention should be provided from the national budget (financing from the budgets of the above-mentioned line ministries), local budgets and foreign funds (financing under several axes of the Operational Programmes and from PNRR);
8. working together with higher education institutions and specialised professional associations (social work, education, medical, psychology), ensure sufficient qualified human resources;

Considering the need to improve the implementation of intersectoral policies, the Government of Romania is recommended to:

9. correlating the data bases of various ministries or departments/ units of the same ministry is paramount for implementing intersectoral public policies of the Strategy type; *interoperability of the data bases* (between ministries, within ministries and with their subordinated units) is a major priority that may lead coherence in the sectoral data bases and, above all, to taking sound formal decisions for the target groups (including children);
10. build the capacity of human resources in line ministries to work with complex data bases and provide transparent access to data;
11. strengthen ANDPDCA's mandate, by placing it under the authority of the Prime Minister, and provide it with the technical and financial resources required for coordinating all the activities meant to implement the Convention on the Rights of the Child at national, regional and local level.

Considering the need to increase children's participation in decisions that concern them, ANDPDCA is recommended, in partnership with UNICEF, to:

12. *identify the most effective means to promote and ensure children's participation*, including those from marginalised groups and communities. In principle, an situational analysis is needed (needs, legal and institutional framework, resources) and, on such thorough knowledge bases, identify the solutions and resources required for developing models for organising consultative processes and effective means of communication, where children should be genuinely involved and their specific rights respected.²²³

²²³ The UN Committee on the Rights of the Child developed nine basic requirements for realising children's right to be heard, which should be used in planning and monitoring children's participation. The requirements are that any child participation process should be transparent and informative, volunteer, respectful, relevant, child-friendly, inclusive, supported by training, safe and risk sensitive, and responsible.

Annexes

The following documents are annexes to the Evaluation Report and are available separately:

ANNEX 1 - Terms of Reference

ANNEX 2 - Inception Report

ANNEX 3 – National Strategy on the Protection and Promotion of Children's Rights 2014-2020

ANNEX 4 - Operational Plan of the Strategy

ANNEX 5 - Evaluation Matrix

ANNEX 6 - Bibliography

ANNEX 7 - List of participants in interviews with national partners (central entities, international organisations and NGOs)

ANNEX 8 - Data Collection Tools

ANNEX 9 - Quantitative Data Collected for Evaluation

ANNEX 10 - Achievement of the Strategy Indicators

ANNEX 11.a. - Case Study “Minimum Package of Services”

ANNEX 11.b. - Case Study “Protection of “invisible” children’s rights. Children whose parents are serving a custodial sentence”

ANNEX 11.c. – Case Study “National 2020-2024 Plan for Autism, as a model of integrated planning for early detection, treatment and monitoring of Autistic Spectrum Disorders in children”

ANNEX 11.d. – Case Study “Children’s Participation in Decision Making – progress and prospects”

Annex 12 - Consent form for participating in interviews in the Study “Joint Evaluation of the implementation of the National Strategy on the Protection and Promotion of Children's Rights”

Annex 13 - Details on the collection of primary qualitative data

Annex 14 - Examples of programmes, projects and campaigns that contributed to increasing the effectiveness of the Strategy

Annex 15 - Graphs illustrating the trends of selected Strategy impact indicators