

IDSS COUNTRY STUDY

ROMANIA

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Section I: Summary

1. Key features of the reform period

The study describes a concrete policy initiative that was developed by the Government of Romania¹, in 2016, aiming at developing a large network of integrated services in rural Romania (social-education-health-employment-housing services), in support of the most vulnerable citizens. The policy initiative was part of a larger “Package of integrated measures to fight poverty”, comprising 47 measures in the field of education, employment, social protection, healthcare, as well as transversal initiatives. In a national context which is still confronted with limited budgets for social protection, education or health, the development of integrated services in Romania became a priority. This policy initiative targets especially the poor rural communities, as well as the marginalised areas in urban localities (poor neighbourhoods, ghettos).

We will consider three developments which participated in the dynamics which brought the government to launch the comprehensive plan for reform: A 2015 national Strategy on Social Inclusion and poverty reduction, a UNICEF initiative in north-east Romania, and mounting pressure from ground actors for significant reforms.

–The first development comes in June 2015, when the Romanian Government adopted the National Strategy on Social Inclusion and Poverty Reduction² (2015-2020), and a corresponding Strategic Action Plan³. In Romania, these documents represent a key point for the social protection sector, because they shift the focus from the predominant role of cash benefits (as main support measure for poverty reduction), towards an integrated package of direct and support services, that aim at addressing the multiple causes of exclusion and marginalization, at the level of individuals, households and communities.

¹ The technocrat Government lead by Dacian Ciolos in 2016 (January-December) was a compromise solution for preventing anticipated elections in Romania, after the fall of the Ponta Government in November 2015. The role of this Government was to organize the parliamentary elections in December 2016, which were won again by the Social Democrat Party. In 2016, all ministries were technicians and not politically appointed people. A large number of NGO representatives (including social NGOs) were also included in the Governmental team in 2016.

² Ministry of Labour, Family, Social Protection and Elderly, The National Strategy on Social Inclusion and Reduction of Poverty 2015-2020, Bucharest, 2015, http://www.mmuncii.ro/j33/images/Documente/Familie/2016/StrategyVol1EN_web.pdf

³ Government Decision no. 463/2015 for the approval of the National Strategy for Social Inclusion and Reduction of Poverty (2015-2020) and the Strategic Action Plan 2015-2020

The strategy is based on a very comprehensive context analysis of the vulnerable groups in Romania, which took place in 2014 - 2015 and involved many professionals, authorities, and beneficiaries of social assistance⁴⁵.

The main findings of this comprehensive and detailed study were the following:

1. *Poverty and exclusion in rural areas and marginalised communities⁶ were significant.* In 2013, 40,4% of the Romanian population was exposed to risk of poverty and social exclusion (AROPE). Despite the end of the economic crisis in 2012 and the constant economic progress of Romania, people in rural areas and those living in the marginalised neighbourhoods of cities did not benefit from this growth.
2. *Extremely poor families face multiple constraints in addition to monetary poverty,* including long-term adult unemployment or joblessness, poor child nutrition, a high risk of child neglect and/or abuse (associated with parental alcohol abuse), poor parenting practices, young or single parenthood, unstable marriages, poor health or disability, low school attendance or dropout, poor quality or no housing, domestic violence, petty crime, and discrimination.
3. *Over a third of rural localities and ten percent of the small cities do not have public social assistance services.* Integrated services, involving social protection, employment, education, healthcare, and other public services (needed to provide support to families and children in extreme poverty) are sparse. There is a strong fragmentation and lack of coordination in the specialized services sector, especially in rural areas and services for adults. Needs assessments and management information systems in the social service sector are still deficient and are rarely used to inform local decision-making policy and practice.
4. *Poverty cannot be addressed effectively if the Romanian social protection system does not enter in a reform process.* The key ingredients for this reform would be: A more efficient funding of social protection in general, a focus on poverty reduction and a sound investment in social inclusion measures.

As a consequence, the strategy aimed at changing the balance between cash benefits and support services, within the social assistance system. It proposes the introduction of a Minimum Inclusion Income (which focuses on active measures of inclusion and not on monetary support exclusively) and focuses also on the strong development of social services at the local level.

⁴ The World Bank, Background Study for the National Strategy on Social Inclusion and Reduction of Poverty 2015-2020, Bucharest, 2015, http://www.mmuncii.ro/j33/images/Documente/Familie/2016/SF_BancaMondiala_EN_web.pdf

⁵ Manuela Stanculescu, co-author of the Strategy and of the Background study for the National Strategy on Social Inclusion and Reduction of Poverty 2015-2020 – presentation at the Annual forum of social services, Brasov, Romania, February 2015

⁶ In the sense of the World Bank document, the marginalized area (or community) is characterized by 3 elements: weak human capital, high incidence of unemployment and poor living conditions of the population.

The strategy was accompanied by nine flagships or operational programs (detailed action plans for each key aspect that was considered relevant for reducing poverty and increasing social inclusion). The flagships are supposed to be approved separately by the Government.

One of these programs is called SPOR (Social Protection – Opportunities and Responsibilities / Flagship no.3) and proposes for the first time in Romania a coherent process for the development of integrated interventions at the level of communities. The SPOR program followed the path led by two previous initiatives: Helping the Invisible Children / First Priority: No More Invisible Children! implemented in Romania by UNICEF since 2011 (see below), and Sistema Chile Solidario from Chile.

Primarily, SPOR is a national management system for ensuring better use of the existing resources, for enhancing the cost-effectiveness and improving the quality of primary services, based on an integrated, cross-sectoral approach. SPOR is an intermediation program that takes a holistic, systemic, household-, family- and person-based approach to supporting people at risk of poverty or social exclusion.

SPOR is primarily aimed at vulnerable, at-risk individuals and families from both rural and small urban localities. SPOR would not provide families with cash or in-kind benefits, but it would help families to access the existing programs (including the future Minimum Social Inclusion Income) and thus improves their chances of graduating out of extreme poverty by addressing their specific needs. Consequently, SPOR must be well integrated into the social protection system.

The main mission of the SPOR social workers and the SPOR team (school mediator or counsellor, community nurse or health mediator, other social-related professionals, if needed) hired by the local authorities is to identify the most vulnerable individuals and families in each community, to understand their needs, to provide them with personalized guidance and support, and to help them accessing a minimum intervention package of services. The methodology for the household needs assessment is planned to be incorporated in a software instrument that will minimize the application time, maximize efficiency and ensure that the potential beneficiaries of the program are identified and evaluated in a uniform and consistent manner across the country.

The result of the assessment is a detailed list of vulnerabilities per household, grouped around 7 key dimensions: (1) Identity documentation, (2) Education, (3) Health, (4) Income, (5) Employment, (6) Family dynamics and (7) Housing. In relation with the identified vulnerabilities, a list of 51 concrete SPOR actions are designed to address the needs of vulnerable persons, families or households.

Another development that triggered the policy initiative on integrated services at local level was the extensive project implemented by UNICEF in North East Romania, in 2011-2017.

The projects Helping the Invisible Children (2011) and First Priority: No More Invisible Children! (2014), aimed to identify families at risk through outreach activities, implement

coherent needs assessment plans, implement a minimum package of primary services effectively and efficiently, and enhance access to integrated social and medical services for the most vulnerable groups in the community, with an emphasis on children and their families.

Concretely, this package consisted of community-based services in health, social protection and education. It was universal, as every family could access it, but it focused on the most vulnerable children and their families. The Minimum Package of Services also included a strong prevention component and a software application called AURORA. It required the presence in each community of at least a social worker, a community nurse and a school counsellor. Together they help vulnerable children and their families to assess their needs and provide tailored support for each family or household. For best results, these three professionals closely collaborate and work with local stakeholders such as the mayoralty, NGOs and other community partners⁷.

The final development we need to consider as an initiator of the reform are revindications by non-governmental and public service providers in the field of education, health, social welfare and education had advocated for almost a decade, asking the Government for coordinated and integrated support services at grassroots level (better regulated, better funded and technically interlinked). In 2016, NGOs representatives were invited to work more actively with, and within the Government and contributed to the concrete development of a policy initiative in support of integrated services at local level.

The topic of integrated interventions became finally the subject of a policy initiative, at the level of Government, in February 2016, one year after the publication of the national strategy of social inclusion and poverty reduction. The current study reflects the evolution and status of this policy work in progress, which is still under development but of critical importance for the Romanian social protection system.

In February 2016, the Government lead by Dacian Cioloş launched a 47-measure package called The Package of Integrated Measures to Fight Poverty⁸. This programme was composed of a wide range of measures and services, from pre-natal health services to educational and health services for children and teenagers, employment programmes for young people and vulnerable adults, and care for dependent adults and frail elderly. The package aimed at supporting individuals and families at risk of poverty or social exclusion, with an emphasis on families living in rural (remote) communities, poverty pockets or Roma communities.

⁷ UNICEF Romania, <https://www.unicef.org/romania/> and <http://www.unicef.ro/wp-content/uploads/Brosura-pachet-minim-de-servicii.pdf>

⁸ Chancellery of the Prime Minister, The Package of Integrated Measures to Fight Poverty, 2016, http://gov.ro/fisiere/programe_fisiere/Pachet_integrat_pentru_combaterea_saraciei.pdf

Services were planned to be facilitated by multidisciplinary teams (social workers, health workers, education counselors) collaborating with local authorities and other stakeholders.

An operational framework for the implementation of the Package was further put in place, during 2016, along with a monitoring process.

The chancellery of the prime-minister called for a broader Anti-Poverty Coalition, represented by various governmental actors (National Agency for the Protection of Children's Rights, Ministry of Labor, Family, Social Protection and Elderly, National Authority for the Disabled, Ministry of Education, Ministry of Health, National Agency for Roma) and non-governmental organizations, to monitor the implementation of the Package. The coordination of the implementation process was placed at the level of the Chancellery of the Prime Minister, to guarantee a strong commitment on behalf of all ministries involved. The Committee of this Anti-Poverty Coalition was appointed through the Prime Minister's Decision no.133/2016 and gathered 46 NGOs and public authorities that were appointed to cooperate for the implementation of the 47 measures of the Package.

Each specific measure was developed progressively during 2016, in terms of methodological and institutional measures such as (a) objective-based and needs-driven funding; (b) poverty risks mapping; (c) increased administrative and monitoring capacity of local public social assistance services; and (d) design of the future integrated intervention teams/multifunctional community centers, especially for poor and marginalized communities.

One of the key measures of the Programme was the one related to the development of "Community integrated services" aiming at:

- Improving the funding of social services in communities (towns and communes)
- Creation of integrated community teams, composed by social workers, community nurses and education counselors)
- Development of a set of community interventions for the most vulnerable citizens, aiming at supporting the access to basic services (education, health care, housing, counselling, utilities), job coaching and mediation for employment, support for the transition towards a minimum *inclusion* revenue (instead of the current minimum *guaranteed* revenue)

The measure of Community integrated services was narrowly corroborated with:

- a legislative initiative that focused on regulating the community medical assistance (ro. *asistența medicală comunitară*) that was promoted in 2016 by the Ministry of Health;
- the implementation cycle of European Funds for Strategic Investment (EFSI), which included several budget lines for integrated community services (either for infrastructure or for the provision of direct services).

The process of developing integrated community services at the level of rural communities and in the marginalised areas of cities, with the support of multidisciplinary teams that work on the basis of a coordinated regulatory framework, was designed with the following stages:

- *Step 1* – Baseline analysis of the policy framework, in the education, health and social domains, allowing for the development of integrated services in communities. Identification of pitfalls, legislative blockages, insufficient regulatory frameworks for the integration of services, especially related to coordination roles and case management.
- *Step 2* – Elaboration of a proposition of pilot programme, in 120 localities of Romania, for integrated services at community level. This program had to be corroborated and complementary to the development of the 200 integrated community centres (under the responsibility of the Ministry of Health, EFSI 2014-2020) and the development of the 245 community centres for lifelong learning (under the responsibility of the Ministry of Education, EFSI 2014-2020)
- These first steps have been planned to take place in 2016⁹
- *Step 3* – planned for 2017 – approval of the funding for the programme proposition, by the Ministry of European Funds¹⁰
- *Step 4* (2017-2020) - implementation of the programme and development of integrated community services in 120 localities¹¹.

The key actors of this policy initiative were:

1. *The Ministry of Labour, Family, Social Protection and Elderly (MOLFSPE)*¹², the initiator of the programme. Its role was to revise the existing (social) legislation on community services (on the social side) in order to allow a sound development of integrated services. The key role of MOLFSPE was also to initiate a proposition for a pilot program in 120 localities, that would allow the test of the integration mechanism, for social, education and healthcare services in rural communities.
2. *The Ministry of Health* – its role was to develop a specific legislation on the community medical assistance, that would allow the integration of medical interventions with the social and educational ones, at community level. This legislation was also a conditionality for accessing the corresponding EU funds in the cycle 2014-2020, dedicated to 200 integrated community centres in Romania. The creation of the 200 community centres was supposed to be corroborated to the above-mentioned pilot program designed by MOLFSPE. The ministry completed these legislative steps in 2017.

⁹ This stage was delayed, but the programme will actually begin in 2018, in 139 pilot localities of Romania, instead of 120.

¹⁰ The funding for this programme was secured for 2018-2022 (4 years)

¹¹ The programme will effectively start in 2018 and will have a duration of four years.

¹² In 2018, the name of this ministry is the Ministry of Labour and Social Justice

3. *The Ministry of Education* - its role was to revise and eventually adjust the education legislation, in order to allow the integration of educational support (after school programs, lifelong learning measures etc.) with the social and medical ones, at community level. The ministry had also to corroborate the pilot program designed by MOLFSPE with its own dedicated funds for the so called “Community centers for permanent education”, included in the ESIF funding cycle 2014-2020 (245 such centers are supposed to be developed in Romania by 2020, according to the National Strategy of Lifelong learning 2015-2020, with the support of ESF).
4. *The Ministry of European Funds* (who was in charge of identifying all concrete funding lines that could support the initiative) *and the Ministry of Regional Development and Public Administration*, who was in charge to corroborate all elements of the reform with the local administration legislation.
5. *The Committee of the Anti-Poverty Coalition*, appointed through the Prime Minister’s Decision no.133/2016 (see above) - its role was to ensure technical support to the ministries, in the design of the pilot initiative described above, from the perspective of grassroots organizations that were concretely involved in delivering services to marginalized groups, at local level.

2. Driving forces, success and failure factors of the reform period

The situation regarding poverty and unemployment being critical by EU standards, there was strong pressure on the government to act upon these issues. The three developments detailed above demonstrated what kind of actions were needed and what could be achieved and created a path for policy makers to take action.

The good cooperation between three different ministries in 2016 (Education, Health and Social Welfare), along with the support of civil society organisations that were members in the national Committee of the Anti-Poverty Coalition, represented the key driving forces of this reform episode. The representatives of the ministries and coalition have organised monthly meetings for planning and adjusting the policy aspects that had to be revised or elaborated. Responsible persons were appointed at the level of the ministries and coalition. A permanent communication system was decided in the planning stage, that increased the visibility of each proposition made by ministries or by NGOs. The leadership of the process was assumed by the Chancellery of the Prime Minister, and the operational coordinator of the entire process was MOLFSPE.

It is too early to appreciate the impact of this reform episode in Romania, but the current Government is committed to continue the development of the policy process, related to the development of integrated services for the marginalised groups, at community level.

3. Good practices and dissemination possibilities in an EU context

Two elements were considered essential for the development of such initiative, of developing community integrated services in rural localities and urban marginalised areas, for the most vulnerable groups:

- a. The leadership of the process was assumed by the Chancellery of the Prime Minister, who delegated the coordination of the policy elaboration to MOLFSPE. As the policy process involved three different ministries and a significant number of civil society organisations, the Prime Minister decided to take a leadership role for this measure, as for the overall Package of Integrated Measures to Fight Poverty. In this way, various ministries involved in the process were directly accountable to the Prime Minister for the implementation of specific steps and for all intermediary results.
- b. The constitution of an Anti-Poverty Coalition at national level, formed by ministries and civil society organizations, was also essential. This structure became official through a Decision of the Prime Minister (published in the National Gazette) and had its own statute, internal regulation and operational plan.
The Coalition had a monitoring role and assumed also a support role for all ministries involved in the implementation of the 47 measures of the anti-poverty package.

Section II: Detailed description of the reform episode

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1. Setting the scene

1.1. The broad socio-economic and political context

The reform initiative consisting in setting up the framework for the development of integrated support services at the level of communities, for the most vulnerable citizens, was triggered by the adoption, in 2015, of the National Strategy for Social Inclusion and Poverty Reduction (2015-2020), which included a specific operational program in this sense (called SPOR¹³). Simultaneously, the lessons learnt from a five-year regional project implemented by UNICEF in several counties of North Eastern Romania, aiming at reducing poverty and vulnerability of children, have contributed as well to the decision to design a specific national program for creating integrated services in communities.

The technocrat Government appointed by the Romanian President in early 2016 had also a positive influence on this program. The Prime Minister Dacian Cioloș developed a large “anti-poverty package” of 47 specific measures, targeting all ages and all vulnerable groups, and invited the civil society to contribute to its implementation, during 2016. The development of integrated community services was one of these measures.

A technocrat Government has been appointed following the fall of the social democrat ministries, in December 2015, after large mass demonstrations associated with the fire at the concert hall called Colectiv (Bucharest). In order to prevent anticipated elections, the Romanian President decided to prepare the regular parliamentary elections, with the support of a technocrat Government which was appointed for only one year (December 2015 – December 2016). It was composed by professionals without political affiliation. As a consequence, 2016 was a year of a very positive emergency of innovative reforms, as well as of a solid cooperation between the State agencies and civil society.

At the moment of the launch of the anti-poverty package, Romania was confronted with a high share of people, whose income was low or insufficient for decent living, including a large number of working poor. Over 40% of the population was reported being at risk of poverty and social exclusion. People in rural areas had many difficulties in accessing social services, employment, health care, education, or proper housing. A large number of people had also difficulties in achieving full social integration, due to their ethnicity, health, age, social or family background.

1.2. The activation and poverty alleviation agenda and other relevant political issues

Reducing poverty and improving social inclusion of the most vulnerable citizens represents an important objective for the Romanian Government since 1990s. Several sectoral and national strategies were developed in the last 20 years, in the field of poverty reduction, child protection, social services, Roma minority, and disability. After the 2008 crisis, the integration of efforts in the social, educational and employment sectors became an imperative priority and the National Strategy for Social Inclusion (2015-2020), adopted in 2015, was elaborated in this note. The strategy responds to the EU 2020 goals, but also to the country recommendations formulated by the European Commission. The strategy is also aligned to the National reform Program and the Convergence Program for 2012-2016.

All political parties encouraged the adoption of the current strategy, the opposition included. A significant number of actors were consulted during its elaboration, in a period of over one year and a half.

¹³ SPOR is an acronym of “Social Programme: Opportunities and Responsibilities”

Romania is a country where the passive measures of social assistance had (traditionally) a large weight in the overall system of social protection, over the years.

The strategy triggered *a major shift in paradigm* in this sector, by rebalancing and moving the focus from cash benefits and passive (financial) measures for the most vulnerable towards support services and active measures for inclusion (self-support schemes, community-based services, conditionalities in the delivery of minimum revenue schemes, integrated services for improving socio-economic inclusion etc).

The strategy of Social Inclusion proposed the following typology of measures that would contribute to fighting poverty and exclusion:

- (a) Policies intended to stimulate training, formal employment, labour productivity and workers' income
- (b) Measures aiming at improving the social transfer system (cash benefits) and increasing the coverage of social services, adapted to the needs identified at local levels (in fact, a new balance between cash transfer and direct support services).
- (c) Additional measures to increase school attendance rates, to improve education results, and to facilitate population's access to lifelong learning and training programs;
- (d) Policies intended to improve the quality and equity of and access to health care for the main vulnerable groups;
- (e) Measures contributing to better quality and more accessible housing, including social dwellings, particularly for the vulnerable and the homeless.

The implementation of the strategy was challenged, however, by several policy aspects:

- (a) The decentralization of social services is not yet finalized in Romania. Currently, the State budget can be used for funding social services only at county level ('judet'), but not yet at local levels (cities and communes). In the social sector, this last decentralisation stage was delayed and further blocked at the level of counties, mostly because of the austerity measures related to the economic crisis in 2008 (freezing of all public jobs during 2008-2012, reduction of the public salaries with 25% from 2009, increase of the VAT tax from 19 to 24 %). Overall, the State budget allocated for social services represents currently 0,6% GDP, the lowest in EU 28 (Eurostat, 2016)
- (b) The cooperation between ministries is relatively weak, and the regulatory frameworks of various types of services, as well as occupations (social worker, medical staff, teachers and educational staff etc) are often conflicting.
- (c) In the social sector, as well as in all connected domains (health, education, community development etc) the workforce is completely insufficient and demotivated. In the last 10 years, the deficit of workers increased progressively, due to the economic migration or the transfer of workers towards more rewarding domains (pharma, tourism etc).

1.3. A brief overview of the institutional setting at the starting point of the reform

In Romania, the social policy system is designed and monitored by the Ministry of Labour and Social Justice. The 41 counties of the country host the deconcentrated agencies of the ministry, called General (County) Directorates for Social Assistance and Child Protection (for the social assistance component) and County Agencies for Employment (for supporting the access of citizens on the labour market)

The county councils and the local councils are obliged (according to the Law 292/2011, of social assistance) to perform regular needs assessments and to define local strategies for social assistance. Similarly, they need to have specific action plans for improving the access of people to work opportunities. In practice, these participatory planning processes are relatively rare, due to the high costs and the insufficient human resource for the field research. Moreover, the elaboration of the social strategy process is not clearly regulated at local level – the city halls do not have pre-defined methodologies and templates for the mapping of social needs and existing services, they do not have a list of reporting indicators or monitoring tools for the local strategies in the social sector. This leads very often to strategies and action plans which are not covering the entire spectrum of vulnerable population, and especially to sectoral measures that are not necessarily interconnected and efficient. The elaboration of local (social) strategies is uneven and their quality varies a lot from a municipality to another, from a county to another. There is no quality control for the content of these strategies, however their existence is often a conditionality for accessing European funds (ESF, Leader etc). Most of the time, these social planning components are integrated in the so called “strategies for local development”.

1.4. A brief overview of the benefit system at the starting point of the reform

The reform initiative presented in this paper is not necessarily connected with the means tested benefits that are available to working age citizens. However, the future minimum inclusion income (that will replace the minimum guaranteed income from 2018 on) is relying a lot on the existence of community integrated services (coordinated services and measures for socio-economic inclusion), as close as possible to the person in need. In the philosophy of this new form of support, the cash benefits will be combined more efficiently with support services for inclusion, provided directly to the person, under the umbrella of the minimum inclusion income. These services will be the ones that are provided directly to the person at risk, in order to increase his/her opportunities to access school, employment, housing, social security etc, on equal basis to the others.

1.5. The main agents involved in managing the benefit system and providing employment and social services

The benefit system in Romania is extensive. Over 20 different types of benefits are available for persons and families, with a direct or indirect impact of their employment and access to social services. A brief description of the system is included in Annex 1.

The most significant benefit for low income persons is the guaranteed minimum income (GMI - means tested), which is covered partially by the central budget (Ministry of Labour and Social Justice) and by local budgets (cities, communes), as follows:

- The central budget is funding: the social support benefit for reaching the GMI, along with the contributions to health insurance for the GMI beneficiaries, the mandatory home insurance and, partially, the emergency aids;
- The local budgets (cities, communes) cover emergency aids and funeral aids, for the beneficiaries of the GMI-related support.

Specific benefits (means tested as well) are given to families for the access of children to (a) kindergarten, (b) high school, (c) as well as for coverage of school-related expenses, for the most vulnerable children. These amounts are covered by the central budget (Ministry of Labour).

1.6. Brief description of the institutional status quo before the reform

The reform described below refers to the further development of integrated community services for the most vulnerable persons and families, at local level (cities, communes).

The reform is in its early stage; however, it marks an important shift in paradigm in the provision of social protection in Romania – from a predominance of passive cash benefits towards the multi-sectoral support of persons and families who are affected by discrimination, exclusion or socio-economic vulnerabilities. The reform focuses on the introduction of an integrated team of professionals in marginalized areas¹⁴ (including at least one social worker, one community medical nurse and one education counsellor), in order to assess the vulnerabilities of each household and to accompany each marginalised person in an integrated manner (education, health, social support, mediation for employment etc).

¹⁴ In the sense of this report, a marginalized area is a neighborhood or an area which is simultaneously confronted with (a) a deficit or a poor human capital, (b) unemployment and (c) poor housing conditions.

	provision type 1 (or client group)	provision type 2 (or client group)
Name of provision (benefit or service)	Basic social services for vulnerable persons and/or families, delivered at community level, but mainly focusing on benefits, not in an integrated manner	Education, medical care, community medical assistance for vulnerable persons (children and adults), families and groups, support for employment
Main purpose of the benefit/service	At the present time, the social services delivered at local level focus mainly on supporting the vulnerable or marginalised persons to access social benefits. In the rural communes, the spectrum of direct services to the person is very limited. Altogether the current purpose of the basic social services at local level is to respond to emergency situation (housing, food supply, home care for lonely elderly etc) and to refer the persons in need towards other community services (education, health care, employment agencies etc).	Improving human capital (employability, health status) and quality of life
Main access criteria (insured, means-tested, other criteria, e.g. age, family status, etc.)	Means, family status, living conditions, disability, at-risk situations from a predefined list of vulnerabilities. Needs assessment is a precondition for accessing the current social services.	
Target group and its size in proportion to total non-working active age population	Persons exposed to risks, families, households, with a specific focus on persons and families living in marginalized areas. It is estimated that in Romania, 3,2% from the urban population lives in marginalised areas (World Bank, The Atlas of Urban marginalised Areas in Romania, 2014, https://www.researchgate.net/publication/268220840 The Atlas of Urban Marginalized Areas in Romania)	Persons exposed to risks (exclusion, medical conditions, marginalization, discrimination, child labour etc)

	<p>In urban areas, the percentage of employed people aged 20-64 years was 63%, using the data from the 2011 census. In marginalised urban areas, this percentage decreases to 48 % and even more (for women – 35%) and to 31% for Roma people.</p> <p>At the national level, 6.2 percent of the rural population is located in rural marginalized areas. By definition, these rural areas are severely deprived census sectors in which most of the population have completed only lower secondary education at most, make a living in the informal sector (especially agriculture), and live in precarious dwellings even by the usual low standard for rural areas (Source: World Bank, <i>The Atlas of Rural Marginalized Areas and of Local Human Development in Romania, October 2015</i>)</p>	
<p>Who is the main actor that determines the client journey?</p>	<p>The local social worker (at the level of the Social Assistance Service of the city hall (city, commune)¹⁵</p>	<p>For education: the teacher and school principal, or the county commission for educational assistance</p> <p>For healthcare: the family doctor or the community medical nurse</p> <p>For employment: the County Agency for Employment, or the social workers at local level, depending on the employment history of the person. If the person is not yet registered to the County Agency for Employment, or if the person is long term unemployed and out of the benefit system, the social worker at municipality level becomes the key professional that decides the person’s journey, following a detailed needs assessment.</p> <p>For disabled persons – a county commission for the evaluation of the</p>

¹⁵ In Romania the main local administrative units are: the county, the city and the commune (a commune is composed by one or more villages).

		disability status is also in charge to elaborate an Individual Rehabilitation Program and a detailed Services Plan for each person, which orients him/her towards relevant services in community, according to the individual needs.
Who evaluates claims for this benefit / decides on who can participate in this service (if the service is open to all, please indicate that)?	The local Public Service of Social Assistance (at the level of city halls) - For GMI and other social benefits: the assessment of the person's situation is done by the local social worker (at the level of city hall) and the eligibility to benefits is defined by law.	For education: the teacher, school counsellor and school principal, or the county commission for educational assistance, depending on the situation For healthcare: the family doctor or the community medical nurse For employment: the County Agency for Employment
Who enforces the activation (job search, accepting job offer, etc.) requirements (if these exist)?	The social worker	For education: the teacher and school principal, or the county commission for educational assistance, depending on the situation For healthcare: the family doctor or the community medical nurse The access to school and to healthcare are regulated by specific laws (law on education – no.1/2011, law on the national health system reform – no.95/2006) For employment: the County Agency for Employment
Who decides on sanctions (in case of non-compliance)?	For the GMI and social benefits – the local Social Service Assistance Service at the level of City Hall (cities, communes)	For education: the County School Inspectorate For employment: the County Agency for Employment
Who pays the benefit / delivers the service?	The basic social services that are the subject of the reform are currently paid by the city hall and delivered by the social workers from the Local Social Assistance Service	The education services are delivered by the local teachers and school counsellors, and paid from the central and county levels. The medical care is delivered by local medical doctors and nurses, medical community nurses. The service is paid from the National Medical

		<p>Insurance House</p> <p>Currently, the job mediation, and all employment-related services are delivered by the County Agency for Employment. The services are paid from central and county budgets and are delivered by employment counsellors, job coaches, job mediators</p>
<p>Who provides the funding behind (e.g. local government using their own revenues or local gov. using a per capita subsidy from the central budget)</p>	<p>For the current basic social services the source of funding is exclusively the local budget (local council). The reform focuses on this funding system and will propose specific amounts for the local city halls, from the central budget, on a determined duration (two to three years)</p>	<p>The central budget through deconcentrated county agencies</p>

The main inefficiencies in providing support services at community level were related to the lack of coordination between various support services delivered to the same person or family. No unitary case management was in place. Professionals from different domains were not aware about the complexity of the person's situation, family context, living conditions, abilities, life habits, life options, choices or preferences.

The active measures for employment were often delivered without covering (or even considering) the other basic needs of the person, like accessible transportation, hygiene, medical care, literacy problems etc. As a consequence, the allocated funds were spent inefficiently, because at the end of the process of service delivery, the person was not effectively supported to overcome the poverty situation or the exclusion context in which she/he lived.

2. Details of the reform episode (initiative)

2.1. Brief description of the initiative

The reform initiative is built on the concept of providing integrated (and personalized) services to persons and families at-risk, at the level of communities and ensuring that different programs and interventions are harmonized and aligned by empowered, well-trained social workers in communities. Within the new Strategy for Social Inclusion in Romania, the new approach was triggered by the Operational Program called SPOR. Primarily, the SPOR Program (which is flagship intervention no.3 of the national strategy) was seen as an interventional model that will not provide families with new cash or in-kind benefits, but it will help them to access existing programs (including the future Minimum Social Insertion Income benefit) in a more effective way. It will focus on identifying the specific needs of each family and providing access to (and guidance on) a minimum integrated intervention package. This package consists from: needs assessment activities, information, counseling and guidance for vulnerable families, administrative support, referral to a network of community services (a one-stop-shop function that is integrated in the SPOR Program in order to reduce the complexity of referral process for multi-risk beneficiaries), as well as a monitoring activity that will make sure that the SPOR beneficiaries are out of the risk or vulnerable situations. Each community confronted with poverty and social risks will benefit from a SPOR multidisciplinary team that will include (at minimum) **a social worker, a community nurse and a school mediator.**

- The SPOR integrated services should be put into practice to serve the achievement of a minimum list of wellbeing objectives that cover seven dimensions: (1) Identity documentation, (2) Education, (3) Health, (4) Income, (5) Employment, (6) Family dynamics, (7) Housing.
- SPOR is also a national management system for ensuring better use of existing resources and for enhancing the cost-effectiveness and improving the quality of primary services based on an integrated, cross-sectoral approach.
- Although many of the program activities are aimed at vulnerable individuals and families, a large package of activities will be promoted at the community level in order to reduce any stigma that might be associated with SPOR beneficiaries and to promote sustainable development. They will be designed for the entire community and will promote social cohesion, cooperation and community empowerment and development.

Box 1. SPOR, an operational program developed by the World Bank in the marge of the Romanian Strategy for Social Inclusion and Poverty Reduction (2015-2020)¹⁶

SPOR is the acronym of “Social Program: Opportunity and Responsibility”. The name of the program is justified by the fact that SPOR has a positive meaning in the Romanian language, synonym with "gain", "progress", "prosperity", "wealth", "abundance" (both for families and communities). In the same time, the program name includes the term "responsibility", which is linked to increasing co-decision and participation of beneficiaries in the social services provision as well as empowerment of individuals and communities.

Two other programs inspired SPOR,; *Helping the Invisible Children/ First Priority: No More Invisible Children!*, implemented in Romania by UNICEF¹⁷ since 2011, and *Sistema Chile Solidario* from Chile.¹⁸

Primarily, SPOR is a national management system for ensuring better use of the existing resources, for enhancing the cost-effectiveness and improving the quality of primary services, based on an integrated, cross-sectoral approach. Following the model developed within *Chile Solidario*, with adjustments for Romania specificities, in response to constraints that are hampering the effectiveness of the existing social programs (in social assistance, education, health, and social housing), SPOR is an intermediation program that takes a holistic, systemic, family- and person-based approach to supporting people at risk of poverty or social exclusion.

SPOR is primarily aimed at vulnerable, at-risk individuals and families from both rural and small urban localities. SPOR will not provide families with cash or in-kind benefits, but it will help families to access the existing programs (including the future Minimum Social Inclusion Income) and thus improves their chances of graduating out of extreme poverty by addressing their specific needs. Consequently, SPOR must be well integrated into the social protection system.

The main mission of the SPOR social workers and the SPOR team (school mediator or counselor, community nurse or health mediator, other social-related professionals, if needed) hired by the local authorities is to identify the most vulnerable individuals and families in each community, to understand their needs, to provide them with personalized guidance and support, and to help them accessing a minimum intervention package of services. Given the complexity of data collected and the number of at-risk groups targeted, the methodology for the family needs assessment is planned to be incorporated in a software instrument that will minimize the application time, maximize efficiency and ensure that the potential beneficiaries of the program are identified and evaluated in a uniform and consistent manner across the country.

The result of the assessment is a detailed list of vulnerabilities per household, grouped on 7 key dimensions: (1) Identity documentation, (2) Education, (3) Health, (4) Income, (5) Employment, (6) Family dynamics and (7) Housing. In relation with the identified vulnerabilities, a list of 51 concrete SPOR actions are designed to address the needs of vulnerable persons, families or households, based on the support provided by the multidisciplinary team.

Source: The World Bank, Flagship 3 (SPOR) of the National Strategy for Social Inclusion and Poverty Reduction in Romania

Another development that triggered the policy initiative on integrated services at local level was the extensive project implemented by UNICEF in North East Romania, in 2011-2017.

Box 2. The Minimum Package of Services for children and their families, a UNICEF model intervention, that was designed to be scalable at national level.

The projects *Helping the Invisible Children (2011)* and *First Priority: No More Invisible Children! (2014)*, aimed to identify families at risk through outreach activities, implement coherent needs assessment plans, implement a

¹⁶ This flagship is not yet endorsed by the Romanian Government, in the original form produced in 2015.

¹⁷ See Box 11 in the Background Document Vol. II of the Strategy (The World Bank, Background Study for the National Strategy on Social Inclusion and Reduction of Poverty 2015-2020, Bucharest, 2015, http://www.mmuncii.ro/j33/images/Documente/Familie/2016/SF_BancaMondiala_EN_web.pdf

¹⁸ See Box 15 in the Background Document Vol. II of the Strategy.

minimum package of primary services effectively and efficiently, and enhance access to integrated social and medical services for the most vulnerable groups in the community, with an emphasis on children and their families.

Concretely, this package consisted of community-based services in health, social protection and education. It was universal, as every family could access it, but it focused on the most vulnerable children and their families. *The Minimum Package of Services* also included a strong prevention component and a software application called AURORA. It required the presence in each community of at least a social worker, a community nurse and a school counsellor. Together they helped vulnerable children and their families to assess their needs and provided tailored support for each family or household. For best results, these three professionals closely collaborated and worked with local stakeholders such as the mayorality, NGOs and other community partners.



Cooperation at the community level was based on harmonized methodologies for needs assessments and for personalized intervention plans that are incorporated in an online application (AURORA), which provides guidance and support to teams in the communities and makes it possible for any key stakeholder to monitor their activity in the field in real time as well as to aggregate data at various levels (the community, county, or project levels) at any given time. The impact evaluation of this project and this model will become available in 2018.

A 5.3 million Euro budget was allocated for the implementation of the Minimum Package of Services which is part of the intervention model “Social inclusion through the provision of integrated services at community level” – Community-based Services for Children, an initiative funded by Norway Grants (3.3 million Euro) and UNICEF own funds (2 million Euros). Through the model tested in the 45 communities in Bacău, UNICEF Romania helped 53,000 children, including by providing social and health care services to 19,000 children and ensuring access to quality inclusive education for 21,000 children.

Source: UNICEF Romania, <https://www.unicef.org/romania/> and <http://www.unicef.ro/wp-content/uploads/Brosura-pachet-minim-de-servicii.pdf>

Action no.3 - Last but not least, non-governmental and public service providers in the field of education, health and education have advocated for almost a decade, asking the Government for coordinated and integrated support services at grassroots level (better regulated, better funded and technically interlinked). In 2016, NGOs representatives were invited to work within the technocrat Government and contributed to the concrete development of a policy initiative in support of integrated services at local level.

Following the developments described above, **the topic of integrated interventions became finally the subject of a policy initiative, at the level of Government, in February 2016**, one year after the publication of the national strategy of social inclusion and poverty reduction.

It consisted in designing a draft policy for introducing multidisciplinary teams of professionals at the level of the city halls, who will be in charge of:

- Assessing the complex needs of each family or household and establishing an individual action plan for each member of the household who is at risk of marginalization, exclusion, discrimination, abuse, neglect or vulnerability. Actions for the entire family are considered as well, if the case.
- Establishing a specific contract of support services with the family members

- Delivering a series of direct support services to the person or to the family (e.g. referral, counselling, education, healthcare, job mediation etc), based on contractual agreements and with agreed result indicators, milestones, achievements,
- Monitoring the situation of the person/family,
- Maintaining the link with all services, agencies or structures, professionals, that could contribute to the reduction of vulnerability for the beneficiary of this intervention,
- Acting in a coordinated manner with all members of the multidisciplinary team (integrated case management) for the resolution of the beneficiary's situation.

2.2. The rationale behind the initiative

The measure related to introducing integrated community services for the most vulnerable persons and families is supposed to be piloted in 139 localities of Romania, in 2018-2022. It relies on a multidisciplinary and coordinated intervention for the resolution of complex cases of persistent poverty, exclusion, discrimination, vulnerability. The list of results is negotiated with beneficiaries and a common calendar of activities and responsibilities is agreed, from both parts: the beneficiary and the multidisciplinary team, on a timeframe of maximum two years.

It is supposed that the integration of interventions from various domains (education, health, social assistance, housing, employment etc), along with the common responsibility of the results (professionals and beneficiaries together) will focus more effectively on the needs of each person and will increase the orientation of interventions towards solutions.

The most difficult element of this reform is to synchronize the regulatory framework for each professional intervention (social, medical, education...)

The targeted communities are those selected from the ones marked as being marginalised (degree 3 and 4) in the Atlas of Rural and Urban Marginalised areas in Romania (World Bank, 2014). Additional indicators are considered for selecting the localities:

- The current number of social workers (low number)
- The current number of community medical nurses (ro.asistenti medicali comunitari), in communities confronted with severe poverty
- Local social assistance which is oriented almost exclusively on cash benefits, at the present moment (no social services yet in place)

2.3. Detailed description of the NEW system

	provision type 1 (or client group)	provision type 2 (or client group)
Name of provision (benefit or service)	Basic and specialized social services for vulnerable persons and/or families provided at local level, in an integrated manner	Education, medical care, community medical assistance for vulnerable persons, families and groups, support for employment
Main access criteria (insured, means-tested, other criteria, e.g. age, family status, etc.)	Means, combined with family status, living conditions, disability etc. Needs assessment as a precondition for accessing the social service.	
Target group	Persons exposed to risks, families, households, communities	Education, health care, employment services are provided for all, but additional professionals are mobilised for ensuring specific support for the most vulnerable citizens - persons exposed to risks (exclusion, medical conditions, marginalization, discrimination, child labour etc)
Who is the main actor that determines the client journey?	The case manager decided within the multidisciplinary (integrated) team of professionals, at community level	
Who evaluates claims for this benefit / decides on who can participate in this service?	The social worker at the level of city hall (member of the multidisciplinary team of professionals)	For education: the teacher and school principal, or the county commission for educational assistance For healthcare: the family doctor or the community medical nurse For employment: the County Agency for Employment, or the social workers at local level, depending on the employment history of the

		person.
Who enforces the activation (job search, accepting job offer, etc.) requirements?	The multidisciplinary team of professionals, in cooperation with the various mainstream services at local or county levels	
Who decides on sanctions (in case of non-compliance)?	The supervision unit of the integrated community teams, along with professional agencies in charge of supervising each sector	
Who pays the benefit / delivers the service?	The multidisciplinary team, along with external professionals from the local or county agencies, if the case	
Who provides the funding behind (e.g. local government using their own revenues or local gov. using a per capita subsidy from the central budget)	A specific national program that will target exclusively the system of integrated services at community level (State budget plus EFSI) – pilot programme of four years.	

2.4. Context of the initiative: where did the idea come from?

In February 2016, the technocrat Government lead by Dacian Cioloş launched a 47-measures package called **The Package of Integrated Measures to Fight Poverty**¹⁹. This programme became one of the key instruments for the implementation of the National Strategy on Social Inclusion and Poverty Reduction and was composed by a wide range of measures and services, from pre-natal health services to educational and health services for children and teenagers, employment programmes for young people and vulnerable adults, and care for dependent adults and frail elderly. The package aimed at supporting persons and families at risk of poverty or social exclusion, with an emphasis on families living in rural (remote) communities, poverty pockets or Roma communities.

The reform initiative described in this document (integrated community services for the most vulnerable citizens and families) was also part of this Package, and took the form of a specific measure (one of the 47). Services were planned to be facilitated by multidisciplinary teams (social workers, health workers, education counselors) that will collaborate with local authorities and other stakeholders.

An operational framework for the implementation of the Package was further put in place, during 2016, along with a monitoring process.

The chancellery of the prime-minister called for a broader **Anti-Poverty Coalition**, represented by various governmental actors (National Agency for the Protection of Children’s Rights, Ministry of Labour, Family, Social Protection and Elderly, National Authority for Disabled, Ministry of Education, Ministry of Health, National Agency for Roma) and non-governmental organisations, to monitor the implementation of the Package. The coordination of the implementation process was placed at the level of the Chancellery of the Prime Minister, in order to guarantee a strong commitment on behalf all ministries involved. The **Committee of this Anti Poverty Coalition** was appointed through the Prime Minister’s Decision no.133/2016 and gathered 46 NGOS and public authorities that were appointed to cooperate for the implementation of the 47 measures of the Package.

Each particular measure was developed progressively during 2016, in terms of methodological and institutional measures such as (a) objective-based and needs-driven funding; (b) poverty risks mapping; (c) increased administrative and monitoring capacity of local public social assistance services; and (d) design of the future integrated intervention teams/multifunctional community centres, especially for poor and marginalised communities.

One of the key measures of the Programme was the one related to the development of “Community integrated services” aiming at:

- Improving the funding of social services in communities (towns and communes)
- Creation of integrated community teams, composed by social workers, community nurses and education counselors
- Development of a set of community interventions for the most vulnerable citizens, aiming at supporting the access to basic services (education, health care, housing, utilities), job coaching and mediation for employment, support for the transition towards a minimum *inclusion* revenue (instead of the current minimum *guaranteed* revenue)

The measure of Community integrated services was narrowly corroborated with:

¹⁹ Chancellery of the Prime Minister, The Package of Integrated Measures to Fight Poverty, 2016, http://gov.ro/fisiere/programe_fisiere/Pachet_integrat_pentru_combaterea_saraciei.pdf

- a legislative initiative that focused on regulating the community medical assistance (ro. *asistența medicală comunitară*) that was promoted in 2016 by the Ministry of Health
- the implementation cycle of European Funds (EFSI), which included several budget lines for community services (either for infrastructure or for the provision of direct services).

The World Bank and UNICEF were the key promoters of the initiatives, along with non-governmental organizations who are active in the field of social services, education and community medical assistance. In case of UNICEF and its pilot program in the North Eastern part of Romania, an agreement with the County Directorates for Social Assistance and Child Protection was signed prior to the actions, as well as with all city halls involved in the program. The World Bank was contracted by the Ministry of Labour, Family, Social Protection and Elderly to support the elaboration of the National Strategy for Social Inclusion and Reduction of Poverty, along with its nine flagship initiatives (operational programs). The reform of the integrated community services was boosted by the data collected during the process of drafting the National Strategy on Social Inclusion and Reduction of Poverty (and especially by the background document of the national strategy, produced by the World Bank in 2014-2015).

The reform initiative is aligned with the content of the Law on Social Assistance, no.292/2011, with the Law on Education, no.1/2011, and with the Government Ordinance Community Medical Assistance, adopted in 2017.

The adoption of the National Strategy for Social Inclusion and Reduction of Poverty represented an important political momentum for the reform of the integrated social services at community level. The team of the World Bank was contracted as a technical consultant for the elaboration of the strategy and of its operational programs, and in this context all relevant lessons learned from the past experiences were used (including the pilot project of UNICEF in North Eastern Romania, focusing on the development of integrated services for children and families in vulnerable situations). In 2016, all key ministries involved in the reform of community support services (Ministry of Education, of Health and of Labour, Family, Social Protection and Elderly) have cooperated concretely for the implementation of this concept, of integrated community services for the most vulnerable persons and families.

2.5. The political decision phase: the actors

power interest	low	medium	High
low			
medium		City halls (mayors) The County Agency for Employment (the job mediators and job coaches are still very few at county level and practically inexistent at local levels)	
high	Persons in vulnerable situations, in	Community professionals (social	Ministries, county directorates of social

	communities	workers, medical community nurses)	teachers, doctors,	assistance
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So far, the municipalities (cities, communes) that have been contacted for a pilot phase of this reform were very keen to implement it. 139 municipalities (mostly rural communes) are involved in this preparatory stage. The pilot phase will be integrally covered by the European Funds and the State budget

2.6. The political phase: the actions

The initiative was decided at national level, after an intense exchange and cooperation effort between the ministries of labour, education and health, between February-December 2016. EU has an important role in the process: the representatives at the European Commission have to approve the use of EFSI funds for the co-funding of this program, so they follow closely the content of the final proposal.

A formal protocol was agreed and signed between the three ministries in December 2016, for this reform initiative, within the scope of the National Strategy for Social Inclusion and Poverty Reduction.

2.7. The designing phase: the actors

The programme did not involve any major change in constitutional arrangements. A relatively large number of actors have been consulted during the program’s design (NGOs, public agencies and service providers, ministry departments, universities, researchers).

The program designed for 2018-2022 is a piloting phase, with a full-scale implementation in 139 localities (the key selection criteria was the existence of extended marginalised areas in the localities participating to the project).

2.8. The designing phase: the decisions

The reform initiative targeted the vulnerable persons and families, with a specific focus on those living in marginalised areas (in urban areas and rural areas). As mentioned previously, the marginalised areas are specific census sectors in cities or rural communes, which are confronted simultaneously with (a) poor human capital, or deficit of human capital, (b) unemployment and (c) poor housing conditions.

The reform intends to improve the way in which people from these areas access social services at local level, as well as all services with a social function (education, healthcare, employment services etc). The major change consists in the integrated manner of addressing people needs:

- a single case management,
- an integrated team of professionals gathered around the family and its needs,
- the existence of result indicators that are negotiated with the person or family, and followed closely during the project

- as well as a monitoring system for all the project results (family-based and program-based).

The size and the needs of these groups were defined in the process of elaboration of the national Strategy for Social Inclusion and Poverty Reduction. A significant 18-month period of documentation and field analysis preceded the elaboration of the national strategy. In this interval, the need for developing integrated services at community level (education, social services, healthcare, and support for employment) became an intervention priority, that was further included in the strategy as a specific operational program (flagship intervention no.3)

The lead organisation was the Ministry of Labour, Family, Social Protection and Elderly (currently its new name is the Ministry of Labour and Social Justice)

The initiative of introducing multidisciplinary teams of professionals at community levels, for addressing the most vulnerable persons and families in a coordinated and effective manner, consists of the following stages:

1. Developing an operational mechanism for inter-agency cooperation, for delivering integrated services at community level

Each ministry has a set of services and structures at county level, in charge of delivering community services. These services are currently completely independent one from another (education from health, health from employment mediation etc). The inter-agency mechanism will address all legal, financial, methodological and procedural aspects that are relevant in the delivery of multidisciplinary services at local level.

2. Development of a common methodology of the program, based on the sectoral legislation, but with harmonised procedures. Setting up the monitoring actions and responsible agencies, as well as the reporting system. So far, the monitoring level is placed at county level, and the evaluation at county and national level.
3. Development of an IT application for the integrated intervention of the multidisciplinary team (needs assessment and case management, reporting functionalities)
4. Selection and training of the multidisciplinary team members. Contracting the professionals of these teams. Implementation of a supervision mechanism for the members of the team. Development of the monitoring and evaluation procedure, for the multidisciplinary team.
5. Piloting a two-four year intervention model, with various support services delivered to vulnerable persons or families, within a final goal of reducing their poverty level and increasing their inclusion opportunities in education, employment, social life. The program includes a set of predefined (a) list of potential vulnerabilities of persons or families, (a) a set of predefined services and (c) a set of predefined agreed results, among the beneficiaries and the multidisciplinary team.
6. Evaluation of the program. Lessons learnt, adjustments, improvements of the methodology, administrative setting, funding frame.
7. Dissemination of the program in all other Romanian communes (rural) that include marginalised areas.

The multidisciplinary team will provide a very small set of direct services (counselling, referral, medical prevention and counselling, educational support ect). The more specialised services to the person will be delivered by external public providers or, when needed, by private (accredited) providers: NGOs, church, companies etc.

The direct services will target specific vulnerabilities identified in each family or household, and a concrete list (typology) of vulnerabilities will be finalised in the preparatory stage of the program.

An example of needs identified at the level of a family or household, along with the proposed solutions predefined at the level of the multidisciplinary team, is presented in the table below:

Risks identified by the Family Needs Assessment (examples)	Indicators - Results to be achieved by the community integrated teams (examples)
People without medical insurance	All households have at least one adult member with medical insurance
Unemployed or NEETD youths aged between 15-24	All NEETD youths aged between 15 and 24 have completed at least 8 grades and are attending vocational training courses, other training courses, or apprenticeships and/or are receiving support for starting a business.
Women with unwanted pregnancies or pregnancies at risk of child separation (for minor age and pregnant women) Unwanted pregnancies	All children under the age of 18 and all pregnant women are registered with a family physician. Women of fertile age and all adolescents are informed and have been advised about a healthy sexual life and contraceptive methods.
People aged between 15-64 who are inactive although they are capable of working and who have no dependent children or other dependent people in the household	All household members aged between 15 and 64 who are capable of work and who are neither employed nor take care of dependent household members (including children) are registered as unemployed with the Public Employment Agency and participate in active employment measures programs.
Households in precarious housing conditions a. Households living in an overcrowded dwelling b. Households living in unhealthy housing conditions	All households living in overcrowded dwelling have at least one adult member who is informed and has been advised about how to manage the lack of space, both physically and emotionally. In all households living in unhealthy housing conditions, the children and at least one adult member are informed and have been advised about hygienic housing conditions, environment sanitation and the organization of space and of activities for a healthy life and have been provided with, for example, cleaning products and construction materials.

According to the initial estimations, a social worker who complies with the integrated intervention model may register and provide services to 125-to-250 at-risk households per year given the likely

proportion of multi-risk and at-risk families in most communities.²⁰ These estimations are based on a standard according to which a social worker works five days per week, eight hours per day, of which five hours are fieldwork and three hours are office-based activities related to interaction with institutions, administrative tasks, and the preparation of community events, such as community building activities and workshops.

A specific component of the team's work will be the community actions.

Box 3- Extract from the description of SPOR operational program (the World Bank, 2015) – The role of community actions

Community-building activities are highly recommended especially in marginalized areas. Most marginalized communities are not cohesive and organized but segmented, and their inhabitants are characterized by feelings of shame and fear. Poor education and lack of dialogue skills prevent many of them from contacting authorities about their problems. They also lack confidence in their fellow inhabitants to empower them with common problem-solving capacities. There is a need to provide consistent and complex support to people in marginalized areas to empower them to organize, mobilize, and develop a voice.

People from marginalized communities are very creative. They manage to survive in very harsh conditions. They see the world through a survivalist lens, and so their priorities may significantly deviate from what scientific planning would recommend. However, through perseverance and continuous communication, they can become partners in the task of improving their living conditions. Traditionally, the mayoralties with their specialists and external experts make decisions for these communities, since they “know” what is best. However, the only way to make an effective and sustainable impact on the marginalized communities is to talk to them, listen to them, and work *with* them and not *for* them. Community empowerment should be the foundation of intervention rather than “good will” or social engineering by local authorities, which infantilizes the community and makes the people living in marginalized communities seem passive and helpless. In this way, the agency of marginalized populations can be enhanced, enabling them to further change their lives for the better on their own.

Marginalized communities are often regarded as isolated islands of poverty (isolated not only in terms of space but also socially and culturally). So their mobilization requires not only actions within the community, but also a change in the way the other local stakeholders (such as mayor's office, schools, civil society, and the private sector) see those communities. Political correctness is not always well developed in the Romanian public administration, and so the public discourse can be inappropriate and aggressive.

The best way to organize and mobilize marginalized communities is likely to be the community-led local development (CLLD) approach as espoused by the EU. This involves the existence of a neutral external facilitator (or coach or mediator) in each marginalized community to carry out community-building activities (see Box 6), particularly those related to promoting cultural identity. Most of those activities will be aimed at children, as these will tend to involve parents as well, but the facilitators

²⁰ In the minimal scenario, 125 households are multi-risk families (type A), and in the maximum scenario all beneficiaries (250 households) are at-risk families (type B).

should also organize socializing activities for the elderly. The final key goal is to support the marginalized community residents to become citizens with full rights and fully connected to the social fabric of Romania through non-formal educational activities.

The details of the programme are not yet finalised, but it is expected that the program will become operational in the fall of 2018.

The new approach proposed by this program is household-, family- and person-centered, as well as sustainable and based on a holistic vision of development. The aim of this approach is to encourage beneficiaries to use creatively and innovatively the knowledge of the individuals in their communities and of the resources available in their environment to meet their socioeconomic needs. This approach aims to maximize human potential and to foster self-reliance and participation in decision-making. It also stresses services and support that are person-centered and family-centered and, at the same time, community-based and integrated. In other words, the approach focuses on the safety and needs of children, youth, adults and elderly in vulnerable situations within the context of their families and communities, and it builds on the strengths of families in order to achieve optimal outcomes.

The reform initiative includes a change in the funding of local community services. For this specific program of reform, it is anticipated that the funding will be provided by the central (State) budget for all services delivered to the vulnerable persons (social, medical, educational, vocational). Similarly, the integrated teams of professionals should be co-funded from the central budget and EFSI funds, for the entire duration of the pilot program (four years).

This decision was taken mainly for securing the quality and the volume of the workforce needed for the community teams of professionals. No decision is still taken for the period that follows the piloting stage, but theoretically the county and local budgets will take over, progressively, the responsibility for funding the integrated services at community level.

The performance indicators for the reform initiative will be defined at the level of the three ministries involved in the implementation of the reform (Ministry of Education, of Health and of Labour and Social Justice) A coordination unit is planned to work at central level and an implementation unit will be appointed at county level. The implementation unit is supposed to coordinate and support all integrated teams of professionals within a county.

At this stage, the program has a set of result indicators on the following dimensions:

- a. Personal administrative documents - existing and updated for each person (ID papers, certificates, authorisations)
- b. Access to education – if needed, including adult education
- c. Access to employment – for adults of working age
- d. Access to services (social, psychological) related to family dynamic and family relationships
- e. Improved family revenues
- f. Improved housing conditions
- g. Improved family dynamics.

This reform initiative is therefore a model of intervention that does not provide new financial (or in kind) benefits to the most vulnerable, but instead helps them to access the existing services and programs that addresses poverty and unemployment, in a more efficient way. The initiative focuses on the assessment of individual needs, on counselling and referral to services, as well as on a specific package of direct services to the person in need, aiming to take her out from poverty and

marginalization.

The integrated team of professionals need to establish solid cooperation relationships with:

- The beneficiaries themselves
- The local authorities, the other referral agencies,
- The service providers in communities or at county level (medical, social, rehabilitation, healthcare, employment etc)

The reform initiative will also have the role to prepare the design of a national management and information system related to the primary and specialised services delivered in rural and urban areas, in Romania.

The reform will not change the autonomy level of various agents, however it will empower the professionals working at local level (city, communes). Their position and role will be enforced, as well their cooperation in the situations related to delivering services to vulnerable persons or families.

All professionals involved in the pilot program will be specifically trained for the integrated interventions at community level. The training stage is suppose to upgrade the level of competencies and knowledge of professionals (social workers, community medical nurses, education counselors) and to prepare them for a two-year initiative that focuses on rural and marginalized areas.

The European Commission follows very closely the reform initiative and will approve the final form of the pilot project. The pilot is supposed to be co-funded by the Romanian Government and EC (EFSI funds)

The reform intends to change the way in which people access social services at local level, as well as all services with a social function (education, healthcare, employment services etc).

In Romania, the program is not yet implemented. However, the full integration of services would mean abandoning the “silo” approach in which each agency works solely within its own specified area of responsibility and adopting instead multi-agency teams at the national, regional, and local levels. These multi-agency teams would work within an integrated management structure with shared budgets, programs, and objectives, and each client would have a single key worker (or case manager) who would be responsible for coordinating support from the different agencies and professionals involved with that client. It is anticipated that this new way of delivering services will be challenging for each actor involved.

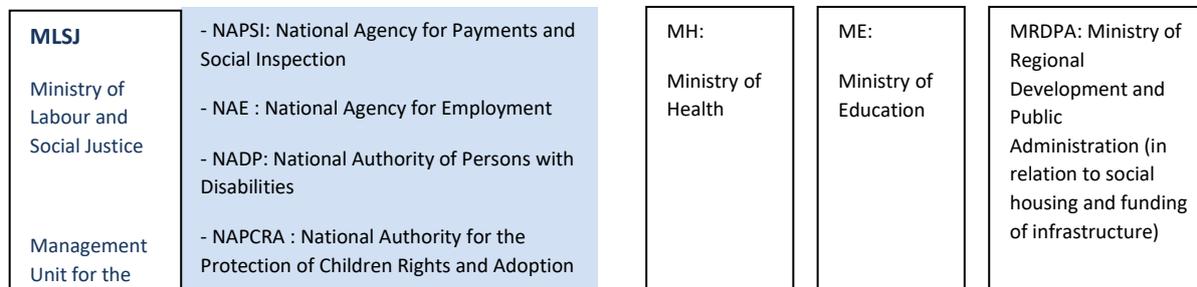
2.9 Who implemented the initiative?

The initiative will jointly be implemented by:

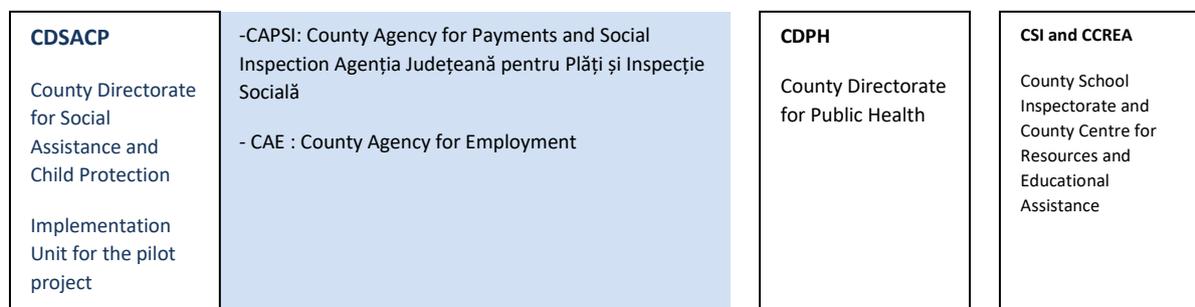
- The ministries of Labour and Social Justice, the Ministry of Education and the Ministry of Health
- The county deconcentrated agencies of these ministries, in 41 counties of Romania
- 139 city halls in rural areas – for the pilot stage.

Key actors involved in the implementation of the pilot phase of integrated community services in Romania

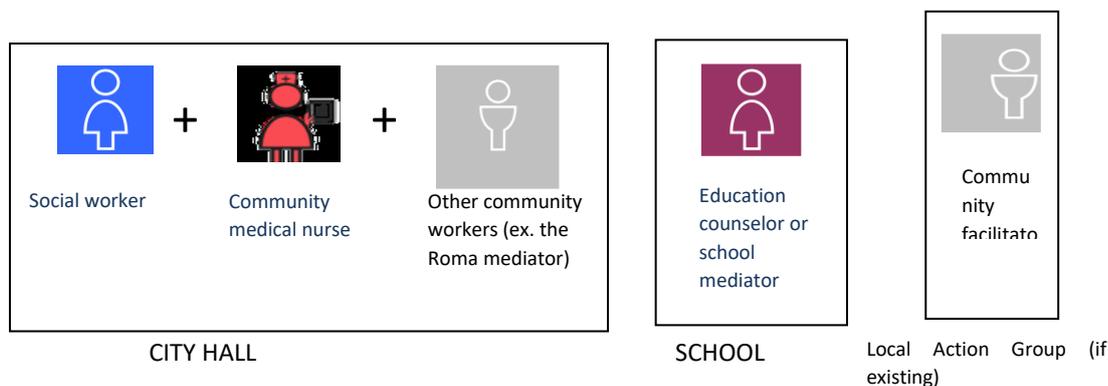
National level



County level



Local level



2.10 Implementation process

N/a

2.11 Costs of the initiative

The amount allocated for the piloting phase is of 15 million euro (estimated by the Ministry of Labour and Social Justice in December 2016²¹).

2.12 Monitoring

At present, there is no monitoring system in Romania that could evaluate the quality of an integrated intervention at community level. The monitoring system has to be included in the pilot program, along with the case management guidelines and result indicators.

Separate agencies are currently in charge with the evaluation of services quality, in the social sector (Social Inspection), in education (Ministry of Education and the Romanian Agency for Quality Insurance in Education), in healthcare (Ministry of Health and the Romanian Agency for Healthcare Quality Management). However, no agency intervenes in evaluating integrated services or programs and no quality indicators or standards are yet in place, at national level, for such interventions.

The national strategy and the flagship intervention no.3 include the statement that a national integrated evaluation system needs to be developed to measure the effectiveness and efficiency of the integrated interventions and the outcomes for - and the satisfaction of - beneficiaries. Assessing the performance will require a framework that will make possible to measure outcomes for both children and adults on several fronts, such as education, health, skills, employment, income, and housing. Evaluating the satisfaction of beneficiaries will require a separate component. In addition, the performance of the integrated teams of professionals, in using the case management approach, will also need to be assessed. An evaluation should be built into every stage of the services that they provide as a way of gauging the effectiveness of all processes.

Ideally, a specific online software will be developed in time to make it possible to input data on beneficiaries, staff, communities and localities, counties, and the country in real time.

The M&E activities will be carried out by the implementation and monitoring units established within the county directorates of social assistance and by the management unit created at the level of the Ministry of Labour or the Ministry of Health (negotiations in process) MLFSPE. They will prepare and make public mid-year and annual progress reports.

2.13 Impact assessment and impacts

The community integrated services are designed to promote integrated services at community level, and to encourage central, county, and local governments to collaborate in implementing evidence-based policies and institutional practices. The detailed design of the pilot program (its main stages and activities) is described in paragraph 2.8. All 139 localities will implement the pilot program simultaneously. The monitoring units will be placed at county level (in the so called implementation units) and will follow closely the activities in all localities of the program, at the level of the county.

²¹ Unfortunately the final budget lines are not yet available (DC).

This program has considerable potential to contribute the achievement of the Europe 2020 targets for Romania and for:

- facilitating access to the social protection system for the most vulnerable people, it could increase access to cash benefits for all eligible families, particularly those at risk of exclusion.
- bringing a consistent contribution on the low-intensity work dimension through its various services and activities focused on education and employment.
- developing small community infrastructures and works, and therefore it could help to reduce the high levels of severe multiple deprivation in Romania, particularly among children and rural residents.

The impact of integrated actions will be measured using the standard indicators used at the European level.

2.14 Any important follow-up measures?

Not yet the case

2.15 Any other detail that seemed important but wasn't mentioned so far?

Not yet the case

3. Assessment and conclusions

3.1. What external factors helped/hindered the launch of the initiative and its successful

The good cooperation between three different ministries in 2016 (Education, Health and Social Welfare), along with the support of civil society organisations that were members in the national Committee of the Anti-Poverty Coalition, represented the key driving force of this reform episode. The representatives of the ministries and coalition have organised monthly meetings for planning and adjusting the policy aspects that had to be revised or elaborated. Responsible persons were appointed at the level of the ministries and coalition. A permanent communication system was decided in the planning stage, that increased the visibility of each proposition made by ministries or by NGOs. The leadership of the process was assumed by the Chancellery of the Prime Minister, and the operational coordinator of the entire process was MOLFSPE (the actual Ministry of Labour and Social Justice).

3.2. Lessons for the country

The design of the reform initiative showed that no complex policy development is possible without political support and without a solid cooperation between the line ministries, in those sectors that are concerned by the reform. This cooperation is usually difficult and challenged by administrative and qualitative aspects (different priorities in the technical departments of the ministry, shortage in technical staff, a heterogenous technical expertise in the key domains of the reform, etc).

In the current situation, the fact that the coordination of the process was taken by the Chancellery of the Prime Minister in 2016 represented a huge step forward for this reform initiative. A dedicated team of experts was involved in coordinating the technical departments of the ministries and in facilitating the meetings, the working groups, the production of concept paper and preliminary budgets.

The implementation stage (expected to start at the end of 2017-early 2018) will show if the concept of integrated community services for the most vulnerable persons and families is reliable and efficient in Romanian communities.

3.3. Lessons for Europe

The programme is probably not innovative compared to other EU experiences, but is definitely scalable and transferable (see *Chile Solidario* as an example for Romania). It addresses a dimension of policy development that is always difficult and challenging – the integration of multisectoral interventions, at the level of a person or family in difficult situations (poverty, exclusion, marginalization, social vulnerability).

The funding mechanism is not yet finalised, so the transfer of financial responsibilities from central level to local level is not yet decided. Therefore, a discussion on sustainability will be possible at the end of 2017-mid 2018.

3.4. Main strengths and weaknesses

Indeed, all members of the integrated team of professionals, at community level, are contributing directly and indirectly to:

- The efficiency of job seeking and job preservation, for vulnerable or marginalised persons
- An increased efficiency and effectiveness of the case management
- The reduction of poverty situations, in marginalised communities
- Increasing the abilities and autonomy of vulnerable families
- An improved access of these families to benefits and services.

ROMANIA COUNTRY STUDY

Section III: Annexes

A.1. Overview of the existing literature

The reform of integrated community services is at the very beginning in Romania. No study exists yet on the results, implementation, lessons learned of this reform. However, the need for the reform is mentioned in the National Strategy for Inclusion and Poverty Reduction in Romania (2015-2020) and its background study (realised by the World Bank in 2014-2015):

Government Decision no. 463/2015 for the approval of the National Strategy for Social Inclusion and Reduction of Poverty (2015-2020) and the Strategic Action Plan 2015-2020

The World Bank, Background Study for the National Strategy on Social Inclusion and Reduction of Poverty 2015-2020, Bucharest, 2015, http://www.mmuncii.ro/j33/images/Documente/Familie/2016/SF_BancaMondiala_EN_web.pdf

In 2017, a common Order was issued, that details the cooperation between the Ministry of Labour and Social Justice, the Ministry of Health and the Ministry of Education, in relation with the implementation of integrated community services at national level:

Common Order No.393 / 630 / 4236 / 2017, from March 13th 2017, for the Approval of the Cooperation Protocol between the Ministry of Labour and Social Justice, the Ministry of Health and the Ministry of Education, regarding the implementation of integrated community services for the prevention of social exclusion and the fight against poverty <http://www.mmuncii.ro/j33/images/Documente/Legislatie/O393-630-4236-2017.pdf> , published in the Official Gazette no.528 on July 6th 2017

In parallel, the legislative framework for integrated services has been improved with:

The Ordinance no.18/2017, on Community Medical Assistance, issued by the Ministry of Health and published in the Official Gazette no 154/March 1st 2017

Further on, a public consultation on the Terms of Reference for the National Pilot Project on Integrated Community Services has been launched:

<http://www.fonduri-ue.ro/presa/noutati-am-oi/details/6/239/consultare-publica-pocu-gs-%E2%80%9Dservicii-comunitare-integrate%E2%80%9D>

The project will be implemented within the Operational Program Human Capital (POCU – ESF), lines 4.5, 4.6 and 4.10 and its launch is expected for the end of 2017.

A.2. Good practice examples that were relevant for the reform initiative in Romania

Field	Information provided
Country	ROMANIA
Title of the good practice feature (English and original)	Social inclusion through integrated social services at community level (Incluziune socială prin furnizare de servicii sociale integrate la nivelul comunității) – Project developed by UNICEF in 8 counties from North East Romania (96 localities) in 2014-2017, following a

Field	Information provided
	previous intervention through integrated services in 2011-2014.
Short sentence summarising the practice	The good practice consists in a package of community-based services in health, social protection and education that is provided to vulnerable families and children, following a needs assessment procedure. The package is universal, as every family can access it, but it focuses on the most vulnerable children and their families. <i>The Minimum Package of Services</i> includes a strong prevention component and a software application called AURORA. It requires the presence in each community of at least a social worker, a community nurse and a school counsellor. Together they help vulnerable children and their families to assess their needs and provide tailored support for each family or household. For best results, these three professionals closely collaborate and work with local stakeholders such as the mayoralty, NGOs and other community partners
Rationale	<i>The Minimum Package of Services</i> includes a strong prevention component and a software application called AURORA. It requires the presence in each community of at least a social worker, a community nurse and a school counsellor. Together they help vulnerable children and their families to assess their needs and provide tailored support for each family or household. For best results, these three professionals closely collaborate and work with local stakeholders such as the mayoralty, NGOs and other community partners
Start (and end) date	First phase 2011-2014, second phase 2014-2017
Which organisation(s) was involved in its implementation?	Main implementer: UNICEF Other important partners: County authorities from Bacău, Botoşani, Buzău, Iaşi, Neamţ, Suceava, Vaslui şi Vrancea. Local authorities (96 cities and communes) in these 8 counties.
Main elements of the feature	<ul style="list-style-type: none"> • A comprehensive assessment of family vulnerabilities, performed with an informatic application called AURORA (tablet based, used currently by the community social worker) • A plan of integrated interventions (social, educational, medical, occupational etc) based on the vulnerabilities that were identified in the family. Preventative and support interventions. • Regular monitoring and evaluation of the plan’s implementation.
Resources 1: money	For the overall period of testing and project development, UNICEF has reported a budget of 5.3 million Euro that was allocated for the implementation of the Minimum Package of Services which is part of the intervention model “Social inclusion through the provision of integrated services at community level” – Community-based Services for Children. The initiative was funded by Norway Grants (3.3 million Euro) and UNICEF own funds (2 million Euros).
Resources 2: PES capacity, tools	Staff – over 150 trained professionals at local level, representing the integrated community team: social workers or social assistants, community medical assistants (community nurses), health mediators for Roma population, school counsellors, school

Field	Information provided
	<p>mediators for Roma children;</p> <p>An informatics application for needs assessment and intervention planning – AURORA (tablet based), including GPS and mapping functionalities.</p>
Transferability	<p>The model of intervention developed by UNICEF was taken into consideration by the World Bank, in the process of drafting the Romanian Strategy for Social Inclusion and Reduction of Poverty (2015-2020) and more specifically for the Flagship no.3 of this strategy, called SPOR (Social Protection – Opportunities and Responsibility). The flagship intends to promote the integrated community services at national level, as a tool for increasing socio-economic inclusion of the most vulnerable families.</p> <p>The UNICEF intervention will also be promoted further in Romania, in order to be transferred in other counties or regions.</p>
Sources of further information	<p>http://www.unicef.ro/ce-facem/initiative/prima-prioritate-niciun-copil-invizibil/</p> <p>http://www.unicef.ro/wp-content/uploads/Brosura-pachet-minim-de-servicii.pdf</p>