

ANNEX VIII: ROMANIA

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BACKGROUND

For many years in Romania, people with intellectual disability received services through the psychiatric care system, where people with an intellectual disability were treated alongside patients with psychiatric conditions and were registered as ‘oligofrenia’ in psychiatric files. The use of psychiatric services prevailed because a proportion of people with intellectual disability had psychiatric disorders, most of which were caused by inappropriate living conditions. Even today, psychiatric disorders are considered the same as an intellectual disability.

In Romania, the term ‘intellectual disability’ is now being used more commonly to refer to this population. This reflects a growing understanding that people with intellectual disabilities are equal citizens of Romania and must have the opportunity for a better life where their rights are respected (1). The presence of a person with disabilities is no longer deemed ‘shameful’ for the family from either a social and political point of view. Since 1990 Romania has made a number of legislative changes concerning people with intellectual disability. The introduction of social protection, for example, allows mothers of children with special needs to stay home and care for their children while receiving financial support.

Disability definition:

People with intellectual disability were previously defined in medical records as ‘oligofrenia’, ‘mentally disabled’ or ‘mentally retarded’. Since 1989, the term “handicap” is typically used to refer to all types of disabilities. The current official definition of disability states: “Persons with handicaps (disability) in the means (of present law) are those persons to whom their social condition is inadaptable for their physical, sensorial, psychological or mental needs and impede totally, or limit their access for, equity to a social life according with their age, sex, material, social and culture, who require special protection to help their social and professional integration.” (Law 215/2002)

The term often used for intellectual disability in Romania is mental retardation, mental disability, or mental handicap. It is considered a complex disease characterized by limited brain functions resulting in a significant decrease of intellectual level and limitations in social life. Some studies have used the definition of AAMR (American Association of Mental Retarded); a person is mental retarded if he has an IQ under 70; the person has difficulties in adaptive behaviour and

the problems appears before the age of 18. Romania has officially used the World Health Organisation definition which identifies a person as having an intellectual disability if the person's IQ is under 70. In official evaluations of persons with intellectual disabilities, the scales from Government Order 726 from 2002 are used. While the Government recognises the "International Classification of Deficiency, Incapacity and Handicaps" DSM IV and ICD 10 are most frequently used for identifying intellectual disability.

In Romanian legislation deficiency, incapacity and handicap are specifically defined. Deficiency is considered a bio-psychological status of a person associated with physical, sensorial, cognitive (mental or intellectual), or affective incapacity, and behaviour problems.

Incapacity is used with a great number of limited functions that are temporary or permanent, caused by intellectual or sensorial dysfunctions, by health conditions or mental diseases.

The term of "handicap" refers to the complete inability or limitation of the chance to take part in community life, at the same level as other members; it is a disadvantage and describes the interaction of the person with its society.

From a medical point of view, the concept of handicap was used to classify persons with a disability according to whether the disability was motor, sensorial or intellectual. To this concept were added poly-handicap and some chronic diseases which create handicaps. Medical and psychological criteria are used to classify the degree of handicap.

In the educational system, the person is considered having a handicap if they have: an intellectual, visual, hearing, physical, and/or organic disability with permanent and/or severe disturbances of development (such as autism spectrum disorders or major psychiatric disturbances). Children with intellectual disability are identified where a standardised psychological assessment reveals a lower performance than that expected by children of the same age in the general population. Medical and psychological evaluations are conducted to establish the level of ability and special education needs of the child. These evaluations are then discussed by a special committee that makes recommendations regarding the education needs of the child.

Order 726 of the Health Ministry establishes the medical and social criteria required for identification of the individual's degree of disability (ORDER Nr. 726 from 1 October 2002: basic criteria to established degree of handicap for adults. Ministry of Health and Family; MO: No. 775 from 24 Oct 2002: applies measures of the social protection for people with disabilities). The Order defines a person with intellectual disability as person with a mental or psychiatric

disability caused by a development deficiency or by a neuropsychiatric disorder, who requires special care and social protection. The terms “oligophrenia” and “mental retardation” are used in these documents. Mental retarded is classified by IQ (there are 4 degrees of handicap):

- degree 4 mild mental retardation or oligofrenia with an IQ of 50-55 to 70
- degree 3 moderate mental retardation or oligofrenia II – IQ 35 – 40 to 50
- degree 2 severe mental retardation or oligofrenia II – IQ 20 – 30
- degree 1 deep mental retardation or oligofrenia III – IQ under 20 – 25

The law describes the associated diseases and the main symptoms for each category. The degree of the disability determines the social protection conditions (3).

A committee, comprising medical professionals, provide a certificate assessing the individual as having a disability. Medical professionals are also responsible for monitoring recommendations on the individual’s certificate and medical files. These files contain recommendations regarding medical treatment for the individual. The only non-medical information included on the files pertains to whether the person requires a personal assistant. The social needs of the person are not addressed on these files. Social needs are addressed following the diagnosis of disability and having established the person’s degree of disability. The Committee examines each case individually and the amount of funding received is dependent on the income of the individual.

Accessing the Committee can be difficult for individuals as each county’s Committee is based in the administrative centre of the county. Each person is responsible for making his or her own travel arrangements to attend the Committee and is responsible for having the correct papers for the meeting. This can cause difficulties and result in repeated trips to the Committee. In addition, the individual must pay for some of the assessments, such as psychological assessments of IQ, and this also causes difficulties because of the low income of many of these families. These assessments must be completed annually, causing again more difficulties for families in terms of the expense of having the forms completed and the inconvenience of having to travel to the administrative area, most especially for those who reside in rural areas.

Statistical information on people with intellectual disability is limited because of the use of a variety of definitions regarding people with intellectual disability, people with general disabilities and people with psychiatric disorders. In the absence of clear distinctions between these varying groups, prevalence estimates of intellectual disability are unavailable (18)

The historical context in which services have developed in Romania:

Before 1989 people with intellectual disabilities living in Romania were cared for in families or in institutional care. Special schools were extremely limited throughout country, with most cities not providing special educational facilities. Most children with more severe levels of intellectual disability were educated within an institutional setting, while children with mild or moderate intellectual disability could be educated into the local schools, depending on the wishes of their parents.

Upon reaching adulthood, people with intellectual disability had the possibility to learn hand-crafts and to engage in ‚special jobs’ that is, jobs which were completed only by people with a disability. For example only people with visual impairment could manufacture brushes. Small manufacturing units were established in institutionalised settings where the residents were engaged in an activity appropriate to their level of ability. Any income resulting from these activities was used for care provision.

There were two main forms of residential care, institutions and family homes. Institutionalised care was provided free to a wide variety of people with physical, mental or neurological disorders. This care was largely medical in nature. Those providing care within the family home received no financial support and no advice from social support services regarding the care they provided.

Post 1989 saw the introduction of many changes in Romania. New laws were introduced to protect the rights of people with disabilities. Families were now entitled to receive financial support to care for their relatives with disabilities within the family home. Universities created programmes on social assistance and psychology which had been closed under the communist regime since the 1970s.

Between 1999-2004 the legislation of social protection was amended. People with disabilities were awarded social protection rights, access to employment and residential provision, and protection against discrimination. In addition, supports were made available to those providing opportunities for people with disabilities, such as employers. These rights were adopted under “The Social Charta from Strasburg” (3 May 1996) which was ratified in 1999 and it was approved “ The National Strategy for Social Protection and Work Employment for People with Disabilities”.

There is currently a national plan in place to close all institutionalised care where capacity is over 75 residents. This plan is to be completed by 2006. The plan aims to improve the situation for people with intellectual disabilities who reside in large institutions with co-residents who have a

range of disabilities and psychiatric conditions. On October 27, 2005 “The Centre of Juridical Resources” asked the government to adopt urgent measures to protect the rights of the people with mental disabilities (both intellectual disability and psychiatric disorder) from institutionalisation and to monitor their rights.

As a replacement for institutional care communitarian services will be developed at a district level. These services will be specifically organised for different needs. Currently there are nurses working in rural villages . Employed directly by the Ministry of Health, the nurses conduct home visits and assess social and health needs. The nurses provide advice on appropriate health services and social assistance. Currently, social assistance is provided at local administration level. This service is mostly for children with intellectual disability but it is a service in development and may extend to adults in due course.

There are currently very few services for adults with intellectual disability. The services that are available were developed by the Non-Governmental Organizations (NGOs). These local NGOs developed with the help of international NGOs. According to Law 34/1998, the state can support NGOs that provide social services to a maximum sum of 60 RON (600 000 lei ROI), approximately 16 euro for each beneficiary. The NGOs are responsible for an increase in facilities for people with disabilities, some of which are specific to people with intellectual disability. While the supply of services is still below the demand, the NGOs are responsible for increasing supply and will continue to do so. These new changes in service delivery reflect changes in public opinion about the social integration and social support of people with intellectual disability and other disabilities. More and more people are becoming aware of these new developments in the care of people with disabilities and are becoming involved in the change of their status. There is also greater awareness from the activities of the media and personalities who are involved in fund raising activities for people with disabilities.

Specific legal rights afforded to people with intellectual disability:

Romania has adopted and applied the international regulation regarding human rights and special regulations for people with intellectual disabilities. The revised text of “The Social European Charta” signed in 1996, was ratified by Romania in 1999. People with intellectual disabilities have equal rights to health, medical assistance, education, rehabilitation, economic support, protection, and quality of life. People with disability rights are described in Law 705 (4). There are specific rights which afford specific protection for people with disabilities (5). Romanian law, for example, obliges companies or institutions with over 75 employees to provide 4% of jobs to people with disabilities. This legislation is not enforced. By the end of 2004 only 0.1% of jobs were carried out by people with disabilities. This figure represents 3.3% of the adult population

of people with disabilities. Only the organization “For You”, from Timișoara, provides supported employment services. These services help people with disabilities secure employment in the work place market by offering daily support and work preparation. “For You” is an organization specifically for people with intellectual disabilities (6). Protected units as an employment option for people with disabilities can be developed but to date they are in the early stages of development. Protected units are companies where 30% of employees have disabilities. The employees with disabilities have certain forms of support such as reduced taxes and other financial assistance. Social networks are companies where all employees have disabilities. These networks were developed by NGOs.

Service Provision:

The educational activities for people with disabilities are subject to specific laws: Education Law (Educational Law No. 84/1995, Chapter VI, articles 43, 45, 54.) and orders relating to school activity and educational methods for children with special needs (17, 18, 19). The report “Rights of the people with intellectual disabilities: access to education and work in Romania” provided information on the inclusion of children with intellectual disabilities in integrated schools, and revealed that only a small number are educated in these schools. Typically, these are children with less severe intellectual disabilities. Since 2001 the educational segregation of children with mild and moderate levels of intellectual disability ceased. From this time, the children were integrated in the general teaching system. This process has however met challenges including the lack of training provided to teachers who have no experience working with children with disabilities, the lack of additional financial support, and the fact that the school curriculum has not been adapted to meet the needs of this group of children. In addition, there is no transportation system to bring these children to their schools.

Currently, about 21,000 children with different types of disabilities are educated in special schools based in residential centres where many of the children live during the week. Most of the time children with a moderate or severe intellectual disability are not accepted into these special schools and as a consequence most children with intellectual disability do not receive formal education. Children attending these schools return to the family home at weekends and this can be challenging for the family. Firstly, the family must travel to and from the school each week. This travel is costly and time consuming. Because of these challenges, many families have stopped bringing their children to special schools. When this happens, most of the children stay home and receive no formal education. As a consequence most of the children with intellectual disability do not receive an education. There are a limited number of cases when the children receive home education with the support of the educational system or with the personal support of a dedicated teacher. In this situation the children receive the standard level of education.

Information received from Child Protection Services report that only 28% of children with disabilities receive any 'form of education' (6). There are a number of laws supporting the education system which will need to be adapted in order to meet the needs of these groups of children. There are a number of projects attempting to create these changes in the educational system (7, 8, 9, 10, 11).

The children with special needs have to be evaluated by a special committee. Three commissions make an examination of the children and teenagers with special needs. These committees comprise:

- The Commission of Diagnostic and Sorting. This Committee is part of the children's clinics and its main function is to establish an individual's level of ability and to award a certificate based on this judgement.
- The Commission of Child Protection. This Committee is a special public service in the services of the government.
- The Complete Expertise Commission. This Committee is a part of the educational system and its main propose of it is to evaluate the school curriculum and scholarly programmes for the children with disabilities.

The principles of scholar and professional orientation are:

- The principle of equal rights and chances
- The principle of development: all the children and teenagers with disabilities are capable of growth, developing and learning
- The principle of inclusion – using different forms of social integration
- The principle of normalization – to insure a quality of life comparable to that experienced by people without disabilities. (2)

These are principles are used by the Committees when making a decision regarding a child's education. Sometimes, the final decision is left to the child's family.

Educational programs for adults with disabilities have not been developed. However, associations for people with intellectual disability have developed many programs to encourage independent living skills and social integration. The "Caritas Foundation" for example, has a special program for teenagers with Down Syndrome involving dance as a medium to develop social skills. Inclusion is another such association for people with intellectual disability from

Romania which was founded on the 10th May 1992. Inclusion is a federation of organisations from 22 countries, among which Romania now participates. In 1994, Romania became a member of Inclusion International and in 2001 Romania became a member of Inclusion Europe. Inclusion Romania is financed by UNAPES France; PMAG, Inclusion International and the EU. The aim of the association is to lobby in accordance with the principles of the World Health Organisation’s Standard Rules. Inclusion provide advocacy services at the national level, lobbies for services and sustains local associations to protect the civil and social rights of people with intellectual disability (disabilitati@dnt.ro).

Situations where rights may be revoked on the basis of incapacity:

In the Romanian Family Code, Article 142 mandates that the person who “has no discernment to care for himself because he is mentally alienated or has mental disability” will be put under interdiction. Under interdiction, a third party – tutor - takes responsibility for decisions made regarding the person with intellectual disability.

The decision of interdiction is communicated to Tutorial Authority who identifies a tutor who must inform the medical staff responsible for providing medical care (Article 145 Family code) (13). The aim of these measures are to protect the individual should s/he experience difficulty. The same rules are applied to children (15, 16).

In Romania the capacity of utilisation is defined in the Constitution,- art 5 and, paragraph 2, Decree 31/1954 which outlines all civil rights and obligations. It begins at the birth of every person. Capacity of exercise (discharge) of a person is defined by art. 5, paragraph. 3 from Decree no 31/1954 and outlines the capacity of a person to exercise civil rights and assume the obligations in juridical actions. Interdiction is defined by law as a measure to protect and provide for a person of limited capacity. In this cases it is the lack of exercise capacity and it is declared tutelage. Three conditions must be met for interdiction:

1. the person have to be without discernment,
2. the lack of discernment is intellectual disability or mental alienation
3. the lack of discernment is such that the person is limited in taking care of him/herself.

This are established by the Decree no 31/1954; Decree 32/1954/ Family Code; Romanian Constitution

The estimated prevalence figure for intellectual disability in Romania

Referring to the Rapport of National Authority of Persons with Handicap (ANPH) (www.anph.ro), at the end of September 2005 there were 451,278 people with disabilities registered in Romania. The breakdown by age indicates that 54,307 are children and 396,971 are

adults. From these, 433,077 are not institutionalized (53,974 children and 379,101 adults) and in institutions there are 18,203 (333 children and 17, 870 adults). Persons with mental disability comprise 21.3% (96 ,001 persons) from the total persons with disabilities of which 89,395 are not institutionalised and 6,606 are institutionalised.

Persons with mental handicap at 30 September 2005

degree	Not institutionalised		institutionalised	
	children	adults	children	adults
1	6,462	20,220	11	2,073
2	3,961	52,388	11	3,763
3	3,679	2,446	8	718
4	92	147	1	21
Total	14,194	75,201	31	6,575

Observing only those with mental disability, at the end of September 2005 there were 89,395 people with intellectual disability who do not reside in institutions (14,194 children and 75,201 adults) and a further 6,606 (31 children and 6,575 adults) who do reside in institutions. According to the Rapport of National Authority of Persons with Handicap there are 96,001 people with mental disability (14,225 children and 81,779 adults). It is estimated that approximately 1-3% of the population have an IQ less than 70. The figures for Romania indicate only approximately 0.5% of the population are identified as having an intellectual disability. This suggests that there may be many people with an intellectual disability resident in Romania who are unknown to services.

Prevalence studies

During the collection of data for this report no published material on prevalence studies for people with intellectual disability was found. There are some papers on general topics of intellectual disability, most of which are doctoral theses. There are also some studies conducted by associations for people with intellectual disability, however these are not of a scientific nature.

Databases/sources available in Romania that might provide information on prevalence:

The information on the prevalence of the people with intellectual disability may be found in the reports of ANPH (National Authority of the Persons with Handicap) (www.anph.ro) and in the reports of the Ministry of Work and Social Solidarity.

At the level of the County Commission, special codes are used for disabilities making it difficult to analyse the specific data relating to intellectual disability. The Chief of the Commission is

typically a physician. Commission registers provide medical information and diagnoses on all persons who appear before the Commission. At the ANPH level, only the disability code and level of disability is registered. A manual search of the register would provide more detailed information, however if the ANPH files were recorded electronically, a search would be considerably easier. Extended files also provide information based on a social investigation, and again, an electronic database of this data would provide interesting information.

SERVICE PROVISION

The criterion for eligibility for intellectual disability services:

The Law 705 from December 3rd 2002 regarding the National System for Social Assistance (MO Nr 818/18 Dec. 2001) describes the level of social assistance available and the criteria for which individuals are eligible. Articles 2 and 3 establish the social assistance network and its objectives. Chapter 3 of the law is dedicated to services in social work; Section 1 Art 16 and Art 17 define what persons are eligible and Section 2 Art 20 and 21 specifies where and how social services are provided, for example whether at the person's home or in residential placements. In the same law Articles 25 to 29 specify the responsible institutions at local, regional and central level. Articles 28 and 29 state that a person can be institutionalized according to her will or her legal tutor and in accordance with social assistance services. At central level Health and Family Ministry, Education and Research Ministry, Public Administration Ministry, Ministry of Justice, Ministry of Internal Affairs, National Authority for Child Protection and other governmental institutions develop social assistance programs. The Ministry of Labour and Social Solidarity direct policy regarding social assistance (4).

Type of service provision is currently offered to adults with intellectual disability:

There are a number of institutions providing services to people with disabilities that are directed by the National Authority for People with Handicap. There are 84 centres for care and services assistance (including 8,877 adults), six pilot centres for recovery and rehabilitation (with 147 children and 323 adults); 20 centres for recovery and rehabilitation (189 children and 3,314 adults); 11 centres for integration of occupational therapy (1,600 adults); 25 neuropsychiatric recovery and rehabilitation centres (3 children and 4,876 adults); and 4 daily centres used by 125 children and 229 adults. (13). The Federation of the organizations for people with intellectual disability from Romania and some NGOs (Non Governmental Organization) provide services specifically for people with intellectual disabilities. These organizations are only recently established and do not currently provide sufficient resources for the numbers of people requiring services.

In recent years some private NGOs (Non Governmental Organizations) have been established. Along with the Federation of organizations for people with intellectual disability, these organizations provide occupational programs and support for employment. The foundation “For You”, for example, provides activities to help people find employment.

People with intellectual disability have the same rights as other persons with different types of disabilities. People with a severe disability (labelled Degree 1), are provided with a person to care for them if they are not in residential settings because these individuals are deemed unable to care for themselves. The carer is typically a family member or a personal assistant who has a work contract to care for the person with special needs. The personal assistant is paid from the social services. In the case of a person with a second degree level of disability, a pension and some additional rights (free telephone, free tickets for travel, medical insurance) are provided however there is no additional fee for a carer. A person with a third degree level of disability is entitled to some special rights, such as medical insurance, but people with this level of disability do not receive a pension because they are deemed to be able to work. While there is an expectation that people with the third degree of disability can work, this is rarely the case as they find it very difficult to secure employment. Since 2001 all personal assistants must receive training in the field of caring for a person with special needs, even if the carer is a relative. In 2003, 23% of personal assistants were trained.

People with intellectual disability who have financial difficulties, particularly if they are not eligible for a pension, can receive social help from a local authority. This social assistance is the same as that provided for all persons in financial difficulties and is not increased if the person has a disability.

Educational Services

There are a variety of educational programs for children with intellectual disabilities, but not for adults. A difficulty arises however as there is no obligation for these children to be integrated in an educational program and as a result many children with intellectual disability do not attend school. Their families can decide if the child goes to school. The educational programs are not adapted to different levels of intellectual disability. Education programmes for children with intellectual disabilities recommend the use of cultural and informational products that are adapted to the level of ability of the child. The child protection offers free services of spelling (logopedy) and free services for kinetotherapy. There are special kinder garden classes in main towns for children with intellectual disability. In some cases however the classes comprise children with very varying levels of intellectual disability. At the county level, for example, there are no specialized services for the education of children with autism spectrum disorder. In

general, there is a lack of trained specialists working in schools for children with intellectual disability.

People with intellectual disability have the same rights regarding residential provision as those with other disabilities. Protected houses are provided as residential settings for people with disabilities, termed “protected settings”. These institutions provide social assistance in a family type setting and promote a normal and active life. Guidelines are drawn up between the institution and the person with a disability prior to the person becoming a resident. The guide is written in Romanian or in the language of ethnic groups, depending on each individual. For people with other special needs, such as those who are blind, the guidelines are available in the Braille system. The guidelines provide information about the living conditions, facilities, costs, eligibility criteria and terms of contract. The institution also has a manual for procedures beginning with the acceptance of the program, evaluation, and termination of the contract. Residents are accepted and receive services only in accordance with their agreement and are periodically evaluated. There is also a Code of Resident’s Rights.

Day service centres are organized on the same principles. According to the law day centres are "social assistance institutions which provide special care, recovery programs, rehabilitation, social and professional insertion, for the adult people in the day care system”. Similar guidelines and a manual for procedures are employed in these settings as those described above for residential care.

The third possibility is the residential setting, a social assistance institution which provides in principal, accommodation, special care, recovery services, rehabilitation, social and professional insertion for adult people on a limited period or unlimited period, depending on the mission of the unit or the needs of the beneficiary. These have a guideline and a manual of procedures too. In residential setting, unlike the protected settings described above, the resident shares facilities such as bedrooms, kitchen space etc., with other residents.

Lastly, clubs for people with disabilities have been introduced at the local level. These clubs have a socialisation purpose and provide an opportunity for people with disabilities to meet other people with disabilities.

Sources of income for people with intellectual disability

The present social assistance system includes the financial support from the state to the population. These are used as financial rights and special social services.

People with intellectual disability have the same rights regarding income as people with different types of disabilities. If the individual does not have the capacity to work they receive an incapacity pension. Eligibility for the pension is based on an evaluation of the individual conducted by the Commission for People with Handicaps. Following the evaluation, the individual is classified as having a specific level of disability, with the most severe level of disability being assigned a degree of one. The pension is the same for people with more severe disabilities (Degree 1) as for those with more mild disabilities (Degree 2 or 3). Those with more severe disabilities are however also entitled to a payment to cover the cost of a carer if they choose to live in the family home. For people with intellectual disability in employment, financial support is also available.

Benefits

People with the first degree of disability receive a pension and an allowance to fund a person to care for them. This carer, who is often a family member, receives payment by contract from the local administration to the amount of the minimum salary. The pension is the same for the persons with first and second degree and it is 158 lei, about 45 euros per month.

People with first and second degree of disability also receive free medical assistance and 100% compensation for medicine. This compensation means that the person must only pay the difference between the referral price of the medication and the price it costs in the pharmacy. For those who are employed, whether with a disability or not, compensation is available for medication.

People with first and second degree of disability have free telephone services with 100 minutes included. For those with visual impairment 400 free minutes of phone time are available. People with visual impairment are also entitled to financial support for electric energy. This support is about 20RON (6 euros) per month.

People with degree one of handicap receive free travel tickets entitling them to twelve return trips per year.

People classified as having a third degree of disability receive free medical assistance and are compensated 100% for medications. If a person with any disability has a source of income they receive financial support of 42 lei, about 12 euro per month; for second degree of disability this figure is increased to - 75 lei, about 22 euro per month. When analysing these figures it is important to note that the minimum income in Romania is approximately 330 RON (almost 100

euros per month). The values above are in the denominated currency, the new leu (RON) that equals 10.000 old lei (ROL)

HEALTH SERVICES & UTILIZATION

Health services currently offered to adults with intellectual disability:

People with intellectual disabilities have the same rights for health services as any other citizen in Romania. They are insured by law if they are registered with the Authority for People with Handicap. They have free health care and they receive 100% compensation from the Insurance House for the prescriptions. In the case where an individual is not registered, they have no status and they have no health insurance.

The problem for people with intellectual disability seeking health care is one of accessibility. In theory they can attend any health service for their health problems, but most often people with intellectual disability do not know where to ask for services if their family do not do this for them. Those living in the villages have access only to the family doctor and in special cases when they have to go to the handicap commission they visit other doctors. There are special health services for those with special needs. People living in residential places have full rights and accessibility to health care. They have access to a family doctor and can access the hospital when needed.

No information on research carried out regarding the health of people with intellectual disabilities in Romania was found during the compilation of this report.

Data on life expectancy among this population in Romania

There are no statistical data about the life expectancy and health status of the people with an intellectual disability in Romania. All registered data are for the general population.

People with intellectual disability do however have files at the local authority. These files record all chronic diseases. The difficulty is that the statistical reports generated from these files are for each disease and each handicap and are not linked. A computerised system could generate considerably more information regarding the health status of this population.

No specific information is available for people with intellectual disability regarding the prevalence of epilepsy or for health promotion activities such as screening for blood pressure, blood cholesterol, breast screening, cervical screening, and testicular cancer screening. The information available is only for the general population. The prevalence of epilepsy in Romania has not been established but the national association for epilepsy statistically estimate that there are 200,000

people with this condition in Romania. The prevalence is lower in the southern part of the country. The prevalence estimates may be underestimated as there is a social stigma attached to the condition.

Screening programs for blood pressure are typically part of the medical examination each family doctor performs annually on patients attending his/her clinic. A complete medical examination includes the measurement of the blood pressure, examination of the breast, clinical screening for carcinoma, and an investigation when necessary. Occupational medics complete a full annual protocol based on a clinical examination for all employees in Romania. Recently screening for cervical cancer for the general population has been introduced, and limited screening for testicular cancer, however these services are limited to a small proportion of the population. There are no screening procedures specific to people with intellectual disability. There is no national program for screening blood cholesterol. The family doctor can ask to make this investigation if there is a health problem of the patient at the annual examination. All of these services however are available for people who have access to health care services. The access to the health services is limited for the people with intellectual disability because they are not aware of them or, in some cases, the family ignores the needs of a medical examination. Typically, a doctor will only see a person with a disability when the person needs documents for the evaluation of a handicap.

Family planning programmes are organised through the family practices. The programmes provide free access to contraception for those living in rural areas and those with no health insurance. People with intellectual disability can be included in these programmes. There is however no associated health education programs for people with intellectual disability who receive less information regarding self-medication and possible side effects than the general population.

There is little health promotion regarding oral hygiene. A limited number of educational programs in schools have been supported by toothpaste producers and there have been a number of TV commercials promoting oral hygiene. However control and prophylactic treatment is not accessible for many people. The costs for dental care are high for general population and are not accessible to most people with intellectual disability. People living in small villages have no access to dental care because there are no dentists in their village and they cannot travel to other places because of their disability.

Disability specific training for health professionals

There is no specific training for family doctors, dentists or psychiatrist in the field of intellectual disability.

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- 8 Ordinul M.E.N. nr. 3281/16.02.1999 cu privire la activitatea de consiliere și orientare în învățământul preuniversitar, în anul școlar 1999–2000 (Buletinul informativ al MEN, nr. 38 februarie 1999).
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