Country Report - ECI services in Romania

Analysis conducted within

ECI Agora: developing ECI services through participation & co-production

Coordinator: Andreia Moraru

Collaborators: Szasz Tunde, Julia Gal

Dizabnet Federation

www.dizabnet.ro

August 2018

Content

I. Introduction

Providing Early Childhood Intervention services for children of young age is not only necessary and beneficial to the children, but also to the parents. These children could maximize their potential of development, would they participate in Early Childhood Education programs of good quality in the first 3 years of their lives when their brains' plasticity is at its peak and society in general would benefit more offering them an early head start.

Early Childhood Intervention services are meant to satisfy the child's developmental needs from birth until the age of 3 in case they present with physical, cognitive, neuro-psychiatric, communicational, emotional, social, adaptational issues or in case their health is in such condition that they are at high risk of presenting with such issues (American Academy of Pediatrics, Committee of Children with Disabilities, 2001). ECI is applicable to all children between the age of 0 and 3 or, in some countries, children aged 0-6/7 who are discovered to have or be at risk of developing disabilities or have other special needs which could affect their development. ECI consists of providing services to these children and their families in order to reduce the effects of such conditions. The difficulties faced by children with disabilities require organized and systematic psycho-pedagogic, medical and social intervention which would not be centered around their deficiency, rather around their remaining or untapped potential. In this context, ECI is particularly important seeing that it has been proven to be efficient not only in preventing the development of disabilities by stimulating progress, but also in reducing the negative impact of the child's disabilities on the parents, siblings and other relatives. Additionally, ECI represents an efficient method of preventing the abandonment and institutionalization of the child.

ECI's mission is to identify and evaluate those children whose development is compromised as soon as possible and to offer them suitable intervention so as to improve the development of the child and their family.

There are 3 main reasons to administer ECI to a child with special needs:

- Recovery to the fullest possible extent from disabilities or potential disabilities discovered during the intrauterine phase or at birth
- Boost in development so as the child could make up for the developmental delay they might have experienced
- Provision of support and assistance to the family in the event that there is a child with disabilities or potential disabilities

In what follows, we will assess the level of development of the ECI services in Romania – to what extent we can talk about a system of healthcare, educational and social services meant to help newborn babies at risk, children experiencing developmental delay, children with special educational needs and children with disabilities that are between 0 and 3, up to 6/7 years old.

We will see that, in spite of the fact that some elements of common public policy are in place, a properly implemented, coherent system of screening, ECI and monitoring of these children does not exist. Moreover, there is a systematic lack of information and counseling services for their parents and families. Sectorial policies and strategies are only addressing certain aspects of the children's development, they are not integrated into one clear, unified vision. The needs identified in Romanian children, as well as new guidelines in this field, both in the EU and internationally, strongly require establishing a national strategy and a coherent, functional and integrated Early Childhood Intervention and Early Childhood Education system in Romania. Additionally, it is important that the Early Childhood Education system develops in the context given by the UN Convention on the Rights of the Child as well as the UN Convention on the Rights of Persons with Disabilities, both ratified by Romania.

II. Defining the concepts of Early Childhood Intervention and Early Childhood Education as used in pieces of legislation

Subsequently to the analysis of legislation conducted in order to understand how ECI services for children between 0 and 3, up to 6/7 years of age work, we have noticed the following aspects:

1. The definitions of the concepts vary depending on the issuer ministry and specific services are set to be implemented by subordinated institutions / the network of services or specialists which sometimes leads to the overlap of certain services and other times to the lack of certain services from the necessary chain of ECI services.

In the field of education (Ministry of Education) both concepts, Early Childhood Education and Early Childhood Intervention, are used**.** For instance, in Annex 18/01/2013 regarding the educational content for ante-preschool ECI aimed for children with multiple sensorial deficiencies / deaf-blindness, issuer: Ministry of National Education, published in: Official Gazette no. 146 bis from March 19th, 2013 there is a clear distinction between Early Childhood Education and Early Childhood Intervention, as well as in-detail description of what Early Childhood Education consists of.

The institutions that should provide these services are:

- Early Childhood Education services – nurseries and kindergartens, as well as private Early Childhood Education services (NGOs)
- ECI services – special kindergartens within the system of special schools for children with disabilities, as well as the multidisciplinary teams of CJRAE for ECI services in nurseries and schools for children with special educational needs within the network of mass education

In the field of healthcare (Ministry of Healthcare) the concept of Early Childhood Therapeutic Intervention is used without a clear definition within legislation.

The screening of newborn children at risk is conducted in the lying-in hospital by neonatologists, whereas the screening of children with developmental problems is conducted through the network of general practitioners and of specialists in neurology / pediatric neuropsychiatrists. There are clear stipulations regarding the assessment and monitoring of these children. For instance, The Collection of Medical Practice Guidelines for Neonatologies, Guideline 13, Tracking the newborn child at risk for neurologic and developmental sequelae, published in the Official Gazette no. 586 bis from August 18th, 2011, Editor: Maria Livia Ognean, a document that establishes the categories of newborns, the characteristics of newborns at major risk or other types of risk, the duration of monitoring, the calendar of periodical assessments etc.

However, we do not have proper ECI services in the healthcare system, neonatologists and neurologists either administer only pharmaceutical treatment or refer these children's cases to specialists in the private sector – kinesiotherapists, psychopedagogists, psychologists etc. In fortunate cases, these specialists work in coordinated structures – NGOs or individual private offices, however, most commonly, these cases are referred to a disparate and personalized network of specialists where every specialist administers their share of therapy without real coordination within the network to benefit the child. In those coordinated structures that provide ECI services, parents are not only communicated with, but information and counseling services are at their disposal so as to make an informed decision regarding the best options to follow in the therapy of the newborn or young child. Once again, most commonly, the parents are only partially informed, never truly counseled and have to identify the options they have access to on their own.

In the field of social services (Ministry of Labor and Social Justice) ECI services were recognized by previous legislation as socio-medical services which could be accredited and financed through that specific legislation (with some restrictions), however, as per current legislation – as of 2012 – these types

of services have disappeared as specific services from the nomenclature of social services that can be accredited and financed, consequently there is no elaborate standard for these types of services. In fact, this state of social services has led to the situation when even if there is a relatively functional system of screening and diagnosing at the level of services in the field of healthcare for children aged 0-3 in place, it is not followed by a coherent and functional system of ECI services (in the healthcare system and/or the field of social work) which could effectively provide the necessary ECI services.

2. The use of the concepts of Early Childhood Education, Early Childhood Intervention and Early Childhood Therapeutic Intervention varies depending on the period of time specific legislation was adopted. Therefore, we may come across pieces of legislation adopted under the same minister, but in which the vision regarding the implementation of ECI services differ depending on the year that specific piece of legislation was adopted. This fact makes the matter even more complicated and hard to understand, creates even more dysfunctionalities and impedes access to recovery and rehabilitation services as ECI services for children aged 0-3, up to 6/7 years of age.

III. Legislative groundwork adopted in Romania

A reference point in Romanian legislation is given by the adoption of Joint Order no. 1305/ 1985/ 5805 of the Ministry of Healthcare, the Ministry of Labor and Social Justice and the Ministry of National Education in 2016 regarding the approval of the methodology of assessment and integrated intervention regarding classification of children with disabilities into grades of disability, the educational and professional orientation of children with special needs, as well as the empowerment and rehabilitation of children with disabilities and/or special educational needs. This piece of legislation is intended to make the system of ECI and Early Childhood Education services become coherent and functional. Unfortunately, in the absence of explicit introduction of this Order in legislation in the field of healthcare – organizational methodology, accreditation and financing of ECI services – it had a limited effect, it served more as an outline of a possible vision of the system than as an official document that must be implemented so as the system would actually become functional and accessible. Definitions are quite broad and vague (for instance, ECI is defined as the totality of actions in the fields of healthcare, education, child protection, empowerment and rehabilitation conducted immediately after detection of any signs of disability in children between the ages of 0 and 6) and so, even though there is clear mention

of the institutions responsible for implementing the Order, there is no mention of any kind of repercussions for not doing so.

"ART. 5
For thorough understanding of this order, used terms and expressions have the following meaning:
j) Early Childhood Intervention represents the totality of actions in the fields of healthcare, education, child protection, empowerment and rehabilitation conducted immediately after detection of any signs of disability in children between the ages of 0 and 6;

ART. 14
(1) Any professionals who interact with a child with disabilities or with special educational needs, for example a teacher, school advisor, itinerant or support teacher, psychologist, family doctor, social assistant, community-based medical assistant, school mediator, priest, member of consultative community-based structures or others, have the obligation of informing the family and indicating the child's situation to SPAS/DGASPC in case the child is not yet classified into a grade of disability or professionally/educationally oriented so as the child could benefit from precocious diagnosis and Early Childhood Intervention services.
(2) The initial assessment procedure is initiated by SPAS/DGASPC who also put the professionals' indication on record.
ART. 18
Along with the procedure of initial assessment, SPAS/DGASPC has the obligation of informing the parents/legal guardians regarding…
a) their legal rights […];
b) the right to education for every child […];
c) the importance of empowerment-rehabilitation of their child in order to encourage their development and to give them the opportunity to benefit from an incentive, service and intervention plan that is part of the procedure of classifying their child into a grade of disability and of professional and educational orientation provided by COSP or orientation it its own right if required by the parents/legal guardians;
d) the documents necessary to file for classification into a grade of disability […];
e) the document necessary to file for educational and professional orientation […].
ART. 30
(1) The first medical examination of the child after birth, conducted by the neonatologist, could reveal a diagnosis of a disease potentially causing disabilities. Pediatricians may also similarly issue a precocious diagnosis in case the family doctor or the parents of the child notice health issues.
(2) The communication of the diagnosis of the disease potentially causing disabilities must respect the following provisions:
a) the doctor who assessed and diagnosed the child is who communicates the diagnosis to the parents;
b) both parent must be informed;
c) Being a decision that is made ethically, communication may be conducted along with the psychologist of the healthcare unit or along with the specialized professionals with whom the parents might want to work together in partnership in the best interest of their child;
d) parents are provided with psychological counseling;
e) necessary measures are taken in order to prevent the abandonment of the child in the healthcare unit;
f) medical and Early Childhood Intervention services must be identified; parents should be counseled and supported to access those services;

g) parents are referred to SEC for assessment of function and disability as well as the complex assessment which represents the legal basis of obtaining the legal rights that benefit the family and their child if classification into a grade of disability and/or access to empowerment and rehabilitation services is requested.

ART. 99

(1) The County/Local Councils, DSP and ISJ/ISMB are responsible for carrying out the provisions of this order.

(2) The County/Local Councils, DSP and ISJ/ISMB are responsible for developing a protocol of collaboration in order to implement this order within 6 months after it comes into effect.

(3) The aforementioned protocol must consider at least the following aspects:

a) special procedures […];

b) inter-institutional collaboration procedures […];

c) the methodology of establishment of services that are necessary for children with disabilities or special educational needs, including Early Childhood Intervention;

d) information of professional who interact with children with disabilities or special educational needs regarding the provisions of this order;

e) continuous training of professionals who interact with children with disabilities or special educational needs, particularly of members of CPC and COSP, of SEC and SEOSP personnel and of family doctors."

Additionally, within the sectorial strategies of reference – the National Strategy "A society without barriers for persons with disabilities" 2016-2020 and the National Healthcare Strategy 2014-2020 – there are provisions of certain purposes, measures, indicators, responsible institutions and deadlines for introducing specific legislation for ECI and Early Childhood Education, however, up until now, these required documents have not been properly drafted up and called for public debate.

RULING no. 655 of September 14th, 2016 for the approval of National Strategy "A society without barriers for persons with disabilities" 2016-2020 and the Operational Plan for implementing National Strategy "A society without barriers for persons with disabilities" 2016-2020
ISSUER: GOVERNMENT, PUBLISHED IN: OFFICAL GAZETTE no. 737 of September 22nd, 2016
ANNEXES from September 14th, 2016 of Governmental Ruling no. 655/2016 (Annexes no. 1 and 2)

" V. Education and professional training
OS.1 Assurance of access to education and professional training for all persons with disabilities, in adapted forms of contexts to the individual needs of the communities they live in.
Measures: 1.9. Elaboration of an inter-ministerial, integrated methodology of assessment, monitoring and Early Childhood Intervention for children and youth with disabilities.
Result indicators: Approved methodology of assessment and Early Childhood Intervention.
Time of implementation: 2017-2019
Responsible authorities: MENCS, MS, ANPD, ANPDCA, CJRAE, CMBRAE

VII. Healthcare
OS.2 – Assurance of access to diagnosis and Early Childhood Intervention for children and persons with disabilities, measures for prevention of the risk of developing a disability.
Measures: 2.1. Development and implementation of direct measures, initiatives and services for mental health.

Result indicators: Early childhood identification mechanisms and instruments. The number of service beneficiaries. National Healthcare Plan.
Time of implementation: 2017-2020
Responsible authorities: MS, ANPD, CNAS, MMSSF

Measures: 2.2. Precocious diagnosis of such diseases that potentially cause disabilities through standardized screening examinations of newborns.
Result indicators: Number of standardized screening examination for newborns. The number of beneficiaries'/screening examination. Monitoring procedure. Precocious prevention services included in the basic package of healthcare services or in National Healthcare Plans.
Time of implementation: 2017-2020
Responsible authorities: MS, ANPD, APL, CMR, CNAS, MMSSF

Measures: 2.3. Elaboration of a procedure regarding monitoring children with a low APGAR score in order to identify developmental issues during the early childhood.
Result indicators: The number of monitored children.
Time of implementation: 2017-2020
Responsible authorities: MS, ANPD, ANPDCA"

RULING no. 1.028 of November 18th, 2014
regarding the approval of National Healthcare Strategy 2014-2020 and the Plan of Actions during 2014-2019 for the implementation of the National Strategy
ISSUER: GOVERNMENT
PUBLISHED IN: OFFICIAL GAZETTE no. 891 of December 8th, 2014 STRATEGY 18/11/2014

" OS 1.1. Improvement of the state of health and nutrition of the mother and the child and the decrease in infant and maternal mortality
d. Assurance of access to precocious diagnosis, proper monitoring and/or quality treatment through the diversification of primary medical assistance services, particularly preventive services that are provided through the basic package of healthcare services:

- *building integrated community-based centers*
- *defining the role of community-based medical assistants, of family doctors and of specialists in the precocious identification of disabilities of children at risk and their referral to specialized services*
- *procuring products intended to be distributed to the eligible beneficiaries of the program freely of charge in suitable amounts and in time (micronutrients, Rh immunoglobulins);*
- *providing quality pre/postnatal care of the mother and the child; the increase of access to regular checkups of the mother, stratification from the first trimester and monitoring of the pregnancy depending on the level of risk;*
- *increasing the capacity of pre/postnatal diagnosis of genetic diseases, genetic counseling; institutionalization at national level of screenings for diseases with potential of neonatal diagnosis*
- *assurance of necessary resources for developing and functioning centers of perinatal care of the mother and the newborn at risk within a regionalized modern system and for those centers that are meant for precocious diagnosis and intervention for certain chronic diseases of children with potential of secondary and tertiary prevention;*
- *the increase of national capacity of medico-surgical diagnosis and treatment in certain pathologies (for example, cardiovascular, congenital, neurologic diseases) which require intervention at a very young age;*

OS 3.3. Improvement of the mental health of the population

● *developing specialized program for children with psychological disorders (autism spectrum disorders, ADHD, etc.) centered around outpatient and community-based care and the implementation of interventions within preschool and school units, adapted to specific needs, for children, youth and parents;*

O.S. 4.2. The increase of efficiency and diversification of primary medical assistance services
c. Continuous development of the knowledge and skills of the providers in primary medical assistance

● *revising the curriculum for residency in family medicine so as to develop competences regarding precocious diagnosis and Early Childhood Intervention"*

IV. ECI in the social and healthcare field – the system, the specialists', the parents' and the authorities' perspective

Healthcare services for the mom and the child of 0-3 years of age

ECI services for a child of 0-3, up to 6/7 years of age

The structure of services within the healthcare system:

Prenatal prevention (during pregnancy)

1. Regular checkups in order to monitor the development of pregnancy:

- Family doctor:
  - Put the pregnancy on record in the first trimester
  - one checkup/month in the 3rd to7th month, 2 checkups/month in the 7th to 9th month
- Specialist doctor in obstetrics-gynecology (in outpatient facilities): one checkup each trimester, includes ultrasounds.

2. National Healthcare Plan

- Testing for HIV, hepatitis of viral etiology with virus B or C, pre and post HIV and lues testing counseling for the pregnant woman, as well as other necessary non-clinical investigations included in the basic package.
- The prevention of congenital malformations through pre- and postnatal diagnosis
  - Prophylaxis against the rh-isoimmunization syndrome: prophylactic treatment with anti-D immunoglobulin
  - The diagnosis and management of spinal amyotrophies and muscular dystrophy type Duchenne and Becker, as well as prevention of hereditary transmission of these

Postnatal prevention

1. Medical examinations:

- Preventive examination of the newborn at the time of release from the hospital (family doctor – at the child's domicile)
- Preventive examination of the newborn at the age of 1 month (family doctor – at the child's domicile)
- Preventive examination of the infant at the age of 2 and 4 months (family doctor – at the doctor's office)
- Preventive examination at the age of 6, 9, 12, 15 and 18 months (family doctor – at the doctor's office)
- For children of 12, 15 and 18 months of age possible deficiencies of the psycho-motoric development are identified by a questionnaire seeking to identify areas of psycho-motoric development which could be affected by autistic spectrum disorders (family doctor – at the doctor's office)
- Preventive consultation of children of 2-5 years of age (family doctor – at the doctor's office)
  Note: In the event that the score is high and indicates a high level of risk it is recommended that the child and their family is referred to specialists in pediatric psychiatry / neuropsychiatry

2. National Healthcare Plan

- Neonatal screening for congenital phenylketonuria and hypothyroidism, confirmation of the diagnosis of phenylketonuria and the maintenance of the specific diet. Only some maternity hospitals provide screening in Romania; cca. 1/3 newborns are tested.
- Prevention of hearing deficiencies through neonatal screening. It is only conducted in 17 maternity hospitals throughout Romania. The Order for approval of the Protocol of Universal Auditory Screening for Newborns considering the standardization of the methodology of auditory testing through otoacoustic emissions was published in January of 2017.
- Prophylaxis against dystrophy in children diagnosed with other innate metabolism disorders through administering of special food items.
- Prophylaxis against malnutrition for children born underweight.
- Prophylaxis against complications of retinopathy of prematurity through neonatal screening, laser therapy and outpatient monitoring.
- Prophylaxis against dystrophy for children aged between 0 and 12 months who do not benefit from breastmilk through administering powdered milk.

<u>Early Childhood Intervention</u>

- Outpatient services: provide medical services specialized in diagnosis and medical treatment and are periodically assessing children with disabilities – specialists in pediatric neurology and pediatric psychiatry. The fact that in smaller counties where there are no clinics and specialists in this field do not work in the existing hospitals, the number of these specialists is very low represents a major problem. For instance, in Bistrita-Nasaud County there is only once specialist in pediatric neurology and one specialist in pediatric psychiatry.
- Clinics / hospitals: provide medical services specialized in diagnosis and medical / surgical treatment
- Recovery services:

  - Recovery hospitals;

  - Recovery centers and Itinerant specialized teams which belong to the general Directorate of Social Assistance & Child Protection Services or NGOs;

  Note: There are few, insufficiently professionalized Recovery Centers and Itinerant specialized teams. For children of 0-3 years of age, these services only exist in less than 25% of Romania's counties. These need to be multiplied, diversified and professionalized. Moreover, they need to be recognized as distinct socio-medical services in the nomenclature of social services and need to develop their own standards.

The perspective of the parents whose child is in need of ECI services, as well as the perspective of the specialists in ECI services:

Screening and monitoring of newborns is conducted either by the neonatologist at birth or afterwards following the referral to specialists in neurology / pediatric neuropsychiatry made by the family doctor.

From the parents' perspective whose children have problems at birth or developmental issues – they claim that if those problems were not noticed and put on record by the neonatologist at birth, no further measures were taken until they notified the family doctor that they are worried something is wrong with their child. Obviously, a few weeks or even months had passed until they realized what was going on – months during which their child could have benefited from ECI services.

The parents also claim that it is more difficult for them to encounter doctors with whom they could build a relationship based on trust and who would be happy to explain thoroughly what their child's situation is and what the family's options are. Usually what happens is that the doctor communicates the result of the screening and the diagnosis towards the parents, but often delivers too little information regarding the steps they should take or the options they might have. Additionally, it is hard for the parents

to encounter specialists in ECI who could assure them that the child is taking part in the therapy they really need. Parents end up trying different kinds of therapy until they find the ECI services their child truly needed.

After obtaining a diagnosis based on the testing and the applied or doctor-recommended diagnostic instruments, the doctor suggest a certain specialist for the first few ECI services (in most cases, a kinesiotherapist or a psychopedagogist previously known by the doctor and whom they have referred cases to in the past) to the parents, then this specialist recommends other types of intervention and puts the parents in contact with another specialist previously known to that specialist etc.

Parents who have been interviewed also claim that there is no official information available about the accreditations and competences of these specialists and they are forced to turn to the specialists recommended by doctors, by other specialists or former patients without being able of being certain that they have made the correct decision for they child. Regional or national bureaus where they could get information upon request do not exist.

Besides the screening and diagnosing medical services which are free of charge if they are conducted within the public healthcare system, ECI services are, most often, conducted in private facilities and have to be paid for. Some specialized offices / clinics have contracts with the National House of Health Insurance so as to cover the expenses of some ECI services (for instance, they cover the expenses of kinesiotherapy, but not those of psychopedagogy). In some instances, the family could benefit from lowered prices or gratuity at some NGOs due to the NGOs effort to attract outside funding (public or private) so as to sustain their ECI services.

When parents notice developmental issues in their child, they turn to their family doctor who refers them to a specialist. Most often, when they arrive at the specialist's office, their child is clearly showing signs of developmental issues or other medical problems. In the event of the overturn of a possible diagnosis, the child is not put on record for monitoring only in case the specialist makes a written request addressed to the family doctor.

Initially, the screening is conducted by the specialist doctor, then every specialist the family encounters applies their own ECI testing instruments. The parents are present during the application of the testing instruments, but the degree of received information is considerably lower at the specialist doctor than at ECI specialists who are counting on the collaboration and involvement of the parents throughout the course of their activity. Usually no information is required about the parents or the family, only when it is relevant from a medical perspective.

Every ECI specialist puts together their own individualized plan of recovery and in most cases, without any coordination whatsoever with the plans of different specialists. In fortunate cases, when ECI

services take place in an NGO or a specialized office / clinic, then there is clear collaboration between specialists in the form of multidisciplinary teams with coordinated individualized plans of recovery and in which the monitoring of the achievement of every target monitored is followed closely.

ECI services and recovery therapies are conducted in a parallel manner and with no affiliation to the preschool education system. An exception would be if the ECI services and recovery therapies are integrated into the education system for children with special needs (special kindergartens, ECI groups etc.), but this only happens in severe cases and requires obtaining the certificate of disability so as the child can officially have access to those services.

Interviewed ECI specialists also mentioned the lack of dialogue with specialist doctors and the lack of trust specialist doctors have towards them, as well as the excessive level of personalization of professional relationships (some specialist doctors only refer cases to certain ECI specialists rather based on their personal relationships with that ECI specialist than based on the needs of the beneficiary).

Also, interviewed ECI specialists mentioned the poor organization of the system and the lack of authority of the professional associations they are members of. This is the reason why there is no recognition of the specific expertise (in ECI services, for example) and no quality-based c between specialists even if, from a formal point of view, it is necessary that they benefit from a certain amount of recognition so as to practice their profession (practice license).

ECI specialists try to form a professional network in order to refer cases amongst them, however, they lack dialogue and openness so as to be able to function as a body of professionals. The incoherence of legislation, the lack of public recognition and of financing in ECI services make it much more difficult for them to collaborate in the best interest of the children and their families.

V. Early Childhood Intervention and Early Childhood Education in the social and educational field – the system, the parents', the specialists' and the authorities'

Early Childhood Education for children of 0-3 years of age

ECI services for children of 0-3 years of age

The organization of the Early Childhood Intervention and Early Childhood Education system of services:

There are a variety of institutions for Early Childhood Intervention and Education, the majority of which are part of the education system, while others are part of the social assistance system:

- Nurseries for children from the age of 4 months to 3 years, which sometimes accept children older than 3 years of age in order to maintain their hired personnel. These are financed and coordinated by the Local Councils, without professional supervision and without educational or other standards.
- Kindergartens for children from the age of 3 to 6/7 years of age. These are financed by the Local Councils and coordinated by the Ministry of National Education.
- Special kindergartens and ECI groups in the special schools for children with a certificate of classification into a grade of disability, coordinated by the Ministry of National Education.
- Day-care Centers or private kindergartens for children under 6 years of age, approved by ARACIP, the Ministry of National Education.
- Day-care Centers for children under 6 years of age who are in at risk of abandonment, coordinated by the Child Protection Services and under the methodological coordination of the Ministry of Labor and Social Justice.

Services for children between the ages of 0 and 3 are provided through the system of nurseries, which offer a few ways of socio-medical care, without the component of Early Childhood Education. In the past, nurseries used to be under the responsibility of the Ministry of Healthcare, but as of 2002, nurseries are financed by the Local Council, while kindergartens are financed by the Ministry of National Education. There is no regulating agency responsible in the matter of nurseries and that is why administrative responsibility falls onto the local authorities. Educational and psychological aspects of the children attending are not sent out to any governmental agencies for assessment, coordination or implementation. What is more, there is no system for continuous training of personnel (which mainly consists of workers in the field of healthcare) in place.

Currently, in Romania there are 334 nurseries which cover approximately 3% of the necessary amount of places. The vast majority of parents who send their children to nurseries are the parents who work and cannot or would not leave their jobs on maternity/paternity leave for 2 years (only 8% of the attending children's fathers are unemployed and 4% of mothers are unemployed/housewives).

Concomitantly with the decrease in the number of nurseries, there is no plan of diversifying Early Childhood Educational services (for instance, by integrating alternative services, those of NGOs etc.) and no accompanying of these types of classic services with complementary or innovative models.

It is important to emphasize the fact that, for instance, in the year of 2011, from the total number of nurseries, 99.1% functioned in the public system and only 0.9% in the private one. Over 90% of these nurseries are situated in urban settings, while in the rural environment there are a number of just 27

nurseries in the whole country. It is worth noting that some kindergartens have created precocious groups which make it possible for children to access kindergarten from the age of 2, but the age interval of 0-2 still remains uncovered.

In the field of education, ECI services for children of 0-3 years of age take place only within kindergartens and ECI groups within the special schools requiring the obtaining of the certificate of disability. In reality, ECI services do not even take place in these institutions due to legislative discrepancies.

Although, conform to legislation in effect, CJRAEs are responsible for assessment and monitoring of the children with developmental delay and/or disabilities enrolled in nurseries, the fact of the matter is that this does not work according to the rule of law either.

Practically, we could say that in spite of the fact that an existent legislative and organizational framework is in place for providing ECI services to children with developmental issues and/or disabilities, in reality, it is barely implemented.

The perspective of the parent whose child is in need of ECI services, as well as the perspective of the specialists in ECI services:

For children between the ages of 0 and 3, the diagnosis is determined at the level of the healthcare system or by giving out a certificate of disability at the level of the social assistance system. The children are given a certificate stating that they have special educational needs at the level of the education system, through CJRAE only if they are over the age of 3 and especially over the age of 6/7. Although legislation in effect requires the involvement of CJRAE in the assessment and monitoring of children enrolled in nurseries, as well as providing ECI services in special kindergartens and ECI groups within the special schools for children with certificates of disabilities, currently these legislative requirements are not implemented.

Thus, the parents of children with developmental delay and/or disabilities between the ages of 0 and 3 do not benefit from any services dedicated to their children within the ante-preschool educational system – no periodic assessment for early identification of developmental problems, no specific ECI services.

For that matter, not only the parents, but also the professionals from the field of education have repeatedly required the initiation and organization of ECI services and the provision of therapies for children with developmental issues and/or disabilities over the years, particularly in the context of accelerating inclusion policies in the mass education network of children with special needs.

After reaching the age of enrollment to kindergarten or school, children with developmental issues and/or disabilities have the opportunity to be certified as children with special educational needs and, consequently, to benefit from certain incentives or support services, but even then, recovery therapies and counseling services are not covered by the public system, instead they are provided privately through NGOs or private offices.

VI. Conclusions / Recommendations

In the following table, meant as a summary of the report, you may notice that in Romania, from the perspective of ECI services for children of 0-3 years of age, up to 6/7 years of age, there is no coherent legislation and/or implementation in none of the fields of healthcare (at the level of the Ministry of Healthcare), of social assistance (at the level of the Ministry of Labor and Social Justice), of education (at the level of the Ministry of National Education). The Joint Order of these Ministries (no. 1305 / 1985/ 5805 from 2016) with an integrated approach towards ECI services, while well-intentioned, it has proven to be inefficient in implementation. This is why one of the first recommendations would be to reanalyze this piece of legislation and modify it so that a coherent and functional system of ECI services could be built in Romania.

Field	Assessment / Diagnosis – specific legislation	Assessment / Diagnosis – implementation of legislation	ECI services - specific legislation	ECI services – implementation of legislation
Healthcare	Yes, there is specific legislation in place	Yes, legislation is implemented to a certain extent	They are recognized, but only partially financed	They are recognized, but only partially financed
Social assistance	There is no specific legislation in place	Yes, legislation is implemented to a certain extent	They are not recognized as distinct services and are only partially financed, exclusively for children with certificates of disabilities	They are not recognized as distinct services and are only partially financed, exclusively for children with certificates of disabilities
Educational	Yes, there is specific legislation in place, but only to a certain extent	No, legislation is not implemented at all	They are recognized, but only partially financed	No, legislation is not implemented at all

The summary of recommendations for the field of healthcare:

- The establishment of ECI Centers at the level of each county, similarly to the example of CJRAE's centers in the education system. The specialists, provided they work in multidisciplinary teams within these centers, would closely follow the complex assessment of each newborn child (in collaboration with neonatologists, neurologists and pediatric neuropsychiatrists) and would carry out periodic assessments of the children attending nurseries / kindergartens / day-care centers or upon requests. At the same level, parents should benefit from information and counseling regarding ECI services so as they could make an informed choice of specialists and therapies for their children.
- In Romania, prenatal education is only conducted in a few private hospitals or centers. No courses are free of charge. These types of courses should be organized in every hospital which has a neonatology or pediatrics section and should contain information on the development of the child, education, care, feeding, shaken baby syndrome etc.
- The improvement of assessment and screening programs for the identification and prevention of developmental issues in children between the age of 0 and 6.
- There are very few medical services specialized in the diagnosis and treatment of children with neurological and psychiatric issues due to the fact that currently there are not enough specialists. This problem is more severe in the smaller counties where clinics and hospitals which include this specialization are non-existent, moreover, the number of these specialists in a very low one.
- The number of Recovery Centers and Itinerant specialized teams from the structure of General Directorate of Social Assistance and Child Protecting Services and NGOs is very low and they are insufficiently professionalized. They need to be multiplied and diversified.
- Neonatal screening for congenital phenylketonuria and hypothyroidism, confirmation of the diagnosis of phenylketonuria and the maintenance of the specific diet is provided only in some maternity hospitals in Romania and cca. only 1/3 of the newborns are tested. These screening programs must be multiplied in a greater number of hospitals, throughout the country.
- Prevention of auditory deficiencies through neonatal screening is only conducted in 17 hospitals in Romania, in less than 40% of counties. The Order for approval of the Protocol of Universal Auditory Screening for Newborns considering the standardization of the methodology of auditory testing through otoacoustic emissions was published in January of 2017.

The summary of recommendations for the field of social assistance:

- The lack of recognition and of the distinct accreditation of ECI services is one of the greatest vulnerabilities of the whole system. It is recommended that they would be introduced in the nomenclature of social services and ECI services, and some specific standards would be elaborated for these types of services.
- Implementation of the provisions of the Strategy for People with Disabilities 2016-2020 regarding EC is much needed.
- One basic element in providing services to children with developmental delay and to their families is that qualified professionals are trained to deliver these services. The standards of content (knowledge and skills) of the training programs should include pieces of knowledge regarding: developmental characteristics of young children (typical and atypical precocious development); familial systems and their role in supporting development; cognitive and linguistic development of young children (typical and atypical development, as well as the impact of linguistic delay on other fields of development); Assessment procedures; Professional and ethical conduct; the impact of the cultural, ethnic, linguistic and socio-economic background of the family on the early development of the children.

The summary of recommendations for the field of education:

- There is an urgent need of developing a coherent and articulate nation strategy with a specific curriculum for preschool education in the field of Early Childhood Education and ECI which would stipulate standards of monitoring the quality of programs and of assessing the development of educational personalities of children from birth to the age of 3.
- A program of initial and continuous training of academic staff who work as or will be assigned as educator or teacher for Early Childhood Education services with this group of age is very much needed. In regards to continuous training, existent information and the lessons learnt through experiments and innovations conducted by NGOs or other agencies in the private sector could form a basis for building a thorough training system.
- Taking the lack of experience in providing services for children between the age of 0 and 3 and the fact that universities in Romania only offer basic courses in child development into consideration, a great deal of attention will be needed when training ECI & ECE professionals. When a specific curriculum will be put in place for specialists in early childhood, universities and other training outlets should design their courses based on recent studies and research in this field

and should adapt their content to the context and the cultural particularities of Romania's population.

- Educational programs intended for parents should be further consolidated and developed. Also, programs focused more on the issue of children under 3 years of age are a necessity. The efficiency of these programs could be considerably improved if the level of cooperation between these three sectors concerning the needs of children during Early Childhood Education – the Ministry of Education, the Ministry of Healthcare and the Ministry of Labor and Social Justice. In this respect, it is necessary that we create a formal mechanism of collaboration among the three Ministries. This aspect could help formulate a convergent program for ECI.

VII. Bibliography

1. Early Intervention for children in Norway and Romania, comparative analysis conducted under the project "Transfer of knowledge and best practices between Norway and Romania" (Contract number: RO 2017/08), Author: Marin Mic, 2017
2. Early Childhood Services - Practical Guide, Coordinators: Marin Mic and Adela Cârcu, 2016 http://interventie-timpurie.ro/wp-content/uploads/2016/01/Interventia-timpurie-la-copii-cu-dizabilitati-Ghid-Practic_Web.pdf
3. National Study on Early Childhood Intervention in Nurseries – 2002, Coordinators: Ecaterina Stativa and Carmen Anghelescu
4. OECD (2014), Education at a Glance: OECD Indicators, OECD Publishing, Paris, http://dx.doi.org/10.1787/eag-2014-en; OECD Network on SEIT's "Online Survey on Monitoring Quality in Early Learning and Development", November, 2013; OECD Network on Early Childhood Education and Care's "Survey for the Quality Toolbox and SEIT Portal", June 2011.
5. CHILD POVERTY AND SOCIAL EXCLUSION IN EUROPE – A matter of children's rights. Save the Children, Rue du Trône 60, 1050 Brussels, Belgium, 2014
6. ROMANI CHILDREN AND EDUCATION – NUMBERS, ATTITUDES, PROBLEMS – A study by UNICEF and Romani CRISS 2011 https://www.salvaticopiii.ro/upload/p0001000100080001_Fact%20sheet_Educatie%20Romi.pdf
7. http://www.academia.edu/28024966/Strategie_privind_educa%C5%A3ia_timpurie_ET_ca_parte_a_Strategiei_convergente_privind_dezvoltarea_timpurie_a_copilului
8. Early Childhood Education in Romania, 2004, UNICEF, The Center of Step-by-Step Professional Education and Development, Institute of Health Protection of Mother and Child
9. The Current Situation of the Preschool Education System, 2003, UNICEF, Mihaela Ionescu, Magda Balica, Cristiana Boca, Monica Cuciureanu, Irina Horga, Simona Velea
10. Fundamental Milestones in Early Childhood Development and Development from Birth to 7 years, Coordinator: Dr. Mihaela Ionescu, Experts: Carmen Anghelescu Cristiana Boca Dr. Ioana Herseni Cristina Popescu Ecaterina Stativa Dr. Cătălina Ulrich Cornelia Nova https://www.edu.ro/sites/default/files/_fișiere/Invatamant-Preuniversitar/2016/prescolar/ORDIN%203851_2010_ANEXA_RFIDT.pdf