

Towards inclusive service delivery through social investment in Romania

An analysis of five sectors, with a particular focus on Early Childhood Education and Care in Roma communities

Van den Nieuwenhof, Patrick; Chert, Christina Victoria; Haffner, Marietta; Baeten, Rita; Messkoub, Mahmood ; Murphy, Mary ; Nicaise, Ides

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Towards inclusive service delivery through social investment in Romania

An analysis of five sectors, with a particular focus on Early Childhood Education and Care in Roma communities

Patrick Van den Nieuwenhof & Cristina Victoria Chert

In collaboration with
Marietta Haffner, Rita Baeten, Mahmood Messkoub,
Mary Murphy and Ides Nicaise



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General contact: info@re-invest.eu

p.a. RE-InVEST
HIVA - Research Institute for Work and Society
Parkstraat 47 box 5300, 3000 LEUVEN, Belgium

For more information info@theopennetwork.ro

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Introduction

This report has been completed as part of the European project 'RE-InVEST: Rebuilding an inclusive value based Europe of solidarity and trust through social investments' (funded by the European Commission Horizon 2020 Programme) as part of Work Package 6. All European countries involved in this work package collaborate and share expertise, together with experiences, through the pooling of knowledge method involving sectoral experts, university researchers, representatives of civil society organisations, citizens - whether in need or not - stakeholders from the local level and policy-makers with the power to implement legislation. This has been not only a combining of knowledge but also a meeting in spirit, and because of this we want to thank all the sectoral experts who have offered their time and expertise: Marietta Haffner (housing sector expert), Mahmood Messkoub (financial exclusion sector expert), Mary Murphy (water sector expert), Rita Baeten and Alice Perini (health sector experts). Such bringing together of different forms of expertise from different cultures and different domains would not have been possible without the wise and sensitive joint co-ordination of Mary Murphy (Work Package 6 - expert co-ordinator) and overall project co-ordinator Prof. Dr. Idesbald Nicaise (HIVA - Research Institute for Work and Society, KU Leuven).

Thank you all, once again, for the smooth co-ordination, good advice, support, shared expertise, thoughts, time and understanding.

This report would also not have been possible without the generous help of Roma experts who invested their time, energy, knowledge and expertise at our meeting in Iasi (October 2017). Thank you, Claudia Macaria, Programme Manager 'Centrul de Resurse pentru Comunitatile de Romi', Cluj; Diana Chiriacescu, Director, 'Federatia Organizatiilor Neguvernamentale pentru Servicii Sociale', FONSS; and Ioan Tanase, Expert, 'Roma Education Fund Romania'.

We want to thank all our direct beneficiaries who were involved in working together with us on this report, all our stakeholders, all community members from the village of Mişca in Romania: teachers, mediators, children, parents, and representatives of the administration, who helped us to identify the details needed for a clear picture of Early Childhood Education and Care of Roma children.

We thank Jozef Goebels (TON President) and Ioan Suru, our TON experts from the health department who supplied their expertise for the health sector analysis.

Last - but not least - we want to thank Alina Scanteie, our communications expert, for all her technical support on this report. She was and is our right hand and without a hand, life can be hard and this report would have been impossible to complete.

The economic crisis that hit Romania in 2008 came on top of the EU membership integration process that Romania started in January 2007. After the initial euphoria of becoming an EU Member State, instead of moving towards a more protective welfare state model, Romania started severe cuts to public budgets, prompting enormous changes and upheavals in various domains such as health, education, financial trust and the labour market. Levels of poverty, unemployment and lack of public service provision triggered a migratory exodus among Romanians. The crisis was seen as having a big impact at all levels of the Romanian population, but with hugely negative effects for vulnerable groups.

In the RE-InVEST consortium we were looking at the impact on human rights and capabilities across 12 countries (13 regions) covered by the project. RE-InVEST aims to provide building blocks based on solidarity, trust and social investment. The unique aspect that RE-InVEST introduces into the Horizon 2020 Programme is the space that the project gives to vulnerable groups (in our study Roma people) - providing

them with a ‘voice’ and with direct representation among EU policy-makers. This was done through an innovative method: ‘Participatory Action Research with Human Rights and Capability approaches’.

Our research increased in particular knowledge of the situation regarding Early Childhood Education and Care for Roma children. Even without many local resources and public indicators (lack of indicators), our research can be seen as an insider’s point of view supplemented with external expertise and knowledge. This holistic approach is crucial for a better understanding of social investments affecting the Roma population. Without a better understanding we cannot act appropriately, we cannot raise living standards for community members. Our case study is not representative of all Roma communities or Roma populations from Romania (or Europe) because each of them (communities and individuals) has specific local, ethnic characteristics. The conditions of ECEC in Roma communities presented in our case study can be seen as a general overview of each Roma community in Romania (with very small differences). In the process of reading, understanding, and thinking about social investment in European countries and cuts in benefits for vulnerable people, we need to consider together: what kind of Europe do we want to live in tomorrow? And in 10 or 20 years? What Europe are we going to leave to our children? And to this end, what legislative measures are needed? At a time of crisis, European countries have to grow together in a spirit of solidarity and undertake social investments for the less fortunate members of society. A general state of well-being in Europe leads to progress and growth. And this is the spirit we want to treasure for future European generations.

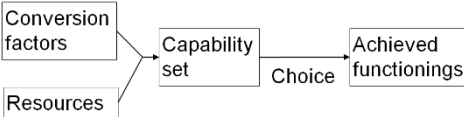
Social Investment, human rights and capabilities framework

RE-InVEST, an H2020-funded project under Euro 3 Europe after the Crisis, involves 19 organisations (universities, research centres and civil society organisations working with vulnerable groups). RE-InVEST aims to investigate the philosophical, institutional and empirical foundations of an inclusive Europe of solidarity and trust. To this end, it draws on capability and human rights-based participatory approaches to examine how the European Union Social Investment package can be strengthened.

Human rights form a common European base of values and encompass core elements of what constitutes well-being and a good life. Human rights are the basic rights and freedoms that belong to everyone. International law, including treaties, contain the provisions which give human rights legal effect. Specific groups are protected in specific treaties, such as women, children, people with disabilities, minorities and migrants. Human rights are transformative. For vulnerable groups the use of a rights terminology changes perspectives by empowering people, increasing awareness and creating tools to address threats to these rights.

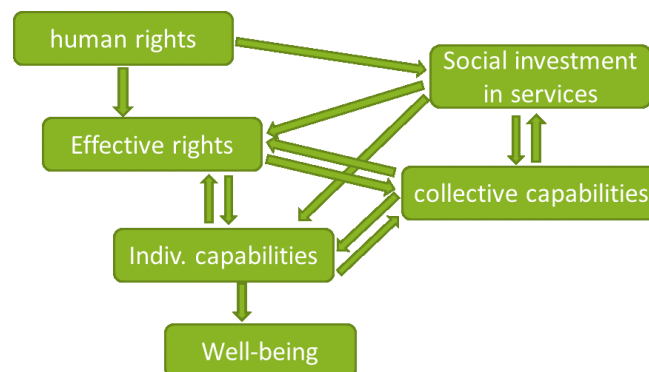
The Capability Approach as developed by Sen (1999) and Nussbaum (2011) defines a person’s well-being in terms of ‘what a person can do’ or ‘the beings and doings (the functionings) a person achieves and his/her capability to choose among different combinations of such functionings’. Resources and conversion factors are preconditions necessary for leading a life the individual values and has reason to value (Figure 0.1). Resources refer to a person’s material conditions: his/her income and the goods and services s/he disposes of. Conversion factors help him/her to convert resources into ‘doing and being well’. Both the achieved functionings and the freedom to choose a life one values matter.

Figure 0.1 Resources, conversion factors, capability set and achieved functionings



A human rights and capability framework for social investment in services

Figure 0.2 From human rights and capabilities to individual wellbeing



Our model builds on human rights¹ and capabilities as building blocks for the social inclusion/wellbeing of individuals. (Formal) human rights (e.g. right to work, right to social protection) are values and social norms, which do not automatically result in improved wellbeing. For the implementation of such rights (mainly in the field of economic, social and cultural rights), different types of policy measures need to be implemented: legislation, organisation of (public) services, subsidies, social transfers, inspection, judicial enforcement, ... Although some legal measures may establish effective rights (e.g. a guaranteed access to basic services), most policies necessitate additional ‘social investment’ in individual and collective capabilities through public or subsidised service provision (e.g. early childhood education and care [ECEC], healthcare, ...) and the transfer of power and resources – either directly to individuals/households (e.g. social housing) or to companies and civil society organisations (e.g. subsidies to housing companies, water distribution, ECEC providers). These ‘collectives’ in turn interact with households and may invest in their capabilities.

The European Commission's Social Investment Package

In 2013, the Commission issued a Communication on social investment for growth and cohesion, the *Social Investment Package*² (SIP). The Package provides guidance to Member States to help reach the Europe 2020 targets by establishing a link between social policies, the recommended reforms in the European Semester and the use of relevant EU funds. According to the European Social Policy Network, the EU approach to social investment in the package is largely consistent with the scientific debate on the issue, but the Commission puts more emphasis on dimensions such as effectiveness and efficiency, policies to raise the human capital *stock* (e.g. through ECEC, vocational training, education and lifelong learning), *flows* (through policies supporting employment, active labour market policies) and *buffers* protecting people through risky transitions (such as adequate unemployment benefits and minimum income support schemes). Social investment strategies are seen as a package of policy measures in a life-course perspective that are complementary and mutually reinforcing.³ It is clear that the approach in the SIP covers more policy measures than social services, which form only part of the social investment strategy, but social services play an important role. The 2013 EU SIP includes a specific assessment of homelessness which stresses the role of prevention and the cost effectiveness of policies that prevent homelessness through targeted investment, with particular reference to vulnerable groups.⁴

1 Sometimes also referred to as fundamental rights or basic (social) rights.

2 Communication from the Commission, COM (2013) 83 final, 20.02.2013.

3 Denis Bouget, Hugh Frazer, Eric Marlier, Sebastiano Sabato and Bart Vanhercke, Social Investment in Europe, a study of national policies, ESPN, April 2016.

4 Social Investment Package 2013 Confronting Homelessness in the EU Brussels, 20.2.2013 SWD (2013) 42 final.

RE-InVEST defines social investment as investment of resources into people - more precisely, into the sustainable enhancement of individual and collective agency'. The criterion to assess success becomes the sustainable impact on capabilities rather than the source or nature of the investment.

1. Overview of Social Investment in Romania

Social investment policies in Romania in the last 10 years (2008-2018) produced (unfortunately) unsustainable measures prompted by political factors, short-term projects proposed by civil society through different social/economic/inclusion programmes, regional measures backed by political parties with local co-ordination tasks and in agreement with their electorate. Short-term programmes and projects carried out by the non-governmental sector, or 'pilot programmes' initiated by different government agencies could not replace systemic access to qualitatively and quantitatively needed social services in all the sectors that are part of our present research project: ECEC, water, housing, health, and financial services. We find the same situation when we speak about unemployment and activation, labour market exclusion, unemployment benefits, minimum income and support benefits.

All measures regarding 'social investment' in Romania (even in 2018 and despite all the Romanian government efforts) have shortcomings with regard to a systemic, financially and administratively sustainable approach.

Many of the measures applied regarding social investment were short-term responses by Romanian governments to European Commission and European Member States' questions and raised problematical issues, rather than part of a clear strategy for the country's policy reforms.

In the wake of harsh financial cuts in 2008 that kept Romania on a solvency track at European level, in improving an integrated social assistance system (for poor people from rural areas, unemployed populations, children and Roma), the political administration was confronted with the effects of a very long social disinvestment period, and here we are not talking only about the onset of the economic crisis but also of the whole period in which social investment was not a priority or a known concept (during communism and pre-accession to European Union membership).

As the global financial crisis hit Romania after 2008, the government responded with an austerity programme (2010) affecting public salaries (-25%) and social benefits (-15%), except for pensions (Soaita, 2017: 239).

All the social benefits granted by Romanian governments are inadequate for supporting a family in need (financial subsidies and social policy measures), but the failure to accord adequate social benefits cannot be seen as political ill will, but rather as a lack of state financial resources. Part of this lack is also due to the informal/unpaid employment (work on the black market) situation that is responsible for the precarious welfare situation in many families. With a broad awareness campaign and many legislative changes, Romanian governments are trying to find a way to change attitudes among Romanian participants in the labour market (both employees and employers). In addition to this situation, all employment services are focused on passive measures (subsidies and European reconversion projects with subsidies for participants) and not activation, failing to reach the population most in need of work integration (long-term unemployed, Roma, rural active population, young inactive people).

Romania unfortunately has a poor record in statistics indicating major gaps in social investment to secure accessibility and affordability of basic services for vulnerable groups. These cover infant mortality; the neonatal mortality rate; percentage of the population with unmet medical needs – 8.4% in 2011 declining gradually to 5.2% in 2015; severe lack of housing – almost 20% in 2014/2015; single parents with dependent children making up almost 48% of families with utility bill arrears; and the highest percentage of 44% of unemployed with difficulties in accessing banking services, according to Ruelens and Nicaise (2018), Statistical examination of basic service markets: access, quality, and affordability, Leuven: HIVA.

The sectors featured in this project most affected during the crisis period (education and health) were directly influenced by low expenditure on social protection in Romania of only 14.8% of GDP – the third

lowest of all EU Member States ranked in 2014 (0.03 points in front of Latvia and only 0.01 points above Lithuania). Source: Eurostat database, 2017.

Romania is even today (2018 – 11 years after admission as an EU Member State) in an extreme position with regard to all European statistics on poverty rates, disadvantages among children in rural areas, Roma children, children from poor families, and young people’s access to education, health and public services.

Starting from 2008, because of the financial cuts in the *health system*, the entire Romanian population had poor access to public health services. Improvements in overall welfare indicators in 2013, compared to 2011 and 2012, were rather insignificant, as they were associated with a polarisation of welfare (increased inequality, increased poverty gaps).

Starting with the effects of the economic crisis increasing in 2008, the whole health system in Romania that was confronted with financial cuts was caught between maintaining a Romanian health system and the migration of qualified staff to other European countries, coupled also with a ‘witch-hunt’ among public health service personnel accused of accepting black money, hospital managers imprisoned because of false public procurement using European funds and a list of hospitals closed overnight, and last but not least with a lack of affordability and access to health services for vulnerable groups.

Education (starting from pre-schools and ending with universities) was systematically under-financed, leading to the departure of teachers (many of them migrating as ‘strawberry pickers’ to welfare states elsewhere in Europe just for a better income), poor quality of formal education and poorly educated school-children.

The National Strategy for the Protection of Children’s Rights, an important means for promoting a social investment perspective, although finalised in February 2014, was only adopted at the end of the year (HG 1113/2014). The National Strategy for Social Inclusion and Poverty Reduction, although expected in 2013, was only drafted and made available for public debate in January 2015. The strategy for protecting the rights of disabled persons was first drafted in the spring of 2014 and was highly controversial. It was redrafted and made publicly available for debate at the end of 2014. The Roma inclusion strategy, strongly contested almost since its adoption in 2012, entered a redrafting process that ended only in November 2014, when a new strategy was published. The strategy was approved on 15 January 2015. The national strategy on active ageing was made available for public debate in December 2014. (Source: ESPN Thematic Report on Social Investment in Romania, 2015/Luana Pop).

According to World Bank experts, ‘Romania has one of the highest poverty rates in the EU. The share of Romanians at risk of poverty after social transfers increased from 21.6% in 2010 to 25.3% in 2016. However, the share of the at-risk population decreased from 41.5% in 2010 to 38.8% in 2016.’

The same experts are coming up with encouraging news that ‘Romania's priorities for 2017-20 include investments in infrastructure, healthcare, education, job creation, and small and medium-sized enterprise development.’ The country's economy grew by 4.8% in 2016, the highest rate since 2008 and the third fastest in the EU.

Despite concerns among the Romanian population about governance, there have been many improvements in recent years, and the Romanian administration must take urgent action to stop the cycle of social disinvestment (enforced by the economic crisis) and also to plan a long-term strategy for policy reform on social investment for a better future for the Romanian population within a common European solidarity framework.

1.1 Housing: Romania, a ‘home-ownership nation’

Romania, with a home ownership rate of 96% of the population in 2015 (see Table 1.1), can be seen as the ‘super, super home-ownership nation’ of the former Communist regimes in Eastern Europe. According to the 2011 Census, 6% of the population did not live in their own homes. Soaita (2017) reports 14,000 homeless, 96,300 long-term institutionalised, and 286,000 people living in social or cooperative or religious housing. In addition, it found 385,000 private tenants (approx. 2% of the Census 2011 population) and 627,000 citizens renting free-of-charge.

During communism (before 1989), nationalisation and expropriation of private property was swift and total, except in the case of housing (Serban, 2015). The fact that houses were also homes and not only assets (to invest and earn money) and that as landlord of the nation the government encountered enormous problems, led to inconsistent policies, especially allowing households to build their own homes (close to 90% of new housing provision in the 1950s and more than 60% in the 1960s; Soaita & Dewilde, 2017).

In the 1970s and 1980s, self-building was banned while the government commenced the reconstruction of the cities, meanwhile demolishing the existing stock (Soaita, 2007). More than five million units were built during the communist regime (with low-quality materials, space and life quality). But at the end of 1989, when the communist era ended, an estimated 67% to 76% of stock could be labelled as under private ownership (Serban, 2015).

After 1990, privatisation programmes were carried out. Privatising land revived self-building in rural and above all in suburban areas. Individual housing units from the state, mostly in urban areas, were sold at a discount to the occupants. Municipalities supplied the loans needed for the acquisition. Restitution of housing that had been nationalised and or expropriated was enacted in 2001. Homeownership increased to 92% by 1994 and since then reached a share of 96% of population (EU-SILC, see Table 1.1). Renewal of housing stock decreased after 1990 with lower numbers of new constructions (generally less than 50,000 units per year; peak of 67,000 units in 2008; Bejan et al., n.d: 10-11) than in the communist era (more than 100,000 dwellings on average per year; Soaita & Dewilde, 2017). The big difference is in construction ownership: before 1989, in communist times, the ‘communist state’ was the owner (using housing systems for affiliation to the communist regime). After 1989, after the Romanian Revolution, we speak in general only about private housing construction (and business).

Before 2008 (the financial crisis), house and land prices boomed from the late 1990s to 2008. Even though they have halved as a result of the global financial crisis, they are still high in comparison to income, Soaita (2017) observes. In 2011, a population of 19 million (down from almost 23 million in 1992) embodied a little over 7 million households (down from almost 7.3 million in 1992) compared to a housing stock of 8.5 million (Bejan et al., n.d: 8).

Romanians did not move house in the crisis – unable to afford market rents and without a culture of mobility to find work. Access to homeownership remained difficult, resulting in overcrowding solutions (children remaining in the home or renting out of rooms) in already small dwellings (another incentive to self-build).

Table 1.1 Housing indicators by poverty status, expressed as percentage of population - Romania

	2007	Population		2015	Population	
	Total population	Above 60% of median equivalised income	Below 60% of median equivalised income	Total population	Above 60% of median equivalised income	Below 60% of median equivalised income
<i>PEOPLE AT RISK OF POVERTY</i> (social exclusion) [ilc_peps01]			47			37
<i>TENURE STATUS</i> [ilc_lvho02]						
Owner	96	96	96	96	97	95
*Owner, with mortgage or loan	1	1	0	1	1	0
*Owner, no outstanding mortgage or housing loan	95	95	96	96	96	95
Tenant (break in time series in 2007)	5	5	5	4	3	5
<i>AFFORDABILITY INDICATORS</i>						
Housing cost overburden rate [ilc_lvho07c]	20	12	45	16	7	43
Arrears on mortgage or rent payments [ilc_mdcs06]	1	1	1	1	0	1
Arrears on utility bills [ilc_mdcs07]	9	7	13	17	16	23
(Heavy) financial burden of the total housing cost - EU-SILC survey [ilc_mdcd04]	96	96	98	96	96	97
<i>QUALITY INDICATORS</i>						
Shortage of space in dwelling (2012 instead of 2015) [HC010]	23	21	28	23	20	30
Overcrowding rate - total population [ilc_lvho05a]	56	54	62	50	46	62
Material housing deprivation by number of items of deprivation (at least two) [ilc_mddd04a]	25	20	41	22	15	42
Noise from neighbours or from the street [ilc_mddw01]	34	36	28	22	24	16
<i>SATISFACTION</i>						
Percentage of people with high or very high level of satisfaction with the dwelling	19	21	13	88	90	79

At risk of poverty EU-SILC threshold is set at 60% of the national median equivalised disposable income after social transfers. Equivalised implies a correction for household size.

Perceptions of respondents: financial burden, shortage of space, noise, satisfaction.

Housing cost overburden (including costs for utilities and maintenance, etc.), EU-SILC definition: the share of population living in households where the total housing costs ('net' of housing allowances) represent more than 40% of disposable income ('net' of housing allowances).

Material housing deprivation: defined here as share of population with at least two poor amenities: a leaking roof, no bath/shower, no indoor toilet, or a dwelling considered too dark.

Satisfaction: 2012 instead of 2015; data for 2007 and 2012 are not comparable) [MH080 and ilc_hcmp04].

Source EU-SILC 2007, 2015

1.1.1 Main government housing programmes in Romania

As the global financial crisis hit Romania after 2008, government responded with an austerity programme (2010) affecting public salaries (-25%) and social benefits (-15%), except pensions (Soaita, 2017: 239).

There are two government programmes with a low impact on social investment (low in terms of accessibility): 'ANL-house' is a programme created by the Romanian state through which the National Administration for Housing (ANL) in collaboration with a public local authority builds a housing complex for young families who cannot afford to pay or to rent a house; the programme is available also for tenants who

were evicted from houses that were given back to their owners (taken during the communism era and returned back by a Court decision after 1989, even if the tenant bought the house from the state officially). For those houses (flats) the tenant pays rent, but the rent is subsidised by the Romanian state. Official information about ANL programme (social houses) on:
<http://www.mdrap.ro/lucrari-publice/-1763/-5953>.

The 'Prima Casa' programme was launched to stimulate not only the construction market, but also to keep banks in the financial system through the real estate market (loans to the population). This Prima Casa is a very popular programme: the only possibility for a young person or a family to buy a house with an affordable monthly payment. This may be an incentive for young professionals with a good income.

1.1.2 Impact on vulnerable groups

Table 1.1 displays some housing indicators for the population at risk of poverty and for those who are not considered at risk of poverty. The former group is smaller in 2015 than in 2007. This 'decline' may be ascribed to a departing population (migration, not registered, nomad Roma members, Roma members who are living without any identity cards/ living near big cities, children coming out of orphanages - former institutionalised 'Ceausescu kids', and very poor citizens with no roots in rural areas) in combination with an improvement in welfare.

Bejan et al. (n.d.: 32) indicate that three groups suffer especially from housing problems: people living in rural areas, young people and Roma communities. The housing quality problems are predominant in rural areas (lack of utilities and substandard materials). Roma communities are increasingly being segregated (presumably cutting off opportunities in education, employment, etc.), while the young can be considered as outsiders (not having had any part in the historic growth of homeownership).

There are small, private initiatives organised by an NGO or by NGOs in collaboration with public authorities.

'HABITAT for Romania' – NGO

(<http://greatnews.ro/40-de-visuri-implinite-in-5-zile-oamenii-care-inalta-case-si-construiesc-demnitati>)
February 2016.

Volunteers from Habitat for Romania NGO are building houses for families in need. The families are starting to live in the new houses and they pay over time (20 years) a small amount (85€/month) covering only the construction materials that were used for their own house. All money is reinvested into new houses for the poor families.

NGOs are stimulating/developing the capabilities approach of the social cases - the owners are working near the volunteers for their own houses.

The cost of a rented dwelling represents a high share of the individual net monthly salary of Romanians, a population that cannot afford mobility to find a place of work (work immobility).

Soaita (2014, 2017) signals a paradox of overcrowding and under-occupancy, while the population decreased (14%) and the number of dwellings increased (14%) between 1992 and 2011.

On the other hand, Romania had 1.4 million vacant units in 2011, reflecting an increase in second or holiday homes, while Soaita (2017) identified an effective shortage of 174,000 dwellings in 2011. Bejan et al. (n.d.: 6, 9-10) conclude that tenant protection in private renting is low as usually no contracts exist. In this grey zone, dwellings are invisible for statistics and government, mainly because of the desire of landlords to avoid paying taxes.

Hegedüs and Horváth (n.d.: 26) conclude that as regards a constitutional right to housing, this does not exist since in light of the economic situation, 'declaring and enforcing a fundamental right to housing would probably [be] beyond their realistic possibilities'. Given the high share of people satisfied with their dwelling, it may be concluded that the objective EU indicators (overcrowding, arrears) does not reveal the whole housing 'story'.

Furthermore, social/public housing is practically no longer available as a result of privatisation.

1.1.3 Recommendations

Although the provision of social housing is not the first demand of the Romanian population, statistics on the population without access to a roof over their heads are needed. Examples of good practices from European countries could be transposed into a national strategy by renting of private homes through a government agency that would take care of vulnerable people.

1.2 Financial services

1.2.1 General Information

Romania moved step-by-step from a centralised economy and a centralised financial system to a decentralised open market system. Between 1989 and 2017, for 28 years, Romania experienced a lot of turbulence in the financial system, causing a severe crisis of trust in financial institutions.

The shocks were linked to the 'loss of Dacia savings' phenomenon (Appendix 1A), excessive risks taken by the new banks that were opened in Romania after 1989 (with households taking a housing loan just with an ID card - Appendix 1B), over-indebtedness followed by evictions and debtors being hunted by debt collection agencies.

In many studies, the word '*unbanked*' appears as a characteristic of the Romanian population. But why are Romanians 'unbanked'?

Can it be attributed to a lack of access to bank accounts because it is physically impossible to reach banks (in rural areas), or a lack of 'will' to access bank accounts due to different factors such as: life habits (an elderly population not used to going into banks - waiting for the postman to bring their pension money); or can it be attributed to a lack of financial education? In Romania, no financial education programmes were provided by the educational system. Even today in 2018 such financial education is not on the school curriculum; there are only a few small initiatives (private) by banks in collaboration with NGOs, to restore trust in the financial sector.⁵

Taking into consideration the vulnerable groups, can it be attributed to a lack of digital skills (many of the older generation of Romanians and people from rural areas are digitally 'illiterate').⁶

In Romania, compared to other Internet uses, Internet banking take-up has one of the lowest percentage rates (of all online services). In 2015, 78.3% of users questioned accessed the Internet to engage in social networks, 76.3% for sending or receiving e-mails, 67.2% for reading or downloading online newspapers, 47.6% for seeking health-related information, 42.2% for telephoning over the Internet. The distribution of Internet banking users by age group shows that the largest share in the segment is between 25 and 34 years old. In 2015, of the total number of respondents in this category, 14.1% accessed Internet banking services, the percentage increasing over the previous year by 2.2% and by 1.3% compared to the beginning of the period. The highest percentage of users in this group was reached in 2013 when 14.7% of respondents used Internet banking services. In the category between 35 and 44 years, 11.1% of respondents accessed Internet

5 Examples of financial education programmes:

- July 2017 (<https://www.csrmedia.ro/bcr-a-lansat-programul-de-educatie-financiara-pentru-copii-scoala-de-bani-pei-roti/>) BCR, in partnership with BCR Leasing and Vodafone Romania Foundation, launched the itinerant programme of interactive financial education 'School of Money on Wheels'.
- JA Romania is introducing many products of financial education specialised for kids, teenagers and teachers (<https://www.jaromania.org/proiecte>).
- 'The Academy of Creative Words' is a financial education programme delivered by Unicredit Bank Romania for 100 Entrepreneurs etc.

6 Digital literacy is the set of competences required for full participation in a knowledge society. It includes knowledge, skills, and behaviours involving the effective use of digital devices such as smartphones, tablets, laptops and desktop PCs for purposes of communication, expression, collaboration and advocacy. Digital literacy is one of the nine core elements of digital citizenship. Source: https://en.wikipedia.org/wiki/Digital_literacy

banking services in 2015, compared to 8.2% in 2014. An increase in the number of users was recorded in 2015 compared to 2014 in the 45 to 54-year-old segment, from 8% to 11%.⁷

Can it be attributed to bank commissions (which are very high in comparison with EU standards)⁸ linked to the high poverty level? Trying to increase client numbers with retired clients, all banks propose different programmes for seniors (discounts), possibilities for consumer credit, etc.

Or should one blame the black market economy that is a major concern for the government? Appendix 2 shows the gap between the officially employed population (registered as paid) and the resident active population (who can have a paid job).

1.2.2 Impact on vulnerable groups

The 2017 *over-indebtedness* situation is part of a lack of financial education, trust in a 'well-being status' after Romania joined EU ('our life will be the same as in EU welfare countries'), and ongoing financial cuts after the financial crisis.

The over-indebtedness situation is associated with high mistrust in the financial sector due to bad practices by financial companies (lack of information, incorrect contracts, etc.).

When their rights were not respected, people started to join together (Capability Approach)⁹ and took banks to court, sometimes winning their cases (banks were penalised by the Romanian government because of bad and incorrect practices).

In an effort to restore the population's trust in the financial sector, all actors involved in this system are working to establish stable and trustful financial instruments. Banks are introducing a range of innovative financial instruments,¹⁰ the Romanian government is stepping up controls to ensure a correct financial market is offered to the population (https://www.romaniatv.net/anaf-a-inceput-controlul-la-bancile-din-romania_375207.html); new credit companies are coming up with modern financial instruments taking online users step-by-step from the traditional banking system¹¹ and the population has its own dynamic: there is a growing trend in the number of financial instrument users.

1.2.3 Recommendations for policies to reduce financial exclusion

Realistically, it is quite costly and almost impossible to change the archaic way of life of an ageing rural population to online banking, so it is more likely that in Romania we will be able to talk about increasing the number of financial service users over one or two generations. Modern practices, and the integration of Romania into the European Union are the most important incentives for social inclusion also in financial

7 Source: Silvia Ghita-Mitrescu and Cristina Duhnea, Ovidius University of Constanta.

https://www.researchgate.net/publication/319165106_Internet_Banking_in_Romania_at_a_Glance.

8 Out of 5,056,945 pensioners (April 2017), Labour Ministry data, 24% or 1.2 million receive less than 500 lei a month. The bank commissions in Romania are bigger than in EU, a bank account monthly administration for an individual being between 97.87 RON (CEC Bank) to 179.1 RON (Banca Romaneasca), those monthly commissions being in the smallest amount as 19.57% from the monthly income.

Table of banks commissions in Romania at

<http://www.bancherul.ro/parlamentul-impune-bancilor-scaderea-comisioanelor-pentru-platile-in-euro-la-nivelul-celor-in-lei,-la-conturile-de-baza> (October 2017).

9 Examples of associative cases in which people associated themselves (capability approach) and took back their financial rights through the Court:

<http://indrumari-juridice.eu/indrumarijuridice/proces-colectiv-castigat-cu-banca-transilvania-comision-administrare-si-de-risc-plus-modul-de-calcul-Collective Bargaining Process with Transylvania Bank - Risk Management and Management Plus Interest Calculation Module, Reported Abusive - Group of 15 Borrowers Wins the Process on Abusive Clauses>

Association for advising the Banking and Insurance Clients in Romania <http://www.acccbar.ro/>

The Association of Romanian Financial Services Users (AURSF) <https://www.facebook.com/AURSF/posts/1386788084745037>

10 ING Credit Card (<https://www.ing.ro/persoane-fizice/credite/credit-card>)

- shopping cards specially for different professional areas/Star Forte for doctors/ Banca Transilvania

(<https://www.bancastransilvania.ro/pentru-tine/carduri/>)

11 'Telekom Banking is the new service launched by Telekom in collaboration with Alior Bank, a Polish bank that is remarked through the rapid upgrading and adoption of new banking technologies.'

Source: <http://www.nwradu.ro/2017/10/telekom-romania-a-lansat-servicii-bancare>

services. A governmental financial education strategy, rigorous control by the Romanian state of the activities of banking and non-banking companies, an alignment of services (quality and commission fees) of banking institutions in Romania in accordance with similar European institutions would be just a few starting points for diminishing, if not total eradicating, social exclusion from financial services.

1.3 Drinking water: luxury or necessity?

1.3.1 Context

Coming from a centralised system before 1989, the public system of water services was reorganised (starting from 1990) into 'autonomous' county companies under municipality policies, going (from 2007 until 2009) to S.A Companies in which each county municipality has part of the 'actions packet'. The number of shares that each municipality holds in the public system S.A. Companies is different (majority or not). There are very big differences even today between the water systems in urban and rural areas. In urban areas, the system is organised by S.A Companies that use the old infrastructure of the communist water system; in rural area there are people using garden wells. There are old pipes, sewerage from communist time in big towns based on an ageing infrastructure, and low quality in rural areas with no analysis of drinking water standards.

1.3.2 Reforms since the crisis

The regionalisation of water services was designed and planned to overcome excessive sector fragmentation and to achieve economies of scale. Efficiency is expected to further improve through reducing non-revenue water and staffing levels and increasing the metering level as well as implementation of an integrated multi-annual capital investment programme in order to improve the standards of municipal water and wastewater services (€15 billion in investments required to comply with all EU *acquis* requirements to be implemented by 2027).

The privatisation of public water companies, from municipality (autonomous county companies) to S.A structures started in 2007, exactly when the crisis effects started to be felt in Europe and make it hard to organise and re-organise these institutional structures.

In Romania, the water companies do not have social tariffs but they have a 'community friendly approach', organising events and projects together with community members. These community projects (different from county to county) are countered by many corruption activities that are revealed to the public by the press and investigated by DNA (National Direction Anti-Corruption). Most are related to rising prices and price approval by municipal county representatives in charge of supervising the water distribution companies. Moreover, these cases of corruption occur because the rising prices have to be approved by the county representatives.¹²

1.3.3 Issues for the most vulnerable (people from rural areas, Roma, elderly population)

1.3.3.1 Access

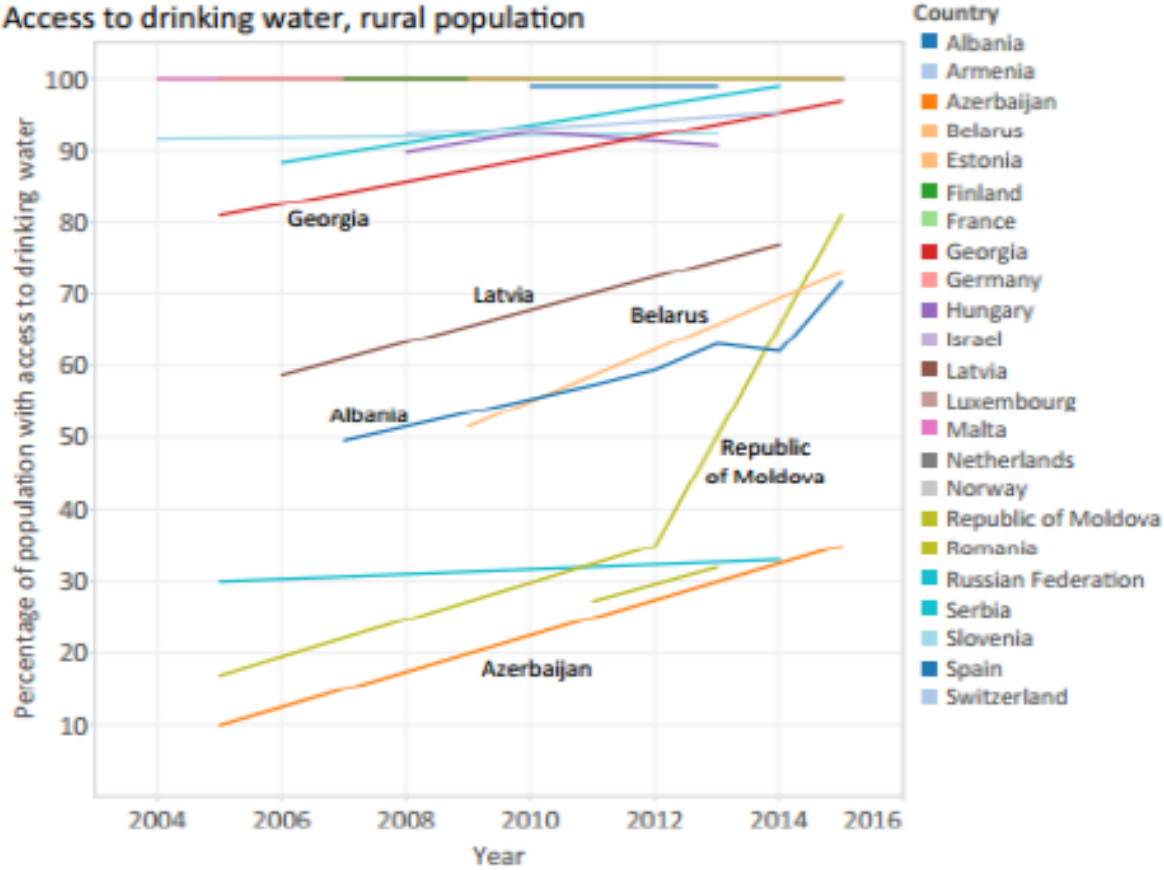
Only about two-thirds of the population have *access to piped water supply and flushing toilets*: well below regional averages. These low levels can be largely explained by the significant rural population in Romania, as access to piped water ranges from 91% in urban areas to 29% in rural areas.

About 47% of the population is connected to sewerage systems and 41% to wastewater treatment facilities. Those rates have steadily increased since Romania became an EU Member State. Improving access to

¹² Ex. of voluntary actions in the context of Corporate Social Responsibility:
http://www.apavital.ro/actiuni_responsabilitate_sociala_in_2014-1748-ro.html

water and sanitation in rural areas is a key challenge for Romania. Completion of the regionalisation of water services, as stated in the Sector Operational Programme, could help improve the quality of and access to water and wastewater infrastructure for the unserved population, especially in rural areas.¹³

Figure 1.1 Access to drinking water in rural areas

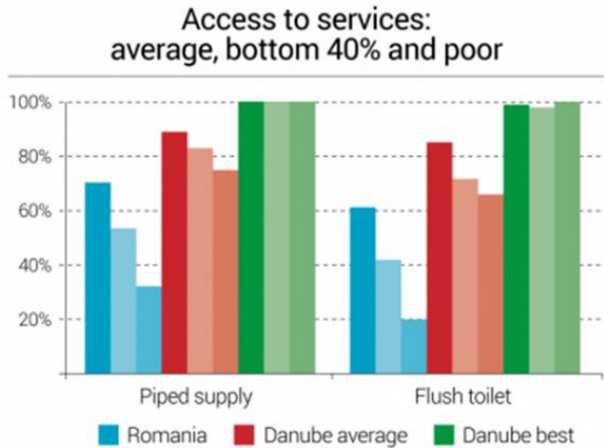


Source WHO Collaborating Center for Health Promoting Water Management and Risk Communication at the University of Bonn

Only 32% of the poorest share of the population (those living on less than \$2.50 a day) have access to piped water, and 20% to flushing toilets. Addressing *affordability* issues regarding water and sanitation prices is crucial as upcoming investment efforts could exacerbate the affordability issue in the future.

13 <http://sos.danubis.org/eng/country-notes/romania/>

Figure 1.2 Access to specific water services: Romania versus other Danube countries



Source: Danube Water Program (<https://sos.danubis.org/eng/country-notes/romania/>)

3.3% of the Romanian population belong to the Roma minority. Of the 620,000 Roma living in Romania, 230,000 are living in urban areas and 390,000 in rural areas; 72% of the Roma population do not have access to an improved water source and 83% do not have access to improved sanitation.¹⁴ The National Agency for Roma co-ordinates with other line ministries the implementation of programmes aimed at improving the living conditions of the Roma and in the new National Roma Inclusion Strategy (NRIS) 2013-2020.

In the case of owners’ blocks (big communist buildings), where all families are connected to the same distributor (via the same water pipe), if one of the beneficiaries does not pay his/her bills to the current water distributor, it is very likely that the entire block will be cut off from water distribution no matter how reliable the other users are. The social pressure of neighbours on the vulnerable person (family), in need, unable to pay for utilities, causes the bill to be paid and the water distribution restored. Coming back to the Capability Approach, a social investment on the part of the entire owners’ association for a family in need (part of their own water distribution security) is quite rare - the association supporting all costs for a family in need from a common budget of owner members until the family is able to repay the sum.

1.3.3.2 Quality

Drinking water supply relies mainly on surface waters, which are vulnerable to pollution. Water demand from households, industry and agriculture has decreased considerably from 20.4 billion m³ in 1990 to 6.49 billion m³ in 2012 due to a reduction in industrial activity and in water losses, and due to water-thrifty technological processes. Drinking water is predominantly supplied from surface waters (62%), which require treatment, unlike groundwater (ANAR 2012). Waters are polluted with nitrates coming mainly from agriculture, phosphorus and organic waste coming mainly from household wastewater discharge.

A full analysis of well water is around 300 RON (€80), which is quite a big amount for a poor family in a rural area. To this price is added the transportation cost to a big city and a simple analysis of what people are drinking goes up to €150. (One way would be to send the water for analysis and to supply the results). Accessibility is considered a luxury and not a health necessity for a poor Romanian family.

1.3.3.3 Affordability

Residential tariffs in transition countries have risen sharply over the last few years and tariff reform remains one of the most important regulatory challenges. Assessing the social impact of such reforms and social protection or compensation measures is necessary. Present macro affordability factors for Romania for electricity 4.5, heating 2.5 and water 3.1, however micro data suggest affordability issues for the poorest

¹⁴ UNDP survey (UNDP/World Bank/EC 2011), <https://www.google.ie/webhp?sourceid=chrome-instant&ion=1&espv=2&ie=UTF-8#q=roma+and+access+to+water+romania&>

40% (at +5% disposable income) and with likely affordability issues implied in extension of water supply and charges to the remaining population. The price¹⁵ of m³ of water is different from county to county (July 2017, Iasi: 6.86 lei/m³; Constanta: 6.86 lei/m³; Cluj: 6.72 lei/m³)¹⁶ and is a combination of drinking water price and sewerage water price. In some counties the sewerage price of a cubic meter is higher than drinking water m³.¹⁷ For an average of 5mc used by a family per month, for a family with two incomes the costs are 1.34% (from the brut income).

There are no social tariffs; there are just three types of tariffs:

- one for population, public institutions and institutions that do not pollute;
- one for institutions with a risk of pollution no I;
- one for institutions with risk of pollution no II.

For hot water (distributed in centralised systems), the price is different month to month depending on the energy necessary to heat the cold water. In urban areas, in big buildings with flats, because centralised systems were using old infrastructure and the monthly invoice for a family was reflecting also many m³ coming through pipes before the water was hot, or the hot water used in the halls of apartment buildings, many Romanian families closed their contracts with the centralised hot water system and heated their own water through apartment sources (using energy, gas, wood, coal - depending on the natural resources of the region). The VAT rate for drinkable water came down from 24% to 9% on 1.04.2017. Source:

<https://www.apanovabucuresti.ro/informatii-utile/despre-factur-tarife-i-plata-serviciilor/tarife>.

One ‘perverse effect’ of EU projects and investments in Romania, even if the European Commission finds it appropriate to approve projects with non-financial reimbursement for water systems in rural areas, is that poor families are refused this service because they are not able to pay each month the bill required as a subscription.

1.3.3.4 Participation

There is limited public involvement in the preliminary consultation processes on water, health and environment issues. When the Water Framework Directive was implemented, the public was engaged at different levels through the 11 River Basin Committees (consultative bodies), but better results can be obtained if the number of interest groups is expanded according to the specific thematic problems, broader tools, non-technical language, and adequate financial resources for public participation.

1.3.3.5 Recommendations

With health considered historically as part of a nation’s human resources, all political stakeholders have to develop, in consultation with the public, a strategy for giving the entire population free access to water laboratory analyses - the quality of what we drink is part of national security. A strategy is urgently needed to sensitise citizens about the importance of drinking water (taking into consideration environmental changes), quality, and economy in usage (starting through informal school learning). Social tariffs or even no tariffs for vulnerable groups could be considered. The cost to health systems would be reduced if everybody used water as a basic resource for health.

1.4 Health care

The problems of the Romanian health care system can best be summarised with the following quotation from the European Health Consumer Index (EHCI) 2017 report: ‘The national scores seem to reflect more of ‘national and organisational cultures and attitudes’, rather than mirroring how large resources a country

¹⁵ Prices may change at any time and are set by water distributors in the respective regions, respecting the regulations imposed by ANRSC (National Authority for the Regulation of Community Services).

¹⁶ 1 EUR= 4.5 RON (approx.). The minimum salary for July 2017 was 1,300 RON (Brutto).

¹⁷ Source: http://www.economica.net/salariu-minim-2017-variante-1300-si-1500-lei_128618.html

is spending on healthcare. The cultural streaks have in all likelihood deep historical roots. 'Turning a large corporation around takes a couple of years – turning a country around can take decades.'

1.4.1 General information regarding the health system¹⁸

Since 1998, the Romanian Health System has followed a Bismarck model, that means:

- decentralisation: CJAS (42/1 in each administrative county) buying care from public and private institutions and responsible for making contracts with hospitals;
- structure for medical profession (admissions) and social security system (CNAS);
- organisation and description of public health tasks;
- organisation, functioning and financing of hospitals.

The Romanian healthcare system is a centralised system composed of a national level and a district level. At the upper level, the Ministry of Health is responsible for setting the general objectives and the rules of the healthcare system. The National Health Insurance House (NHIH)/(CNAS) is responsible for regulating and administering the social health insurance system. At the district level, district public health authorities (DPHAs)/(CJAS), representing the Ministry of Health at local level, are designated to ensure service provision, and district health insurance houses (DHIHs) manage the social health insurance system at local level.

Social health insurance is compulsory. The percentage of the population covered by the mandatory health insurance decreased from 86.1% in 2014 to 77.29% in 2015. The main uninsured groups are people working in agriculture or those not officially employed in the private sector; the self-employed or unemployed who are not registered for unemployment or social security benefits; and Roma people who do not have identity cards. Uninsured people are entitled to a minimum benefits package, which covers life-threatening emergencies, infectious diseases and care during pregnancy.

The social health insurance system provides a comprehensive benefit package. A Framework Contract lays down the definition of the statutory benefits package and contains information on the terms under which patients can obtain services, provider payment mechanisms, and providers' rights and obligations. It forms the basis for individual contracts between the DHIHs/CASA and health service providers.

Family medicine physicians under contract with the DHIHs/CASA provide primary care. They have a gatekeeper role. Primary healthcare services are underused (poor presence, quality and accessibility are the main reasons) and there is an over-utilisation of hospital services, including for non-urgent care (also non-insured people). Specialised ambulatory care is provided through a network of hospital outpatient departments and polyclinics. Accessibility to hospitals is limited in certain geographical areas and their technical condition is rather poor.

Quality of care was not regulated by any specific act until recently (2017).

- Family doctors are reimbursed per capita and per act. Value of points determined every year ('contract cadru').
- Underpayment of doctors and nurses.
- Lack of professional responsibility (patients secure their rights only with the help of television or if the medical case is taken up by social media).

1.4.1.1 A culture of informal payments

Health expenditure is mostly publicly funded (over 80%), with most of the public funding coming from the health insurance contributions.

The share of informal payments is large, but the size is not known. 'Out-of-pocket' payments have increased since the financial crisis and are the second major source of revenue for healthcare spending.

¹⁸ Based on: Vladescu C. et al. (2016) 'Romania: Health System Review'. Health Systems in Transition, 2016; 18(4):1-170.

In Romania, public hospitals are well-known as state institutions (owned by public services and funded by public money) in which each employed person is working as a public servant and as a 'private entrepreneur' at the same time. Each person employed in the health services is paid by the public system but also asks for money from each patient who requires care.

When patients arrive in hospital, they are 'informally' told how much they have to pay and to whom, and the 'size of the envelope' (small or big). This is part of a traditional culture which is very hard to change. The distortion is so big that IF a doctor refuses the 'envelope' of money, the patient thinks that there is no solution for his/her problem and that he/she is going to die!

This under-the-table payment is called: SPAGA or MITA. *The Economist* called SPAGAs an 'endemic problem' in the medical systems of Central and Eastern European countries.

There are many articles about SPAGA cases, but what is important to emphasise is that in 2015 the Romanian government proposed that SPAGAs should be legalised and taxed. This money was seen by the Romanian government as an alternative source of revenue for low-paid healthcare personnel and also a resource for the state budget.

The staff responded with a common voice: 'Doctors React: We do not want legalisation of SPAGAs, we want decent salaries.'

Article about doctors' common fight against SPAGA legalisation, about SPAGAs cases, about SPAGA prohibition by law:

- <https://www.bzi.ro/medicii-reactioneaza-nu-vrem-legalizarea-spagii-vrem-salarii-decente-512651>
- <http://www.ziare.com/social/spital/the-economist-despre-coruptia-si-spaga-data-in-spitalele-din-romania-1354952>
- <http://olt.ro/2017/10/13/spaga-la-doctor-interzisa-prin-lege-cine-da-de-astazi-bani-medicilor-poate-face-puscarie>

1.4.1.2 **Witch-hunt and white collar emigration**

The phenomenon of 'hunting witches' refers to the Romanian authorities as hunters, and doctors and healthcare workers as the witches. Because of the low public esteem for healthcare personnel, the low salaries, the under-resourcing of health institutions and bad administration, healthcare personnel often decide to emigrate. This phenomenon is well-known as the migration of white collars. This massive sectorial migration (that started in 2007 and is even now at an alarming level) can be regarded as a problem of national health security (Chert. C 'The impact of the crisis on Romanian migrants and on living conditions of labour migrants in the EU'/ EZA Seminar- slides 14/23/36; 'Between Investment, Dis-Investment and Re-Investment - Migration, workers and sustainable development' – Chert, slides 19, 20, 21 - <https://www.euromf.be/nl/boekarest-2015/uiteenzettingen>).

- 15,700 doctors left for the West after 2008.
- Romania has a shortfall of 4,700 doctors (source: College of Doctors Romania - CMR) 'From what we know, 4,000 Romanian doctors currently work in France, another 6,000 in Germany, 4,000 in the UK, and more than 600 in Belgian hospitals,' said Gheorghe Borcean, president of the Romanian College of Doctors (CMR). From the partial data provided by half of the public health departments in the country, the deficit of specialists is 4,700. (2016).

1.4.2 **Recent reform(s)¹⁹**

Reforms implemented since 2008 have focused mainly on a single concept: cost-savings. After almost doubling in the period since 1995 (from a low base), healthcare expenditure in Romania as a share of GDP has been decreasing steadily since 2010, from 5.8% to 5.6% in 2014. There have been almost monthly measures,

¹⁹ Based on: Vladescu C. et al. (2016) and Galan A. and Olsavszky V. (2015) Romania in: Maresso et al. (eds) Economic crisis, health systems and health in Europe: country experience. Copenhagen, WHO on behalf of the European Observatory on Health Systems and Policies.

and many of those changes (legislation, technical requirements, health cards system, etc.) were borne on the GPs' shoulders.

Since 2010, all pensioners with incomes above a certain threshold pay contributions to the NHIF/CASA. Patient co-payment was introduced for inpatient care. Drugs of limited therapeutic benefit were removed from statutory coverage (2011) and patient co-payments for drugs increased. Exemptions from user charges were introduced for children, veterans and retired persons with low incomes (2011). The number of covered visits to a GP for the same condition was capped at five (2010) and then reduced to three (2011). Any additional visits must be paid for out-of-pocket by the patient. In 2009-2011, the payment structure for GPs changed and the fees decreased. In 2012 they increased again by 15%.

In 2015, the minimum package of healthcare services for the uninsured improved.

Several measures were taken to encourage prescription of cheaper drugs, in particular generics. A tax was introduced requiring drug manufacturers to return a percentage of their profits (2009).

Another episode of 'hunting witches' was action against the largescale corruption in the medical system (doctors receiving expensive holidays from pharmaceutical networks for specific recommendation of expensive drugs).

A series of reforms were intended to reorganise the hospital sector: In 2010, legislation for the decentralisation of public hospitals. Reforms since 2011 aiming at a reduction in the number of hospital beds and strengthening the role of primary care had a mixed success. While the number of public hospitals has fallen in recent years, the number of private hospitals has seen the opposite trend (marketisation).

A recruitment freeze on staff in the health sector was introduced in 2010. Salaries of health professionals were reduced by 25% in 2010. Unsurprisingly, these draconian budget cuts led to an exodus of health workers to the West. The IMF published a report in which it asked EU policy-makers to pay attention to the impact of this brain drain. The IMF called this brain migration of health workers a problem of 'national security' for Romania. In 2015, salaries of all medical personnel were increased by 25% in order to avoid further emigration of medical professionals.

The Health Minister published The Multi-annual Plan for a strategic development of Human resources in Health 2017-2020. In 2015, a National Authority for Quality Management in Health Care was established with the aim of improving quality assurance.

The 'Euro Health Consumer Index 2017' (<https://healthpowerhouse.com/publications/euro-health-consumer-index-2017> - page 20, Figure 1.3.34) stipulates:

The higher the share of inpatient care, the more antiquated the healthcare provision structure. If Dutch, Swiss and (possibly) Italians prefer long hospital admissions, they can afford it; Bulgaria, Romania and Albania cannot! They should receive professional support to restructure their healthcare services!

Many of these policies were shaped by agencies such as the EU, FMI and World Bank.

1.4.3 Impact on vulnerable groups²⁰ and collective agency

Data on household expenditure show that in 2014, spending on health represented 4.6% of total expenditure. This represents a steady increase from 2.7% in 2001 (National Institute of Statistics, 2015).

In EHCI, in all statistics, Romania unfortunately occupies the worst positions in health services development, near Bulgaria, Serbia, Montenegro (pages 26/27/29/30 - low prevention/page 84 - 'under-the-table' payments). These two key elements hit vulnerable groups that need preventive treatment and have no money for extra or private medical services especially hard.

There are inequities in all key dimensions: affordability, access, quality, etc. of healthcare with differences among various socioeconomic groups and between urban and rural areas.

In 2012, the percentage of people reporting that they were not able to *access* specialist healthcare services when in need was highest among pensioners (27.7%), followed by the unemployed (13.2%), the self-employed (12.9%) and agricultural workers (10.7%) (National Institute of Statistics, 2014).

20 Based on: Vladescu C. et al. (2016).

Unfortunately, cases reported to mass media of vulnerable people dying without any help from health system personnel and authorities happen even today in the Romanian Health Care system. This reality inspired a very well-known movie: 'The Death of Mr. Lazarescu' which describes the whole image of the Romanian Health Care services as 'a black comedy with serious side effects'. The reality is felt by the ones who are in need, who paid or not years and years of medical care taxes and have nothing but instead a 'social solidarity based system' in which approximately 4.500 million Romanians are covering expenses (through taxes) for the entire population of 19 million. (2011 Census). Moreover, this reality is going hand-in-hand with an explosion of private medical centres to which vulnerable people have no access because of the affordability dimension.

Lack of prevention! (see also EHCI 2017) Lack of investment in public services for prevention made civil society very active in terms of the Capability Approach, transforming many civil society agencies into collective agencies (needs, responses, awareness and lobbying for changes in legislation policies, representation in Court for common cases, etc.).

Examples of civil society good practices: TON (our Umbrella organisation and CDR - Coalitia pentru Dezvoltarea Romaniei):

- Best Practices: ADAMSLatina-Timis community health centre from our TON network, which is a model of mutuality association in Romania, develops social-medical care at local level according to members' strategic plan (acting as a collective agency).
- TON Masterplan Ro health 2015-2024 (TON developed a Master Plan for reorganising the health system as a bottom-up sustainable system, starting with the beneficiaries and going to policies changes. This Master Plan represents Capability Approach work between experts, stakeholders, professionals and community members.
- Coalitia pentru Dezvoltarea Romaniei is acting as a collective agency, (<https://www.amcham.ro/index.html/articles?articleID=1905>)

A private, non-political initiative, gathering the most representative organisations from the business environment in Romania (all sectors including health). It is constructed as a formal collaborative arrangement by its combined members, all of which have good standing as organisations in Romania. Coalitia pentru Dezvoltarea Romaniei comprises 25 business associations, 19 organisations as associated members, with the aim of being a common voice of the business community, to offer the private sector's expertise within the consultation process regarding public policies and to promote a transparent consultative process.

In addition, health unions organised protest strikes and negotiated on various issues. The government was sued for not following the signed protocols between public agencies and health providers.

1.4.4 Key dimensions of the Romanian healthcare system (Affordability, Accessibility, Quality, Participation, Efficiency, Sustainability)

Affordability

Undergoing low resources and a user underpayment period, the Romanian Health Care System developed a non-payment and co-payment system for the insured or non-insured population.

In 2015, the minimum package of healthcare services for the uninsured improved.

The basic package for uninsured people consists of services in case of medical emergencies, consultations for infectious-contagious diseases and consultations for the monitoring of pregnancy and lactation.

In accordance with the own-pocket payments system, 15% of patients reward medical staff with amounts between 50-100 lei, 28% of them offer much higher amounts, ranging from 100 - over 200 lei, to ensure that the medical services meet their needs (source: 'Exact research and consultancy').

In 2013, 10.4% of Romanians reported unmet healthcare needs, whereas in 2007, 12.3% of respondents reported having unmet healthcare needs (Eurostat, 2016). **Affordability** has been reported to be the main

reason for perceived unmet healthcare needs (Eurostat, 2016). Self-reported unmet need varies by income, educational level, employment status, age and sex.

Accessibility

There are inequities in *access* to healthcare with differences among various socio-economic groups and between urban and rural areas.

In 2012, the percentage of people reporting that they were not able to access specialist healthcare services when in need was highest among pensioners (27.7%), followed by the unemployed (13.2%), the self-employed (12.9%) and agricultural workers (10.7%)/(National Institute of Statistics, 2014).

In 2009, through a Government Ordinance (HG), 200 hospitals in Romania closed. There was no law for that. It was an agreement with the IMF to close 150-200 hospitals. Each hospital was shut down by order of the government. Instead of hospitals, permanent centres were created and/or transformed into elderly care homes. Such changes risked leaving no territorial access to medical services for the population (regardless of whether we talk about insured or uninsured, vulnerable or non-vulnerable citizens). The government wanted quick savings (due to the economic crisis) and patients had to travel about 100 km to the nearest hospital or specialist (vulnerable people have no access - or very late access because of lack of money, lack of public transportation, no private transport). Because of bad infrastructure, Romanians have no efficient emergency services (only the well-known SMURD).

Moreover, the lack of family doctors is acute, with 600 localities lacking health surgeries, according to a study by the Romanian Association for the Promotion of Health (ARPS) on the migration of doctors.

The waiting list time is a theoretical concept that functions in practice according to whom you know in the medical system, who you are (profession, influence) and what budget you have available to spend for your needs. Moreover, looking at all of these condition for access to a waiting list, we can say that vulnerable people are never on the list.

Quality

Many changes in legislation and many reforms have been made with the aim of improving the quality of the Romanian health system.

The introduction of the National Health Card (Law 95/2006 of 01.09.2012) and the European Health Card (Law 95/2006 of 08.05.2015) were designed to bring national laws into line with European ones.

The Revised Law 53/2003 covers compulsory medical checks for employment and The Law of Antibiotics Release - 19.10.2012 (see EHCI on the high rating of Romania with regard to antibiotic use: instead of going to doctors, Romanians treat themselves with antibiotics that they heard are good for any disease) were launched to foster better education of the Romanian population, for more prevention and also for increased quality of participation in the medical system.

Law 185/24.07.2017 on quality assurance in the health system, and Framework Law 153/2017 on the remuneration of public servants (including in health care) were enacted with a clear idea of improving the quality of services through highly motivated personnel.

Under-utilisation and non-takeup

Here we can address the role of insufficient prevention actions (organised only by CJAS with a low budget) to create an educated population. Because of the lack of health education, many parents oppose the immunisation of their children – a phenomenon that became a trend in Romania (schools ask for parents' approval in order to carry out immunisation that is offered as a public service direct in schools). Parental refusal of immunisation results in many cases of children dying because of lack of immunisation (there is a decline in immunisation levels with, for example, vaccination rates against diphtheria–tetanus–pertussis and poliomyelitis falling from 99% in 2000 to 89% in 2011.)

As collective agencies, in Romania many civil society organisations are empowering groups of patients. A complete list of those associations (40) which are umbrellas of NGOs or umbrellas for patients with a specific medical problem can be found at <https://www.edumedical.ro/lista-asociațiilor-de-pacienți-din-romania>.

Efficiency

Law 95/2006 on health reform was annotated annually by Emergency Ordinances and Completions to the Framework Contract. The government wanted savings and transparency in the use of public funds in the health insurance system and announced a very structured system for medical services and costs, responsibilities and obligations for all health-involved sectors (beneficiaries, health personnel, etc). For patients, it was good by introducing the riskogram. However, family doctors complain about the small sums of money received and the enormity of secretarial work (many perverse effects on vulnerable people/ no free places on the doctor's list).

Commodification/marketisation/managerialism

As noted, many hospitals in the public sector are providing low-quality care to patients, while the private hospitals and medical centres are flourishing. Doctors from private centres are in general the owners of booming private medical services while their basic job is in a public health institution. They recruit their beneficiaries directly from public institutions. This means that the hard operations (big costs) are carried out in the public centres and the normal check-ups (low responsibility for medical acts) are done in the private institutions. This is a very well-known phenomenon with elements that have to be analysed by competent investigators and treated as a 'crime' against the Romanian public health system, rather than seen as business-oriented managers in the health system.

1.4.5 Policy recommendations

In theory and through legislation, Romania is a 'social investment-oriented health system with a solidary structure': a Romanian pays taxes to the health system in line with his earnings, and the national health managers distribute this amount to all citizens according to their needs and their insurance (or not). In practice, the political issue is between direct beneficiaries and the health system, because the money is collected but not paid directly into the health system. The political institutions decide on the percentage and the timing of release of funding into the health system. A better system of management is needed for such an important sector as national health. The health system is under-financed, under-managed, under-analysed, lacks evaluation and is insufficiently supervised by the national agencies that finance it.

Recruiting real health managers for health institutions; correct payments for health personnel with firm controls and penalties in cases of asking for or receiving money from a beneficiary, strong awareness and continuing public campaigns for a growing level of health education are just some of the changes needed for a better medical system.

But all of them are facing growing indifference when we talk about health personnel, parents, vulnerable people and hospital managers.

Without a smoothly operating healthcare system, a nation's sustainability is at risk, together with its ability to have a concrete voice in the European process for development. Romanian stakeholders and policy-makers have to develop urgent short and long-time strategies (and to apply them) to consolidate the health system for the national security of the Romanian nation.

2. ECEC in Romania – the case of Roma children in Misca

2.1 Methodology: Participatory Action Human Rights and Capability Approach (PAHRCA)

RE-InVEST makes the link between rights and capabilities, with capabilities or resources and conversion factors understood as essential to turn abstract rights into real entitlements, ‘to have the capability to make rights real and live a life one values’. Central to such concepts are key human rights principles including agency, participation, and a voice that can be heard at an individual and collective level. This theoretical framework translates into our choice to work, as much as possible, within a transformative and participative methodology paradigm to answer core research questions, conduct our analysis and formulate potential solutions. This qualitative, participatory research is not appropriate as a means to ‘validate’ or ‘prove’ hypotheses and we make no such positivist claims. Rather, we combine qualitative research with quantitative data to deepen understanding of precisely how social investment in services and social policies relates to rights and capability. As participative research, the validity of our methodology lies in the co-construction of knowledge by a mixed group of researchers: academic researchers, NGOs and people experiencing poverty working through an iterative and ongoing process of action, knowledge-creation and reflection. This practical utilisation of a capability approach in research methodology is a core outcome of the project. It is not just instrumental in facilitating a more grounded empirical answer to research questions but permeates our whole project. NGOs or civil society organisations and the representatives of vulnerable groups participating in the process enhance not only validity but also our collective capacity to transform social environments; as such, they are a core and valued part of our approach.

Participatory action research views participants as co-researchers who have special knowledge about their own situation. Hence, they are not only ‘interviewed’ but also take part in research by engaging in, examining, interpreting and reflecting on their own social world, shaping their sense of identity. Crucial for this kind of knowledge generation is the ‘merging’ or ‘crossing of knowledge’ that comes from three sources: scientific knowledge as gained by researchers; knowledge which the poor and excluded acquire, from their first-hand experience, of the twin realities of poverty and the surrounding world which imposes it on them; and the knowledge of those who work among and with these victims in places of poverty and social exclusion (Figure 2.1).

Figure 2.1 Merging of Knowledge



While flexible, the PAHRCA process entails seven steps (Murphy and Hearne 2016) including commitments to action and outcomes, to ensure PAHRCA engagement is significantly deeper than data extraction.²¹ This participatory approach commits to not only document specific problems but to actively work toward change using the empowerment principles associated with PAR. This approach is adapted to engage with specific research questions, examining different areas of policy relevant to enhancing social investment, human rights, individual capability and collective agency.

The researchers held simultaneous meetings with experts in the Roma field (Claudia Macaria, Programme Manager, Centrul de Resurse pentru Comunitatile de Romi – Cluj; Diana Chiriacescu, Director, Federatia Organizatiilor Neguvernamentale pentru Servicii Sociale – FONSS and Ioan Tanase, Expert, Roma Education Fund Romania), and with stakeholders from Roma communities (school directors, mayors, mediators, Roma citizens etc.) to identify emerging themes, and began to draft the report in mid-May, completing this penultimate draft in late June. To carry out the research, we worked with a wide range of stakeholders including high-level policy-makers, those involved in programme design and implementation, academics who may have studied or researched these sectors, NGOs in a position to observe impacts, and of course vulnerable people - the end-users of social services in question. Core to the methodology is a sharing of knowledge between these stakeholders.

2.2 The national context

2.2.1 Historical background

The pro-natalist policy applied by the communist regime - encouraging birth without backing up childcare with an adequate economic policy and prohibiting contraception and abortions - led to a massive increase of the number of children in Romania in a very short period. The state intervened to assist families who could not afford to bring up a large number of children, promising to take legal responsibility for them, and placing them in specially designed institutions, generically and incorrectly called ‘orphanages’. Thus, a huge network of institutions was established, with few and low-skilled staff, in which families were encouraged to leave their children if they were unable to bring them up. The traditional methods used for maintaining child welfare, as well as keeping the members of the extended family together, were undermined. Foster homes (placement centres for children under three years) intended for parents who could not bring up their children, were opened all over the country. From three years old, the children were placed in different institutions depending on their age group, but without taking into consideration individual preferences or keeping siblings together, until they turned 18. The result of this ongoing process of alienation from familiar places and friends, and also the abuse so often encountered in institutions, has deeply traumatised a lot of children.

2.2.2 Legal framework

Romania, like all Eastern European countries, changed radically after the end of the communist era. The Romanian education system has undergone many transformations, which started with the removal of political education in 1990. Education in Romania offers free tuition and is based on an egalitarian system. Article 32 in the Constitution of Romania guarantees access to free education. Education is regulated and enforced by the Ministry of National Education. Each part of the educational system has its own form of organisation and is subject to different laws and directives. The scheme below gives an overview of the structure of the Romanian education system.

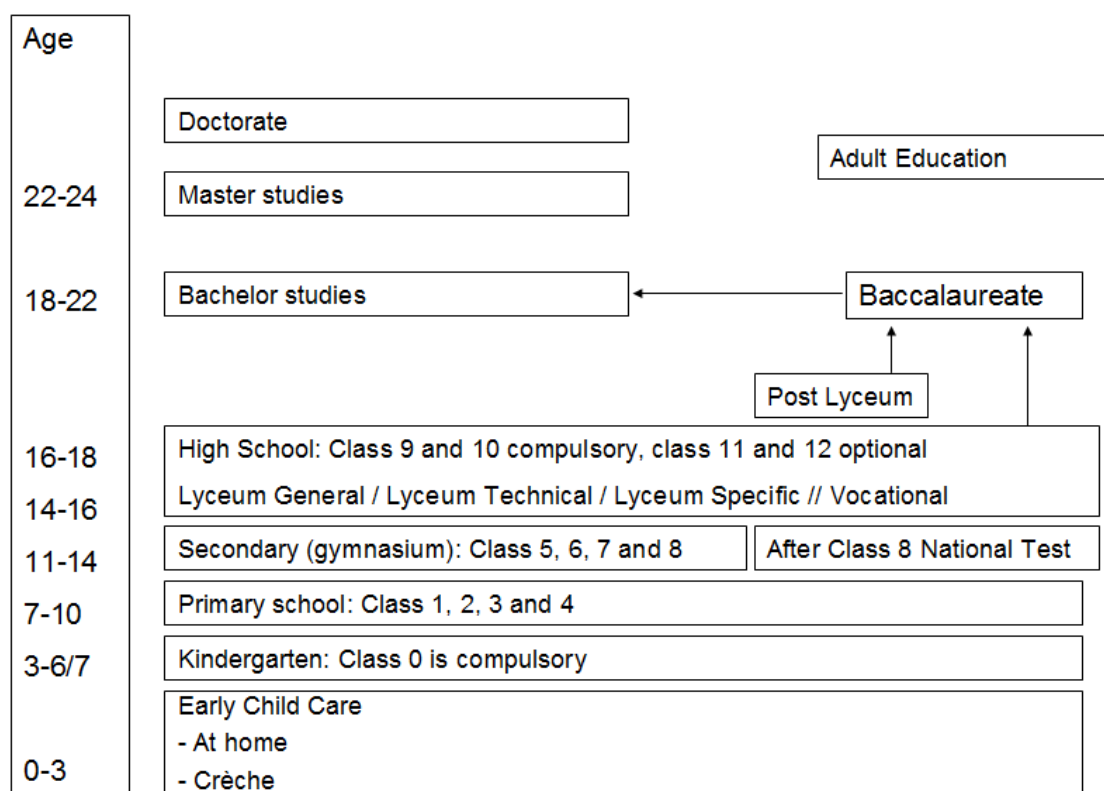
21 1. Identify and meet partner NGO/gatekeeper, 2. Preliminary ‘meet ups’ (for trust building if necessary), 3. First meeting with participants – trust building, 4. Developmental: implement developmental human rights & capability approach, 5. Inquiry/ data gathering, 6. Identifying patterns (key issues and themes of concern to the group) and 7. Undertake action/outcome.

The Education Law no.1/2011 officially promotes the concept of ECEC and stipulates that:

- ECEC services for children aged 0 to three can be organised in crèches, kindergartens and day care centres using the same curriculum and standards;
- the number of children per age group is as follows: for 0 to three years, maximum seven children of the age of three months to one year and maximum 15 children of the age of one to three.

The organisation of early childhood education units is regulated by a government decision, which covers the organisation and functioning of nurseries and other early childhood education units for pre-preschool children (Government decision No. 1252/2012. Approval of the methodology for setting up and functioning of the crèches and other early learning units). The curriculum for early childhood education for children aged from three to six-seven was revised in 2008 and it now promotes a comprehensive child development perspective, covering all areas of their development: cognitive, language and communication, socio-emotional and physical, and the principles and practices of child-centred education. The revised curriculum is accompanied by a guide to best practices that aims to support all staff in kindergartens, which are attended by children for four hours per day.

Figure 2.2 Structure of the education system in Romania



Romania ratified the UN Convention on the Rights of the Child on 28 September 1990 by Law no. 18/1990 and followed up on it when it developed the Law no. 272/2004 on protection and promotion and the rights of the child, republished, subsequently amended and supplemented. In September 2014, an amendment to the law governing child protection in Romania was adopted, forbidding the institutionalisation of children aged under three.

2.2.3 National strategies

ECEC as a point of attention is mentioned in two national strategies:

1. the national strategy for the protection and promotion of children's rights 2014-2020;
2. the national strategy on social inclusion and poverty reduction 2015-2020.

In these national strategies, ECEC is seen as an instrument to increase the educational level in later ages and as an instrument in the reduction of poverty in many senses. A higher level of education leads to better-paid jobs. A higher level of literacy forms a critical group of people. On the other hand, the national strategies recognise that investment in infrastructure is necessary to lower the barriers to ECEC.

2.2.4 Attendance at the national level

Children start to attend kindergarten from the age of three years old and can stay there until they are six or seven. Public kindergartens are free, while private kindergartens are quite expensive for average families. Usually, children spend three to four hours a day in kindergarten. There are some public kindergartens which provide food (which must to be paid for), and after-lunch sleeping periods. Few kindergartens have all-day programmes, if they do most of them are private institutions.

Figure 2.3 Use of ECEC services in Romania

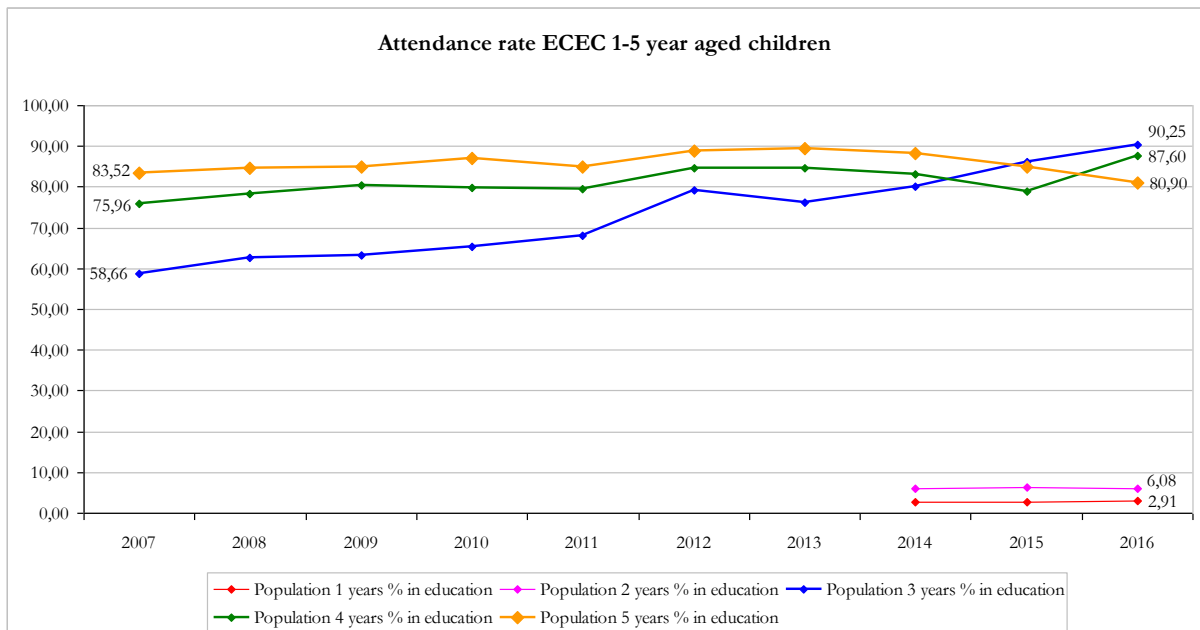
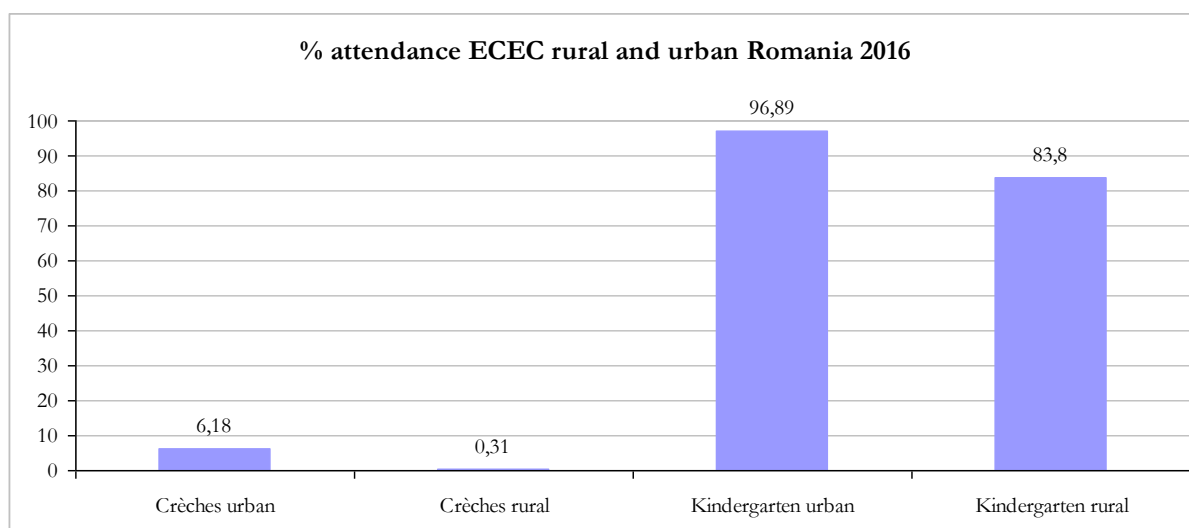


Figure 2.4 Use of childcare and preschool (kindergarten) in rural versus urban areas



The attendance rate in crèches is still very low in Romania. Certainly, in rural areas a very low share of children are attending. The attendance rate in kindergartens has been improving in recent years. But there is a big difference between urban and rural areas – areas where Roma can form a considerable proportion of the community.²²

2.2.5 Education costs

According to the constitution, pre-university education in Romania is free of charge. However, a series of costs - formal and informal - are still covered by parents. The free-of-charge principle is linked to a basic cost benchmark and assignments by the government for each pupil per year. To give an idea of the assignments by the state, a summary can be found below.²³

Table 2.1 State subsidies per pupil / student in Romanian education

State assignment to schools for a student per year 2016				
	Urban		Rural	
	In Lei	In Euro	In Lei	In Euro
Kindergarten	2,018	459	2,206	501
Primary School (Cl. 1-4)	2,322	528	2,766	629
Gymnasium (Cl. 5-8)	3,043	692	3,499	795
Lyceum (academic track)	3,043	692	3,043	692
Lyceum (technological track)	3,146	715	3,146	715

Childcare before preschool requires a contribution from parents of between 5% and 20% of the average monthly cost for a child in a public facility, depending on the parents' income level. Preschool facilities only

²² Data based on Education and Training Monitor 2017, https://ec.europa.eu/education/sites/education/files/monitor2017-ro_en.pdf

²³ <http://m.zf.ro/eveniment/taxe-le-in-Invatamantul-privat-ar-urma-sa-scada-daca-si-statul-vine-cu-bani-cum-a-promis-15096253>

charge costs related to meals (around 10 lei/day, i.e. €2.5/day). The government decision 1252/2012 establishes the functioning and organisational methodology for childcare facilities. Parents with a cumulative gross income higher than around €150 (700 lei) pay 20% of the child's food costs (10% if there are siblings), 10% if the parents' income is between €50 (225 lei) and €150 (respectively 5% per child, if there are more siblings). Parents with a lower cumulative income than €50 are excused from any contribution. However, there are a series of additional informal costs. Almost all kindergartens and elementary schools charge contributions for supplies (from hygiene products to painting and colouring supplies). Transport of students is planned and organised by the local authorities. Based on 2013 calculations the minimum yearly cost can be seen below.²⁴

Table 2.2 Parental school-related expenditures

Minimum yearly cost for a student financed by parents (2013)		
	In Lei	In Euro
Supplies	200	45
Materials	60	14
Uniform (Jacket)	30	7
Class Fund (Fondul Clasei)	50	11
School Fund (Fondul Scolii)	50	11
School bag	100	23
Clothes	200	45
Shoes	100	23
Gym suit	50	11
Sport shoes	50	11
Handbooks	100	23
Presents	100	23
TOTAL	1,090	248

For some families, also, depending on how many children they have, these costs will cause financial difficulties.

Tickets for crèches have been granted since 2006 (L193/2006). These are granted only to employees, and only if the employer decides to offer this type of extra-salarial benefit. The benefit is provided only for children between 0 and three years old, who attend crèche and if the parents are not recipients of any child-rearing indemnity. The value of a ticket increased from 370 RON in May 2012 to 440 RON in May 2015 (€100/month).²⁵ Systematic data on the number of crèche tickets is not available, but due to their restricted nature, their impact has been limited. The 2011 education law put in place two types of benefits aimed at increasing support for low income families for (ante)-preschool education: (a) the social coupon, to replace the crèche ticket, and (b) a €500 educational coupon for new-borns. However, the implementation of the law with regard to these benefits was delayed. These were due to be implemented in 2015-2016.

The law no. 248/2015 (Government Decision 15/2016) turns the pilot programme 'Each Child in Kindergarten – *Fiecare Copil in Gradinita*', initiated in 2010, into a national programme. The objectives of the programme are to reduce school dropout and the number of persons at risk of poverty and social exclusion. More concretely, 'Each Child in Kindergarten' encourages the enrolment in preschool education of children aged three to six, born in families with a monthly income lower than 284 RON per family member, by granting a social ticket of 50 lei per month for each child attending kindergarten. For the 2016-2017 period,

24 http://www.gandul.info/stiri/scoala-noua-cat-de-mult-ne-costa-invatamanul-de-stat-gratuit-de-ani-de-zile-parintii-crediteaza-educatia-cu-milioane-de-euro-11381167?utm_source=Gandul&utm_medium=Click%2BCitesteSi+200&utm_campaign=CitesteSi%2Bgandul

25 http://www.avocatnet.ro/content/articles/id_40694/Ce-valoare-au-tichetele-de-cresa-incepand-cu-luna-mai-2015.html

families submitted requests for social tickets to city halls by 20 December. Following centralisation by the city halls and the approval of local fiscal administrations, the government would then allot the necessary sums from the state budget to the local city hall budgets. Local city halls handle the acquisition, distribution or return of the kindergarten social tickets. A network of shops is created to distribute the products specified by the law: food, hygiene products, clothes and shoes, school supplies.²⁶

The universal *'Milk and Croissant'* programme, which has a higher impact on low-income families than any other cash-targeted benefits for pre-university students. This is a national programme benefiting all preschool and schoolchildren in primary and secondary school attending a form of education. It was developed as a tool for reducing social inequalities among vulnerable children, being the group most exposed to social risks. The programme is offering daily dairy products (milk and milk products such as yogurt, kefir and buttermilk) and one bakery product, to all children in secondary schools and kindergartens in Romania.

The *universal child allowance*, the main child benefit in Romania, has had by far the highest impact, especially for families with children less than two years old. For these families, the child allowance increased four times in 2007. For children older than two, the benefit level has remained unchanged for the last seven years, and thus its value deteriorated in real terms, relative to the minimum wage and relative poverty threshold. Despite the depreciation, the child allowance represented the most important cash support for families with small children, especially for those not eligible for child-rearing indemnity (i.e. parents not in previous formal employment, mostly in rural areas or in poor households). At least 5.1% of the total number of households benefit from the allowance for children younger than two years old. Until 2015, the amount was 42 lei, and thereafter 84 lei.²⁷

The second most important family benefit is the *targeted family support allowance*. The redesign of the benefit, from an administrative income-tested to a means-tested one (L277/2010) decreased the number of beneficiaries from 805,000 in 2010 to 325,000 in 2011. Its coverage decreased in 2013 to 3.5% of Romanian households, and to 13% of the total number of children receiving universal child allowance.

2.2.6 Parental leave

Besides the low availability and the high costs, the Romanian system of parental leave can also provide an explanation. The parental leave scheme in Romania is one of the most generous and lengthy in Europe. The maternity leave adds up to 126 days (63 before and 63 days after the birth, with only 42 being compulsory) and the indemnity is 85% of the average work income of the previous six months. This expenditure is supported by the social insurance fund. The child-rearing leave and indemnity (111/2010), up to the age of two complements the maternity indemnity and is offered to either of the two parents. The child-rearing indemnity has been a significant support for working parents in the absence of a day-care system. The benefit is ranging from 67% to 378% of the minimum gross wage, depending on previous income and the option chosen. In 2011, two options were introduced: (a) a two-year option, with a lower cap, ranging from €135 to €269 (December 2014) and (b) one year indemnity (varying between €135 and €763) followed by a year's insertion stimulus of €112.

2.3 ECEC for Roma children in Vinători/Mișca

Between 1.2 and 2.5 million Roma people live in Romania, i.e. approximately 30% of all Roma living in Europe. Two-thirds of them live in rural areas. 90% of the adults have no diploma of secondary education. A statistical profile of the Roma population in Romania can be found in Annex 3. Note that the Roma are

26 <http://fiicarecopilingradinita.ro/> and http://www.avocatnet.ro/content/articles/id_40965/Tichetele-sociale-pentru-gradinita-se-acorda-din-acest-an-Cerurile-parintilor-pot-fi-depuse-pana-in-aprilie.html and http://www.vl.edu.ro/images/info_Legea_FCG.pdf

27 <http://www.mediafax.ro/politic/iohannis-a-promulgat-legea-care-dubleaza-alocatiile-de-stat-pentru-copii-de-la-42-la-84-de-lei-14377583>

a hard-to-survey population: many households do not identify themselves as Roma due to the widespread discrimination against their people.

For the WP6 case study, the Romanian team chose the commune of Mișca. One reason is the collaboration with a Belgian city and being part of the Belgian - Romanian network facilitates the contacts. Furthermore, Mișca has some specific characteristics. The commune has around 3,800 inhabitants. There is no majority ethnicity: the population is composed of Romanians (36%), Hungarians (35%) and Roma (24%). Mișca (Hungarian: Tőzmiske) is a commune in Arad County, close to the Hungarian border.

Figure 2.5 Geographical location of Mișca



In contrast with the decreasing population in most of the Romanian towns, Mișca has a growing population since 2000.

In preparation for the site visit, the researchers looked for orientating talks with experts in ECEC and Roma communities. The reason was that according to the literature, many projects were undertaken to improve the attendance rate of Roma children in preschool education, in the context of the Roma decade 2005-2015 and Norwegian funding programmes. The second aim was to look for contact points in the Roma communities.

Two organisations were selected (many others are active in the field of integrating Roma communities but are working in other domains): the Roma Education Fund Romania (meeting 02/06/2017 with *Ioan Tanase* in Bucharest) and the Resource Centre for Roma Communities (meeting 26/04/2017 with *Maria Covace and Claudia Macaria* in Cluj).

The purpose was to have an insight into the needs and problems of Roma communities in participating in ECEC. The basis for the conversations was the framework of human rights and social investments. Guiding questions were taken from the supporting RE-InVEST document:

- How are social investments shaped? Who shapes them? Do the vulnerable groups participate?
- Do social investments contribute to the implementation of basic rights?
- How can they best enhance individual and collective capabilities?
- Are there issues of access, affordability and quality in the relevant service sector?
- Who benefits and who doesn't – and why? What barriers can be addressed?
- In what way can social investments be (more) appropriately targeted?
- How can social investment work at a preventative level?
- How can intergenerational impacts of social investment be maximised?
- How can the needs of the most vulnerable be taken into account?
- What has been the impact of social disinvestment (cuts/austerity) in ECEC?

The results of the interviews and some graphs will be used as illustrations for the contextualisation of some quotes from key players in Mișca.

During a site visit in Vinatori (a village in Mișca, with - as mentioned - a majority of Roma) from 9 June to 13 June 2017, different interviews with key players in the community were conducted. It was very difficult

to organise meetings or interviews with the Roma community because of a certain mistrust in ‘foreigners’ wanting to know more about them. A planned meeting with the ‘Bulibasa’ - every Roma community has a local chief – was postponed several times. Because of his local influence, it was not possible to approach other members of the community.

A first interview was conducted with a former Mayor of Mișca (1990-1996), Vékas Forenc (1938, belonging to the Hungarian-speaking community, living all his life in Vinatori, local historian) – 10 June 2017. A strong historical insight into the evolution of Vinatori – Mișca was provided. Although building blocks for the improvement of the social situation of the Roma community were not provided, insights into the social context were given. For him, an important turning point was the year 1955: *‘At that time more and more youngsters were (forced) to move to bigger cities such as Arad, Oradea and Chisineu-Cris. This because of job opportunities in industrialised cities. Before 1955, people were more involved in local agricultural activities and stayed more at home and worked for local market places.’* Between 1955 and 1962, the idea of collectivisation was rolled out with a strong focus on the development of collective farms (plants and animals): *‘Because of the migration of local youngsters to cities, new manpower was sought. This was done through a migration of Roma groups to Vinatori. From the 1960s this population group was growing. At that moment, there was a strong economy and the Roma population could participate in education (free of charge) and had enough job opportunities. At the same time – during the communist period – the evolution to segregation started. Ethnic groups were supported – read forced – to live in their own communities. A mixture of ethnic groups was seen as a weakening of the Romanian society.’* After the Romanian Revolution of December 1989, the economy was privatised step by step: *‘Because of this liberal thinking and reorganisation of companies in more efficient and profit-making units, a lot of people lost their guaranteed communist jobs. The first victim was the Roma community. From this moment on together with their segregated way of living, the Roma community became more and more isolated from society. Although efforts were made, budgets were difficult to find or not allocated to support the Roma community.’* A segregation along religious denominations added to the ethnic segregation. This was clearly stated by the reformed (Hungarian speaking) priest, Lorincz Lorand Peter, during an interview on 10 June 2017: *‘We as a religious community organise ourselves in providing pre and after school activities for children. This project is financed by a Hungarian group of Franciscan monks. The first target group are Hungarian speaking children, but we also try to involve Roma children. Besides lessons and homework, we can give them also some sandwiches and drinks. The latter is to motivate children and parents to come to school activities.’* During the interview it was not very clear how many Roma children could benefit from this programme. The need for support for Roma education to catch up was clearly stated by the Vinatori postman on 11 June: *‘Out of 10 Roma in Vinatori only two can properly read and write,’* and *‘In a community of 1,200 Roma, 90 Roma women are pregnant, also minors. This means that almost 25% of fertile women are pregnant.’* A clear connection can be seen between the problem of early pregnancy and school drop out of young girls. Or as stated by Ioan Tanase: *‘Young Roma begin to think about getting married when they reach puberty. Early marriage is one of the reasons why Roma children enter the adult world at a very young age. Many young people form couples before or around the age of 16 and the birth of the first children prevents young girls from attending school.’* Roma children learn by taking a full part in the social activities of the community and by following the example of their elders. The way in which Roma children are brought up by their family depends on their sex. The boys work alongside their fathers and the girls stay with their mothers. Each sex has different obligations. For girls these are the traditionally perceived ‘female’ tasks: cooking, taking care of children.

Vinatori clearly illustrates the problem of segregated education for Roma and non-Roma. This is not only limited to the Roma population: the school of Mișca is dedicated to the Romanian-speaking community and the one in Satu Nou to the Hungarian-speaking children. The co-ordinator of Satu Nou said something remarkable about this: *‘The Hungarian government is giving 300 lei (66 euro) per child per year for Hungarian families sending children to Hungarian-speaking schools’.* Integration of different population groups is not facilitated in this way.

Figure 2.6 School facilities in Mișca

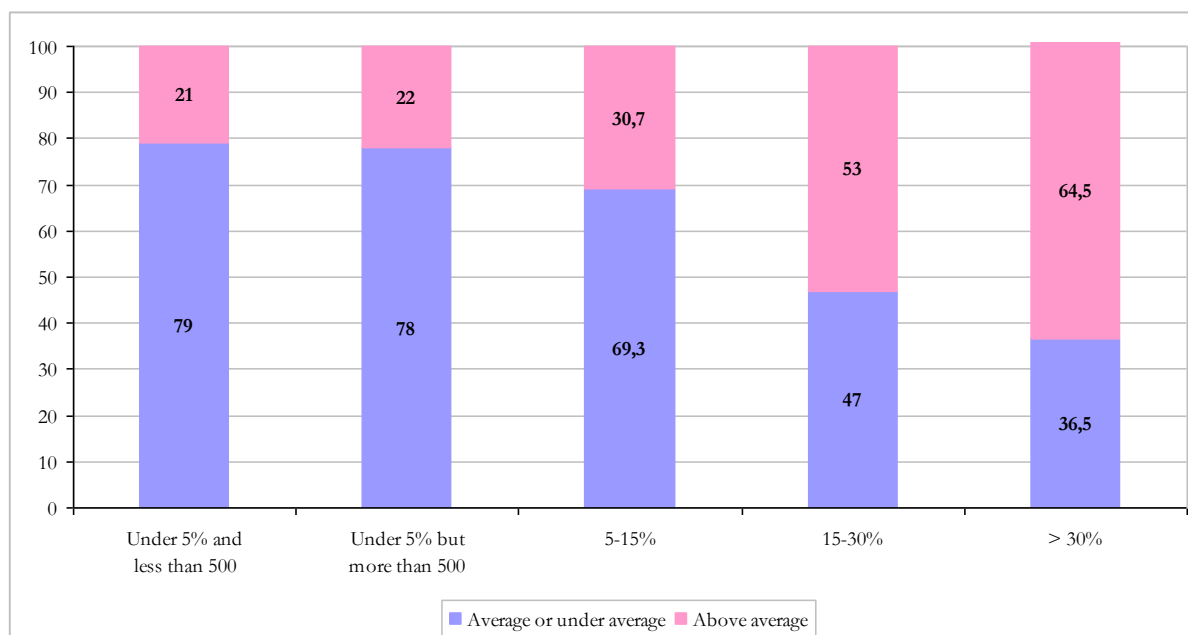


Segregated education and language barriers are just two problems that can be seen. Both Claudia Macaria and Ioan Tanase were referring to the practice of sending Roma children to schools for children with mental disabilities, although they do not have mental problems, or to schools with another standard of education. In the school of Satu Nou, where 100% of the children are Hungarian speaking, the co-ordinator (12 June) said: *‘the Hungarian-speaking community is declining, the consequence is that less and less children are coming to the Hungarian school in Satu Nou. To remain recognised by the Romanian government, we need to have 15 children in each class. In some classes, it is not possible to reach this number. In order to reach the norm we also register Roma children from Vinatori in our school. This not ideal because they do not speak Hungarian but we try to have special programmes for them.’*

The opposite also occurs according to teachers and administrators of the school in Mișca: *‘In theory there are no children with special needs in the schools of Mișca. In practice, parents are ashamed to send their children to special needs schools. And teachers here are not educated to provide adapted education programmes for these children. This problem can clearly be seen in the school of Vinatori with a majority of Roma children. In many cases parents are hiding their children from the outside world.’*

Other conditions are not fulfilled either, as was seen during an interview (12 June) with Luminita Szalor, English teacher in the school of Vinatori: *‘In our school and more generally in Vinatori we are confronted with a lot of obstacles which don’t exist on paper. For example, in principle a doctor is present on Monday, Wednesday and Friday but this is only on paper. The doctor is not coming at all. The same can be said of the social assistant of the local authority. She stays at her office and expects that people are coming. Fieldwork is not foreseen. Obviously, for the Roma community this is a step too far to ask for help. Another example can be seen in the school. Again, in principle cleaning ladies are available, but they only clean the schools of Satu Nou and Mișca - not Vinatori, officially because they do not have time. How to motivate Roma children to come to school?’* The average workload of a social assistant in Romania is calculated. The graph below shows the percentage of social workers reporting a caseload above or below the average, depending on the share of Roma at the local level.

Figure 2.7 Caseload of social workers, depending on the share of Roma in the local population



Source Horvath, p. 55

There is a higher demand in localities with a significant share of Roma, but the human resources are not always available, which puts pressure on the caseload of social assistants. This can result in a shortage of social workers in vulnerable localities.

Besides social workers, other community workers can be present to facilitate access to social services. An overview is given in the table below.

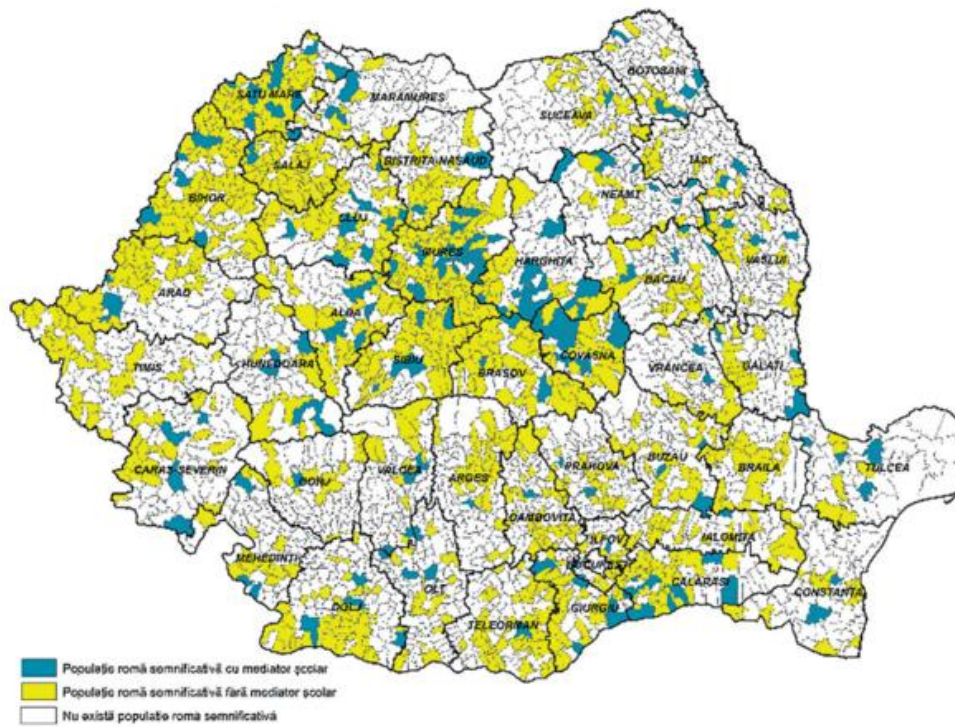
Table 2.3 Presence of other staff, depending on the proportion of Roma in the local population

	Total localities	% of localities	Localities with significant Roma population	% of total localities
Health mediator	893	28.5	484	40.0
School mediator	355	11.4	193	16.0
Roma expert	451	14.4	349	28.8
Representative in local council	346	11.1	296	24.4

Source Horvath, p. 67

In general, there is a lack of social services or support available in Roma communities. The problem of the lack of school mediators is not specific for Vinatori. In other localities with a significant share of Roma, school mediators are not present as illustrated by Horvath in the graph below.

Figure 2.8 Availability of school mediators in localities with significant share of Roma



* Blue available, yellow not available

Luminita also stated that ‘Other problems can be seen in the Roma community itself, for example no registration of children at birth – the idea that when having a national number you are subjected to the state; absenteeism; and attempts to organise education on their own. Small actions can help such as the milk and croissant programme. But structural investments are missing.’ Or as Maria Covace stated: ‘School education is not a priority for Roma families. Roma families are often afraid they will lose their culture and their identity if they accept the education provided by a ‘stranger’ or ‘Gadjo’ (a person with no Roma background). Roma families follow their own rules and perceive life in their own particular way. Roma families’ greatest concern is finding ways of satisfying their daily needs. Many parents oblige their children to start working at an early age or to stay at home to look after their brothers and sisters. Often the parents are not sufficiently involved in their children’s school education.’ The Horvath study confirms this when asked about the reasons for school absenteeism and possible measures to prevent this phenomenon.

Figure 2.9 Causes of absenteeism at school

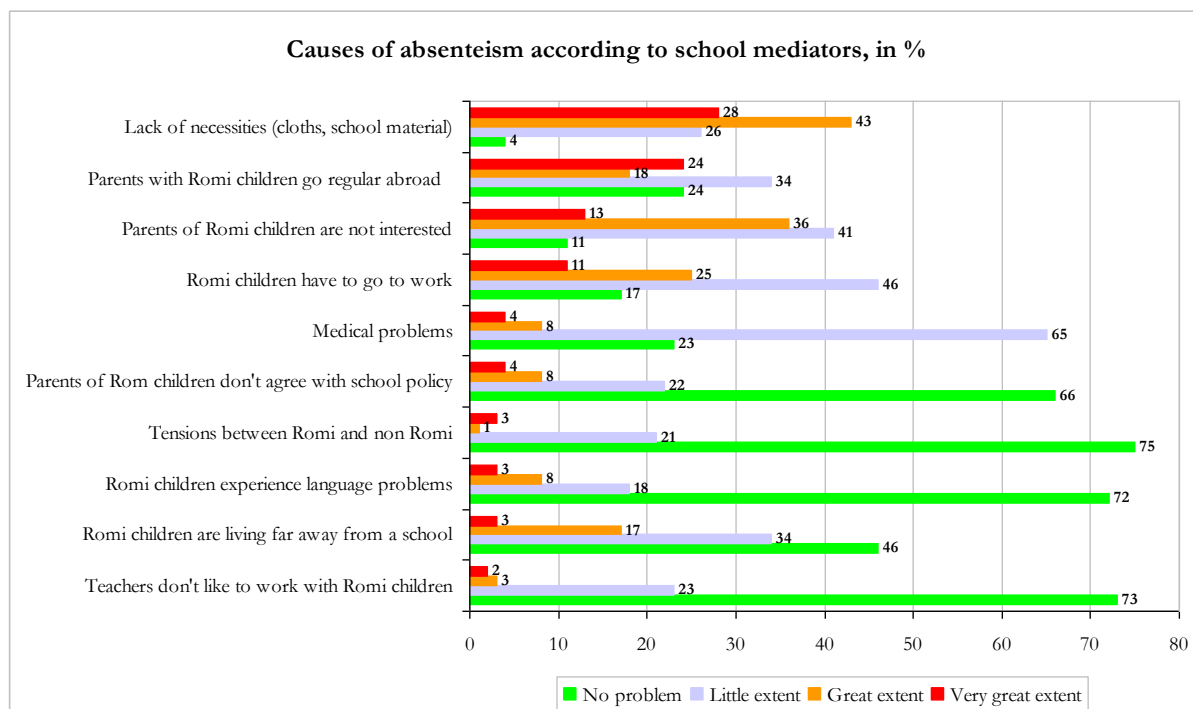


Table 2.4 Measures to prevent absenteeism according to school mediators in % (multiple choice question)

	First mention	Second mention	Third mention
Maintaining relations family and school	58	15	7
Monitoring school frequency	10	36	9
Family counsellor with focus on role and importance of education	10	19	24
Grant for facilities: transport or meal	8	6	8
Grant for necessities: school material, clothes...	7	11	14
Student counsellor with focus on importance of graduation	3	3	18
Maintaining relations with local authorities	3	6	15
Prevention of deviant behaviour: drugs, crime, begging, alcohol	1	3	3

A combination of internal and external conversion factors is the cause of a low attendance rate and low education level of Roma. The above-mentioned researchers of Roma Education Fund and Roma Resource Centre added: *‘Poverty is the major obstacle in access to education. Very often Roma families cannot afford basic educational materials (f.ex. books). Connected to this, poor housing conditions make it impossible for them to do their homework. And the parents are often illiterate.’* More than half of the Roma population in active age is inactive. For non-Roma, this percentage is 35%. Only around 10% have a stable job on a contract basis (non-Roma 41%). Half of them are working in agriculture and half in non-agricultural sectors. Around the same percentage have unemployment benefits. Consequently, 3/4 of the Roma population in active age have no stable employment (non-Roma around 50%). By way of illustrations, we borrow the following two graphs from the Horvath study:

Figure 2.10 Employment status of Roma in active age

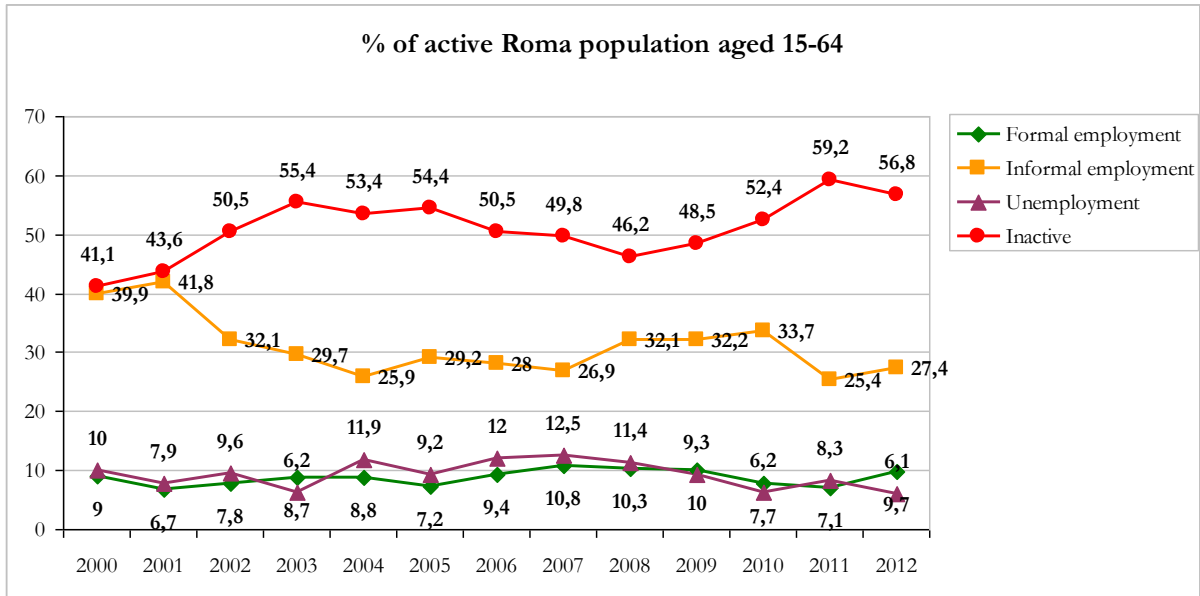
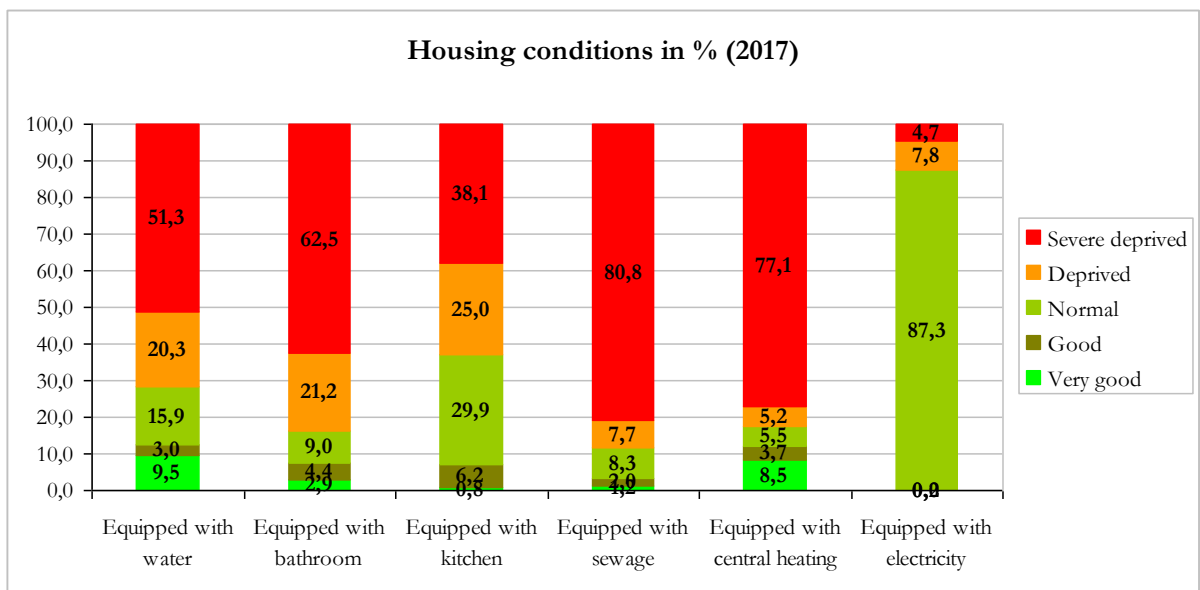


Figure 2.11 Housing deprivation indicators for the Roma population



Source Horvath, p. 127

The words of Ioan Tanase can be used as a conclusion for this section: *‘Progress has been made during the last decade, but there is a long way still to go. It’s like a puzzle. Investing in only one piece doesn’t make sense. We have to invest in the total picture (puzzle). Only then will it be possible to improve the situation of Roma. A second important issue is if we want to keep the puzzle sustainable we have to go from project-based time-limited work to continuous support for all involved partners.’*

2.4 Policy recommendations: Roma and ECEC

The analysis shows that Roma are disadvantaged in numerous spheres: education, employment, health, housing and access to social services. The Roma still have difficulties in being accepted as full members of the community. They are often treated as social outcasts. On the other hand, Roma are not simply an oppressed minority; part of their difference appears to be due to some form of cultural self-segregation.

The recommendations focus on elements which play a vital role in the ECEC attendance of Roma children. They are closely related to the concrete implementation of the Capability Approach: conversions factors, agencies and the creation of a capability set are the focus point.

Recommendation 1: Continuous support for mediators

Mediators are a bridge between parents, children, education and local authorities. Many Roma children do not know the official language of the country or region where they live, which leads to difficulties in securing a place for ECEC. Mediators are therefore indispensable to help them overcome these language difficulties. Mediators also work with the families, explaining to them why it is important to send the children to school.

Concrete building blocks:

- engagement of Roma mediators;
- involving members of the Roma community, for example as school inspectors.

Connection to the Mişca case:

- some Roma children are sent to the Hungarian-speaking school, as a means of reaching the minimum number to make up a class;
- in Mişca, no mediator is available.

Recommendation 2: Teaching the teachers programme

Teachers are often not very keen to work with Roma children. One of the reasons is that they know little about Romani culture, language and traditions. This is perpetuated by the lack of communication between parents and teachers.

Concrete building blocks:

- motivating, training and qualifying teachers to work with Roma children;
- programme to map children's early learning needs;
- more attention to non-formal and informal teaching methods;
- adapting learning materials taking into account cultural needs.

Recommendation 3: Continuous support for Roma parents

Roma parents' lack of involvement in their children's education is usually due to their precarious financial situation and historical/community vision of education. In general, they do not seem to think that school education can help them to be accepted by society or that it could help them to improve their social situation.

Concrete building blocks:

- making it compulsory for Roma children to attend preparatory classes where they learn the official language of the country;
- mediators should enhance parents' motivation and involve them in their children's education;
- adapting the learning contents to the living environment of Roma children;
- specifically for travellers: creation of a personalised 'logbook' for children with administrative information, information on the different schools attended, a summary of competences, ...;
- home visiting programmes.

Connection to Mişca case:

- absenteeism;
- isolated but growing community;
- early marriages and pregnancy of young girls.

Recommendation 4: Improving universal access to early childhood education

It is necessary to remove barriers to early childhood education. These concern physical access (insufficient numbers of kindergartens, distance), income poverty (inability to meet basic needs) and prejudice. Holistic social investment strategies are needed.

Concrete building blocks:

- co-operation with local institutions in applying school education strategies;
- shift from project-based approaches and support to long-term and sustainable support;
- integrated approaches: horizontal, vertical and context related;
- implementing incentives for early childhood education participation.

3. Conclusion: towards a social re-investment strategy for Romania

Our review of social investment in five selected service sectors in Romania reveals an extremely fragile welfare state system. All services suffer from the combined impact of a weak state administration, a large informal sector, and the devastating cutbacks imposed by the Troika during the recession of 2008-2013. The frailty of the social infrastructure is not just material, but also cultural (generalised distrust and widespread practices of a shadow economy, even in the public services) and human (suicide, family disruption, health problems, social exclusion, discrimination, emigration). (Re)building a welfare state therefore necessitates a strong reform in governance, along with financial investments.

What can the *Romanian Government* do to change the tide? First of all, a smart economic policy is needed to integrate the informal economy into the mainstream economy. In this way, a sufficient tax base can be developed to finance social investment. Apart from ‘enforcement’ and ‘witch hunting’, this involves measures that restore trust in the government and financial services. Decent working conditions for civil servants, transparent regulations and zero-tolerance against shadow-economy practices such as informal payments or clientelism will halt the ongoing brain drain and gradually restore the support from the population.

Given the present budgetary limitations, social investments should prioritise the segments with the highest social returns: i.e. investments in the most vulnerable groups. The golden rule in social policy is ‘progressive universalism’: whereas access to basic services should be universal, preferential treatment (both in quality and price setting) should be given to disadvantaged groups. It is well-known, for example, that early childhood education has the highest returns among the most disadvantaged, because it prevents a lot of future social damage and because those groups cannot invest in themselves. The same principle certainly applies to housing, water provision and healthcare. Means-testing, awareness-raising about the benefits of social services and positive discrimination of disadvantaged groups or areas can help in targeting public services at the groups with the greatest needs.

In what way can the *European Union* support the Romanian Government? First of all, the experience of the past decade has shown that austerity policies undermine the basic human rights of vulnerable citizens. The ‘horizontal social clause’ in the Treaty on the Functioning of the EU demands that the social impact of any policy intervention be tested a priori, and that measures which may exacerbate social exclusion must be avoided. This key principle in European law has not been implemented during the crisis period. Further legal guarantees should be institutionalised so as to prevent such schizophrenic policies in the future.

The EU obviously plays a key role in supporting social investment financially. The European Fund for Strategic Investment, as well as the Structural Funds, can make a big difference in Romania. In view of the weaknesses of the new member states following the transition to the market economy, such funds should link financial with technical assistance in order to strengthen governing bodies, sensitise the population and regulate service markets.

The EU also stands for free movement of workers. Although this objective seems to be endorsed by many stakeholders, the problematic brain drain of health personnel to the West also illustrates the potential disruptive effects of migration in imbalanced economies. Rather than just encouraging free movement, the EU should play a mediating role in negotiating balanced arrangements that benefit all parties. This includes the promotion of joint training programmes, quality standards and decent wages and working conditions for service workers in social investment sectors across the Union.

appendix 1

a1.1 The loss of 'Dacia savings'

Under communism, each Romanian had the possibility to save money for a Dacia car in a special bank account in CEC – a single Romanian Bank for the population.

Applicants were waiting for five years and then could have their desired car (you were on a list of buyers; the Dacia Company delivered a specific number of cars each year).

After the Revolution in 1989, Romanians could not access those savings and because of the devaluation of the leu, since 2005, all the savings held by the CEC diminished by four zeros. In order to recover the amounts kept in the CEC in the communist era, it was necessary to issue normative acts to protect the population from the devastating effects of zeros (no taking measure by Romanian governments). In 2017, the current legislation recognised the right of Romanians who had deposited with the CEC to buy cars to recover the amounts set aside but never benefited from. Compensation is granted in the form of government securities issued by the Ministry of Finance, which are not negotiable or interest bearing. The fund allocated in 2016, worth 5 million lei is managed by BRD Group Société Générale.

This 'loss of Dacia savings phenomenon' generated the major mistrust that Romanians felt regarding the financial system, at a time when only few individuals had the right to file their complaints to the Court).

Articles:

<https://www.click.ro/news/national/ai-depus-bani-la-cec-inainte-de-1989-si-nu-i-au-scos-uite-cum-ii-recuperezi>

<http://evz.ro/despagubiri-mai-mari-pentru-romanii-care-au-depus-bani-de-dacii-la-cec-cum-se-pot-incasa-banii.html>

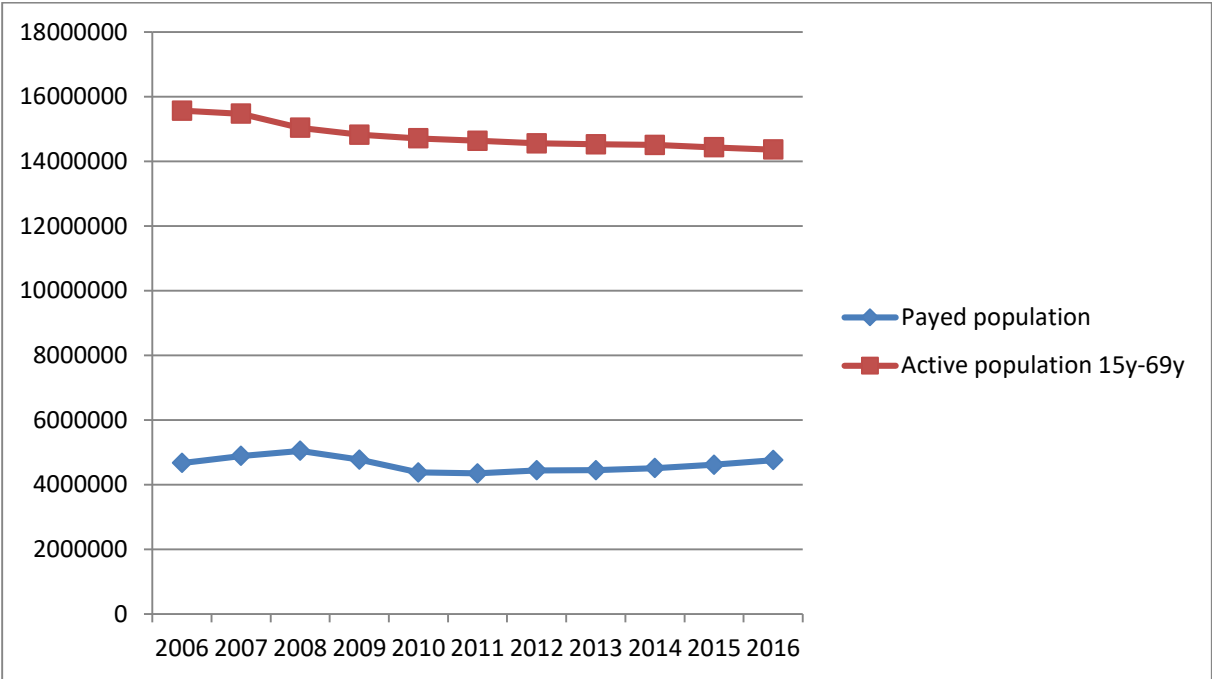
a1.2 The trust crisis in the banking sector

After joining the EU in 2007, Romania underwent an economic boom (false growth based on consumption), anybody could take loans from banks only with their ID (acceleration in consumption), housing loans from banks with big commissions (hidden commissions/CHF currency etc.). When in 2009 the crisis started (lower salaries, cuts in budgetary salaries, closing enterprises, etc.) Romanians lost their houses because they could not afford to pay back their loans. Many Romanians had debts in banks and also lost their houses (going back to family/parents' houses or finding their way into rented housing system). This affected the middle class population that could initially afford a loan from a bank). This middle class population was becoming more and more precarious. From 2009, widespread mistrust in the banking sector grew (unclear contracts, hidden commissions), associated with an aggressive intrusion into personal life. Banks were selling non-performing loans to debt recovery agencies that used non-professional methods to get the money back. Many cases of suicide, divorce and emigration were registered because of those financial situations.

Examples of abusive loans and contracts were numerous in the popular view ('The High Court decides that BCR's interest in a credit agreement is abusive'/<http://www.economica.net/premiera-inalta-curte-dobanda>).

appendix 2 Registered (paid) employment versus active population in Romania

It is mainly the paid and registered workers (salaried as well as self-employed) who use banking services to receive their salaries, pay their invoices etc. In Romania there is a very big gap between the registered paid population and the resident population in active age. The gap that can be observed in the figure below represents part of the unregistered financial transactions (tax evasion).



Paid population (Average number of employees at national RO level and in all national localities) <http://statistici.insse.ro/shop/index.jsp?page=tempo3&lang=ro&ind=FOM104D>
 Resident population (total number of Romanian, foreign and non-citizens, who have their usual residence on the territory of Romania and are of active working age 15-69 years) <http://statistici.insse.ro/shop/>
 Source: processed based on data released by INS

appendix 3 Statistical profile of the Roma population in Romania, and Mișca in particular

a3.1 Roma in Romania

One of the main problems for a clear understanding of the needs of the Roma population is a lack of reliable and long-term quantitative data. In this context, the researchers based their analysis on:

- Roma Inclusion Index 2015, Decade of Roma 2005-2015
- Methodological Data Infrastructure Report on Roma Population in the EU, 2016
- Eurostat
- National Institute for Statistics <http://www.insse.ro/cms>
 - <http://www.copii.ro/statistici>
 - <http://www.transmonee.org> (UNICEF)

In Romania, in the census of 2011, 621,573 persons were identified as belonging to the Roma population. This is 14% more than counted in the 2002 census.²⁸ Among social scientists, there is a consensus that this number of Roma is an underestimation. In a Communication from the Commission to the European Parliament (5 April 2011, 173) a distinction is made between a maximum and minimum estimate.²⁹

	Minimum	Maximum	Average	% of total population
Romania	1,200,000	2,500,000	1,850,000	8.32
EU Member States			6,172,800	1.73

These data show also that around 30% of Roma living in European Member States are living in Romania.

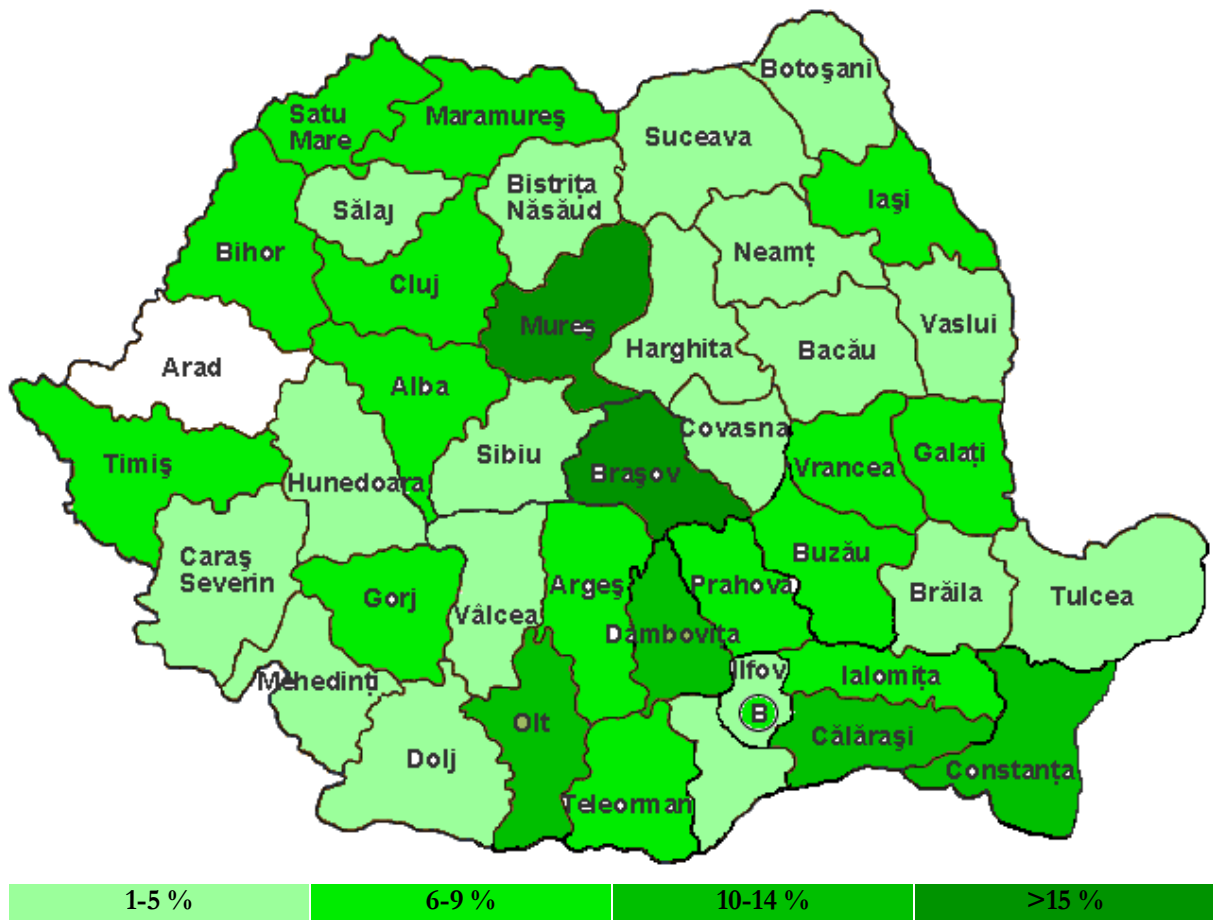
According to a study conducted by the Romanian government and published in October 2015, the estimated number is a bit over 1,000,000 persons belonging to the Roma community.³⁰

Description of indicator	Official number	Estimated number
Persons identified as belonging to Roma population	630,001	1,103,074
Persons belonging to Roma population without birth certificate	2,799	5,598
Persons belonging to Roma population without ID Card	147,969	159,248

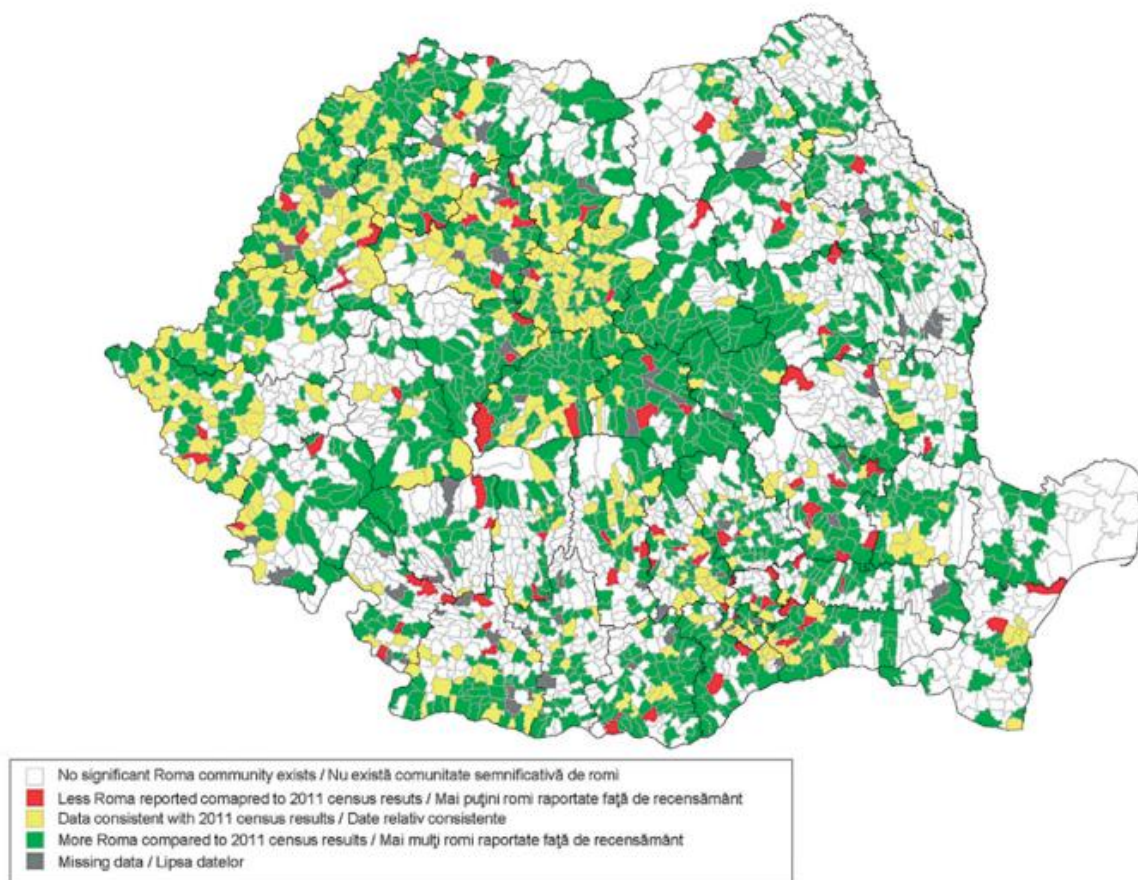
28 www.recensamanantromania.ro

29 <https://eur-lex.europa.eu/legal-content/en/ALL/?uri=CELEX:52011DC0173>

30 Romanian government, ANALIZĂ SOCIALĂ DESFĂȘURATĂ ÎN JUDEȚELE DIN ROMÂNIA, 2015, 47 p.



[Horvath, 2017, p. 48] – comparison of 2011 data and research 2017. Green more Roma than declared in 2011.³¹



Many people of Roma origin do not declare their ethnicity due to the widespread prejudice they face in Romania.

This report adds further details to the map above.

[Horvath, 2017, p. 23] – Comparison of Roma numbers for census 1992, 2002 and 2011 (rural, urban, total).

	1992		2002		2011	
	Total	Romi	Total	Romi	Total	Romi
Rural	10,383,134	235,110	10,254,547	326,307	9,262,851	390,903
Urban	12,426,901	165,977	11,426,427	208,833	10,858,790	230,670
Total	22,810,035	401,087	21,680,974	533,140	20,121,641	621,573
Rural (%)	45.52	58.62	47.30	60.98	46.03	62.89
Urban (%)	54.48	41.38	52.70	39.02	53.97	37.11

Shift of Roma from urban area towards rural area: almost 63% of Roma were living in rural areas in 2011.

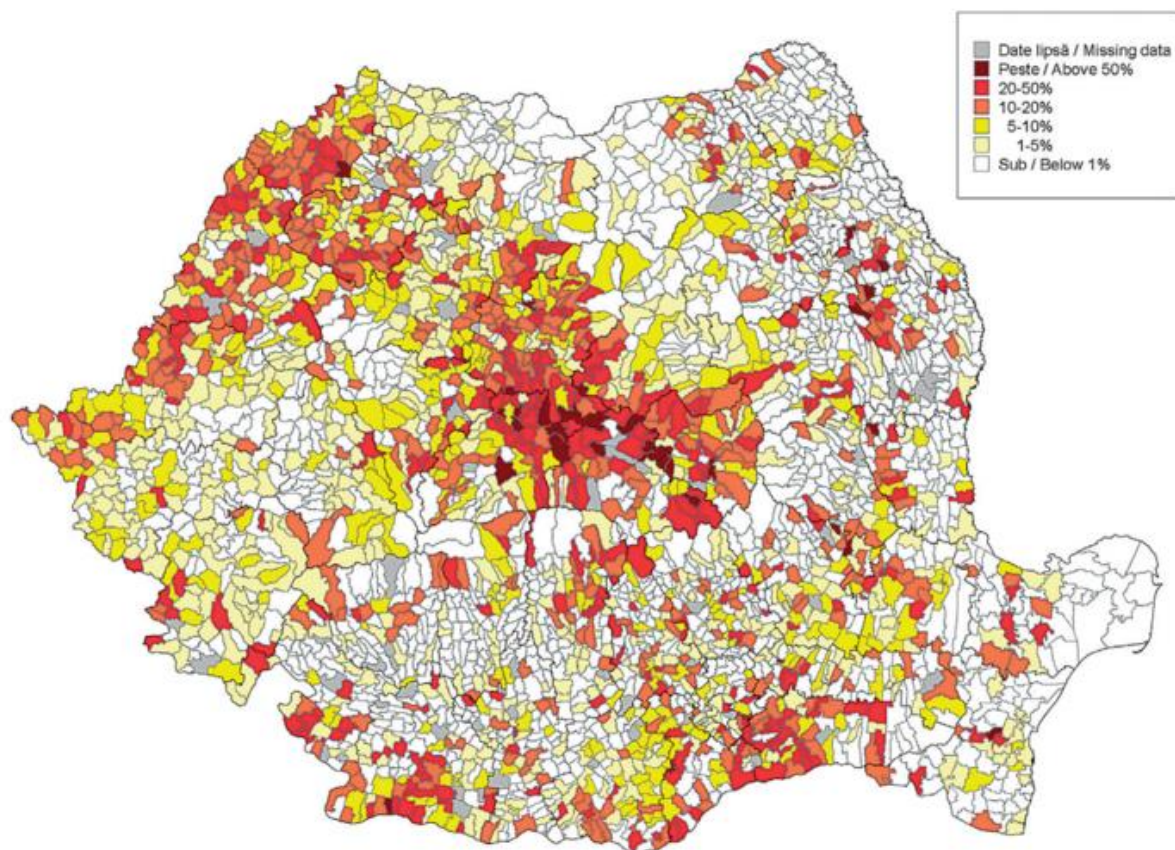
³¹ HORVATH, Istvan, Raport de cercetare - SocioRoMap, O cartografiere a comunitatilor de Romi din Romania, Institutul pentru Studiarea Problemelor Minoritatilor Nationale, Cluj-Napoca, 2017.

[Horvath, 2017, p. 27] – Comparison of Roma presence in different localities 2011, total of 3,181 localities – administrative unit – commune.

	Localities		Persons declared to be Roma	
	Number	%	Number	%
No Roma declared in locality	860	27		
Roma declared in locality	2,321	73	621,573	
Under 500 persons or under 5% of population	1,501	47.2	87,553	14.1
Above 500 persons or above 5% of population	820	25.8	534,020	85.9

Localities and amount of population	% of total population living in ...	% of Roma living in ...
Above 100,000	28.2	14.7
20,000-100,000	15.2	14.4
10,000-20,000	11.5	15.0
7,000-10,000	4.2	7.0
3,000-7,000	25.6	30.6
Under 3,000	15.3	18.3

[Horvath, 2017, p. 45] - % presence in localities (communes).



Roma have a presence of more than 50% in 33 localities.

Distribution of localities according to the share of Roma.

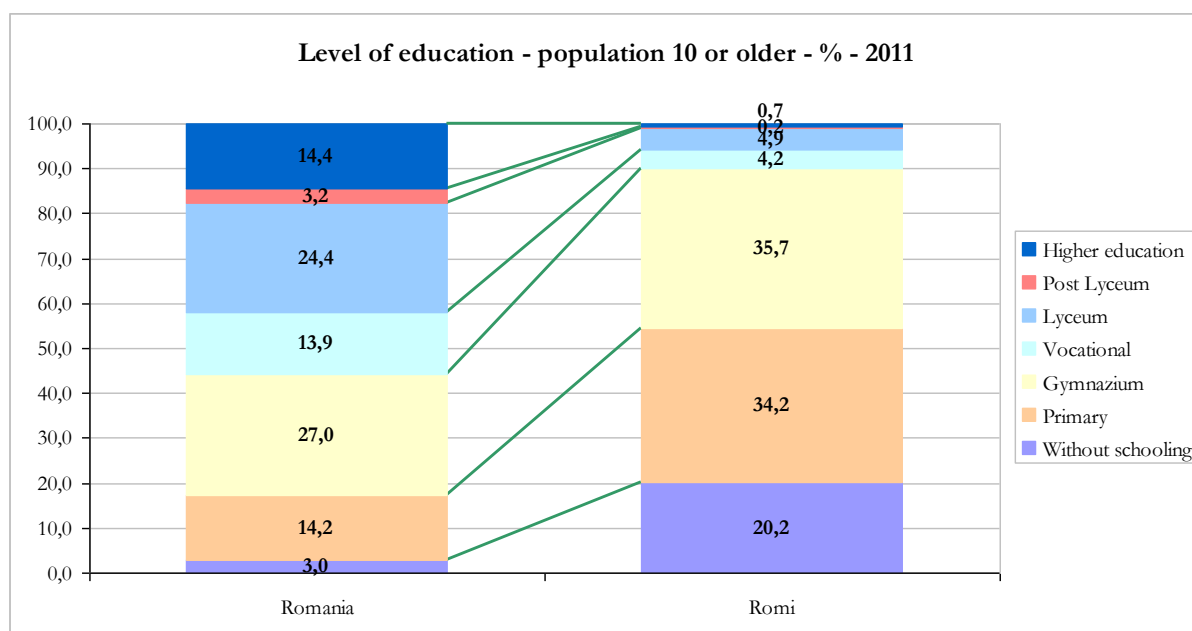
	Rural		Urban		Total	
	Number	%	Number	%	Number	%
>50%	33	1.2	0	0.0	33	1.1
20-50%	292	10.4	18	5.7	310	9.9
10-20%	362	12.9	54	17.2	416	13.3
5-10%	312	11.1	79	25.2	391	12.5
1-5%	513	18.3	109	34.7	622	19.9
<1%	1,296	46.2	54	17.2	1,350	43.2

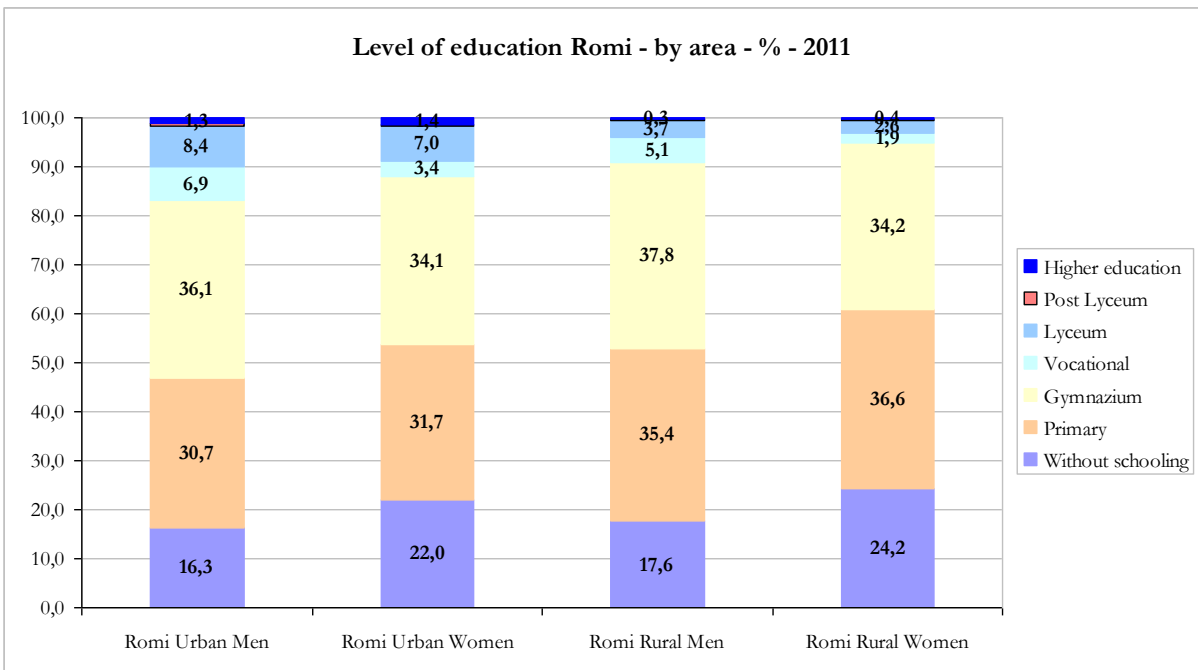
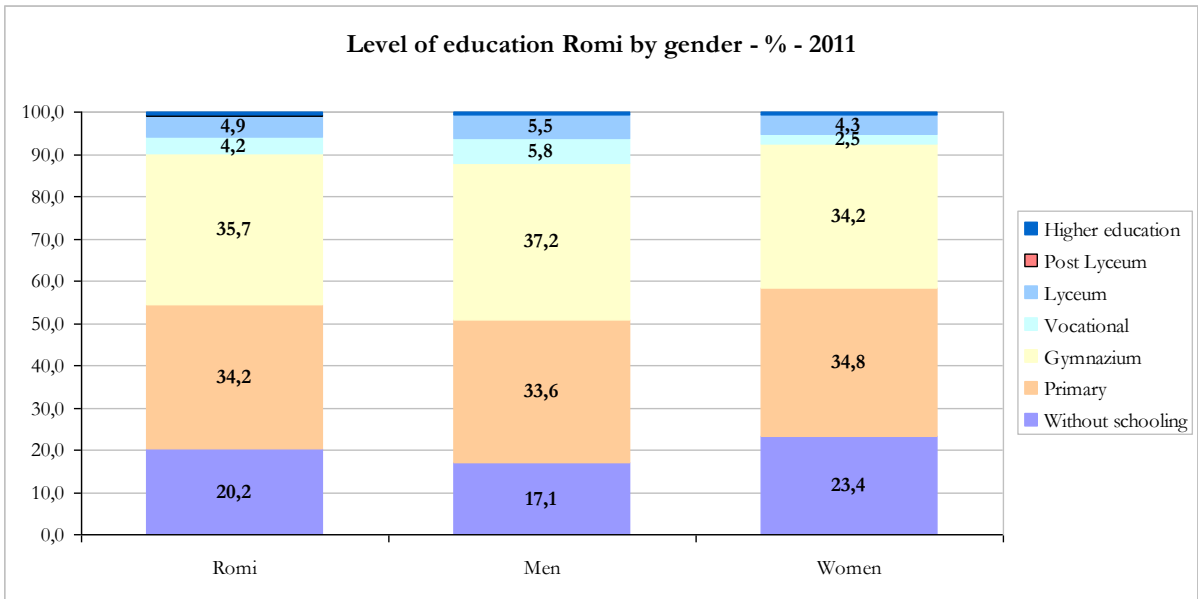
Going deeper into the structure of local communes: the table below shows the spread in micro-localities (in Romanian SAT, a village being a part of a commune, in total 12,654 villages). [Horvath, 2017, p. 79]

	Number Sat	%	Total Roma	% of total Roma
Majority lives in compact groups	1,165	9.2	557,137	45.8
Mix of compact groups and living among non-Roma	444	3.5	322,477	26.5
Majority Roma	89	0.7	60,192	5.0
Roma living among non-Roma	1,792	14.2	246,676	20.3
No significant Roma population	9,164	72.4	29,364	2.4
TOTAL	12,654	100.0	1,215,846	100.0

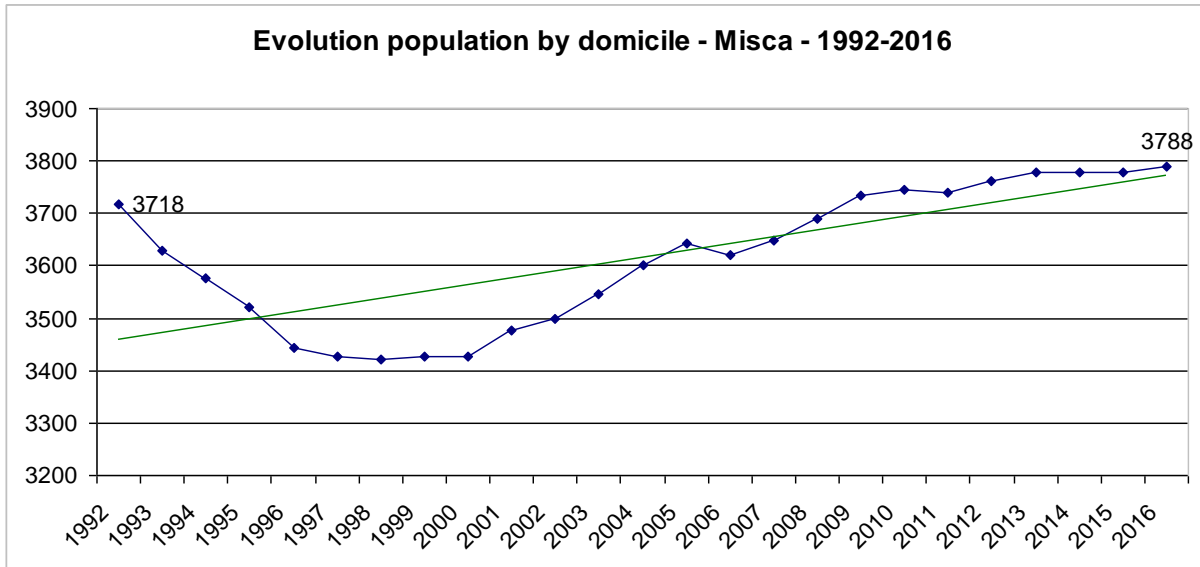
At least half of the Roma population lives segregated from non-Roma.

Based on the population census of 2011, it can be concluded that in general Roma have lower educational levels than the rest of the population.



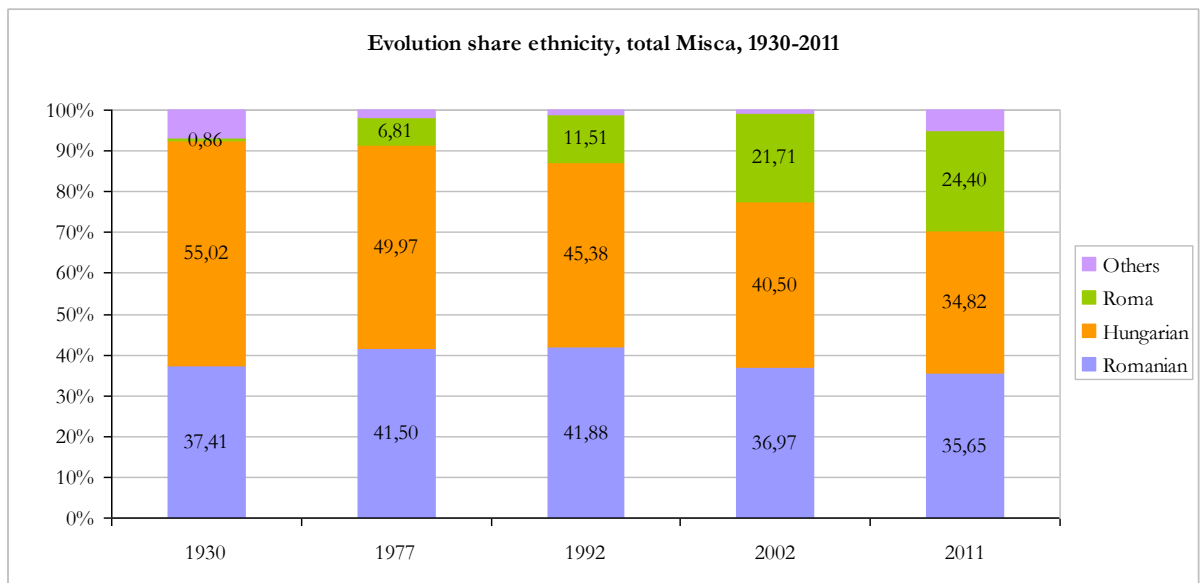


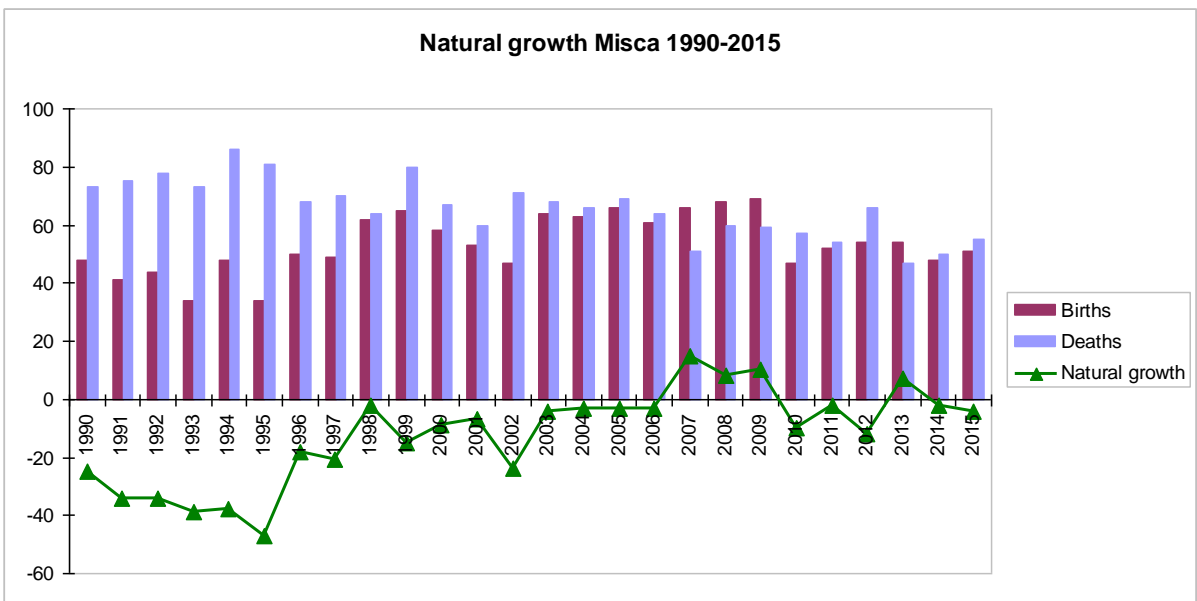
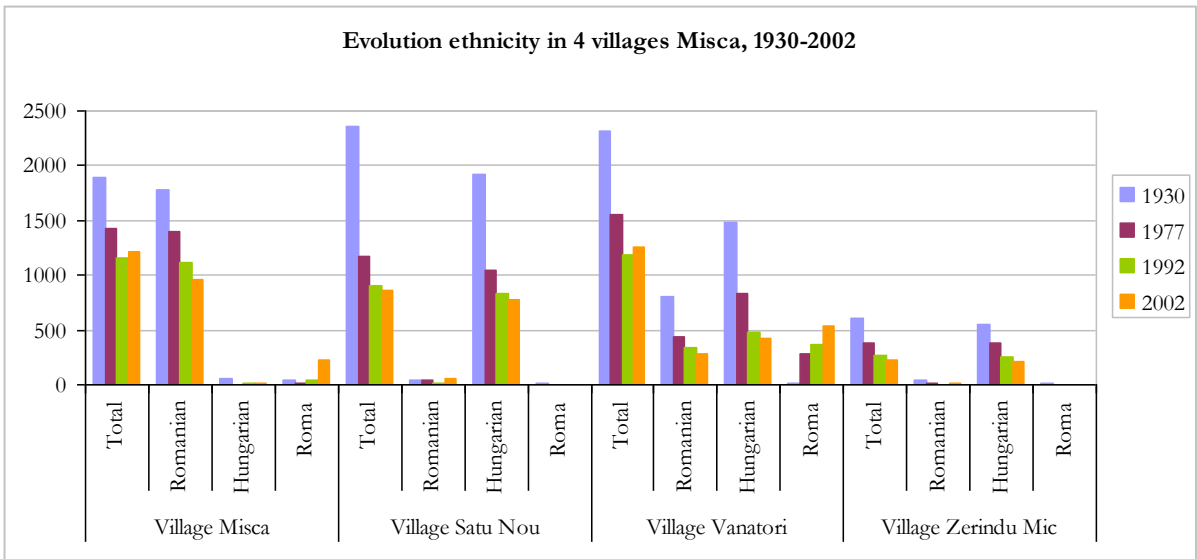
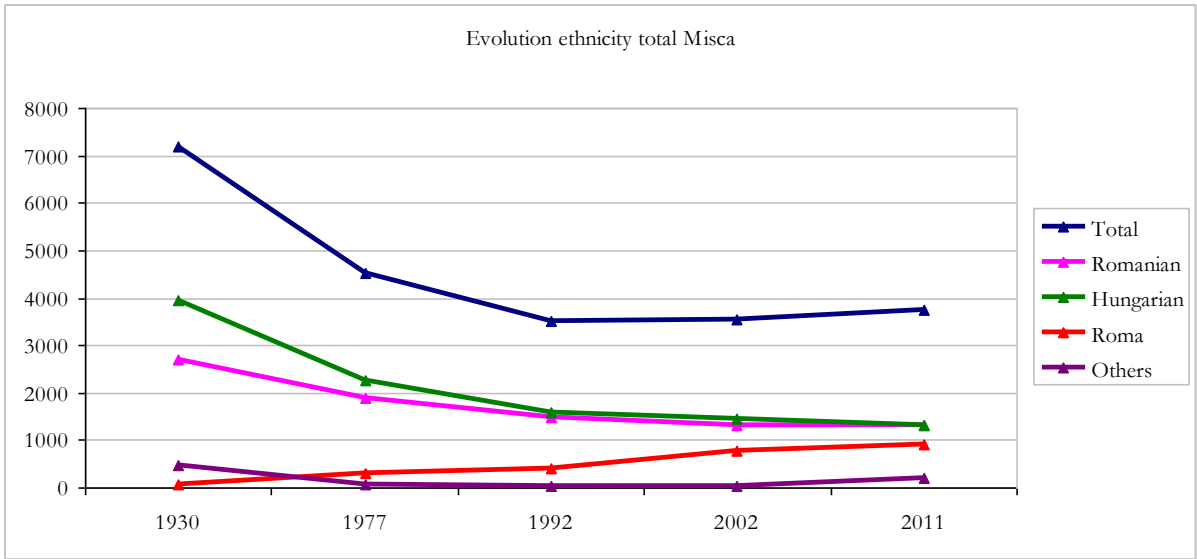
Roma in Misca

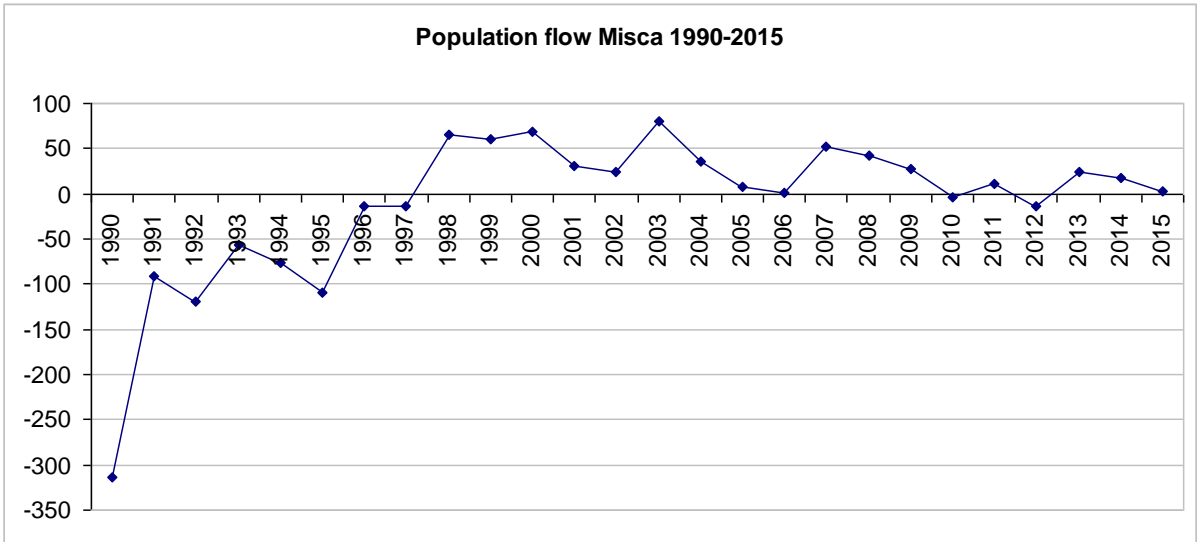
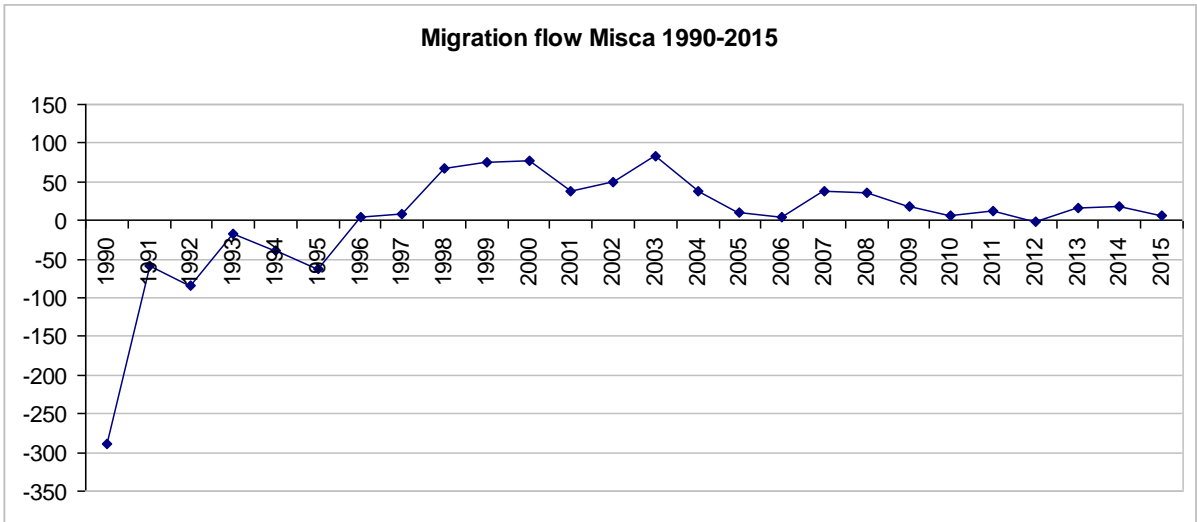


The commune is composed of four villages each with a specific ethnic profile:

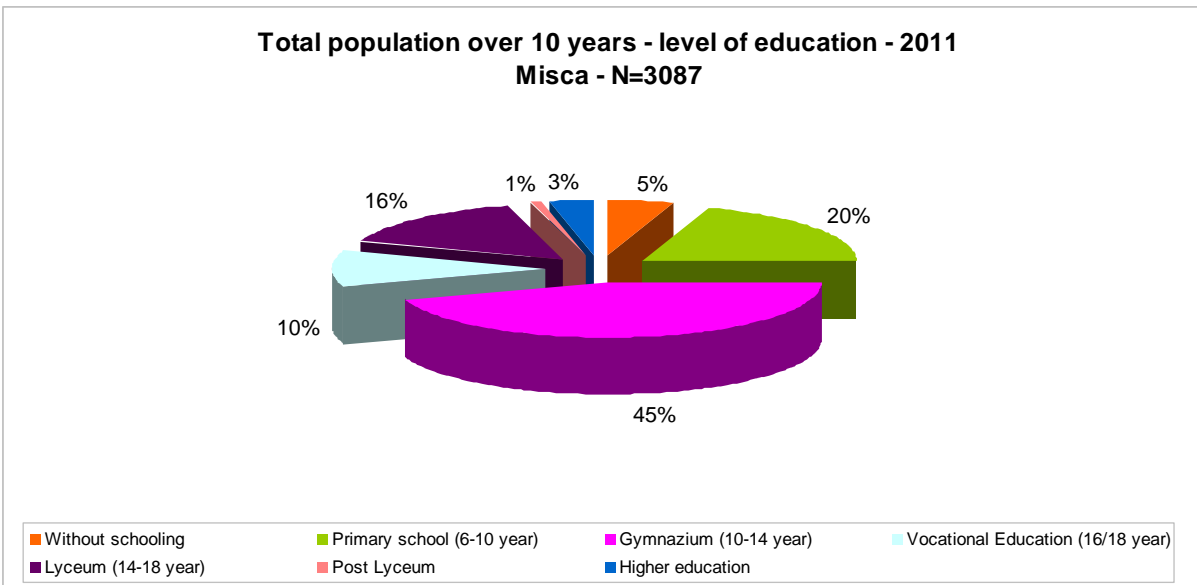
- Mişca (Tőzmiske) – Romanian;
- Satu Nou (Simonyifalva) – Hungarian;
- Zerindu Mic (Bélzerénd) – Hungarian;
- Vânători (Vadász) – Roma.



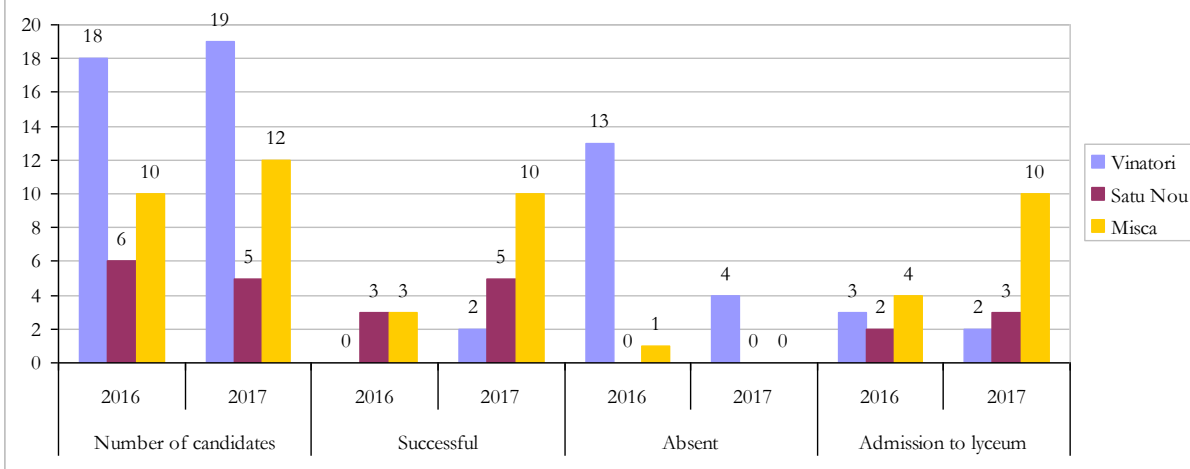




Level of education in Mişca.



Results after national test Class 8
 Source: <http://evaluare.edu.ro/> and <http://admitere.edu.ro/>



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Co-ordinators

Ides Nicaise (HIVA-KU Leuven), general project co-ordinator/scientific co-ordinator
Michel Debruyne (Beweging vzw), network co-ordinator



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