

**PERMANENT MISSION OF ROMANIA**  
to the United Nations Office at Geneva  
and the International Organizations in  
Switzerland



**MISSION PERMANENTE DE LA ROUMANIE**  
auprès de l'Office des Nations Unies à Genève  
et des Organisations Internationales en Suisse

No. 3040

The Permanent Mission of Romania to the United Nations Office at Geneva and the International Organizations in Switzerland presents its compliments to the Office of the United Nations High Commissioner for Human Rights and has the honor to transmit, herewith attached, Romania's response to the urgent appeal sent by the Special Rapporteur on the rights of persons with disabilities; the Special Rapporteur on extrajudicial, summary or arbitrary executions; the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment (reference UA ROU 2/2019).

The Permanent Mission of Romania to the United Nations Office at Geneva and the International Organizations in Switzerland avails itself of this opportunity to renew to the Office of the United Nations High Commissioner for Human Rights the assurances of its highest consideration.



Geneva, August 12<sup>th</sup>, 2019

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1. Regarding the situations of 4 youths with disabilities in Argeş County – [REDACTED], [REDACTED], [REDACTED], and [REDACTED], the General Department for Social Assistance and Child Protection (GDSACP) sent us a report on this matter.

Despite the situation described in the report of the Joint Appeal from Special Rapporteurs, no youth was transferred from child protection residential services to nursing homes for older people. Moreover, there is no public center for older people.

[REDACTED] was transferred from placement center „Sf. Andrei”, Piteşti to the Center for Care and Assistance Bascovele for adults with disabilities. He passed away due to the severe medical condition, which persisted over the years.

E.B. was transferred from placement center „Sf. Andrei”, Piteşti to the Center for Care and Assistance Piteşti for adults with disabilities. She passed away also due to the severe medical condition, which persisted over the years.

As to the case of **young people with disabilities**, [REDACTED] and [REDACTED] for whom, after reaching the age of 18, adequate solutions are sought to ensure continuity in the provision of social services, according to individual care needs and assistance.

- As emerges from the preliminary information provided by the General Directorate for Social Assistance and Child Protection (DGASPC) Argeş, **the young** [REDACTED] was the beneficiary of the Trivale Piteşti Children's Care Services Complex (CSCH).

According to medical records, the motoric conditions they pose make it dependent on the wheelchair. From the Psychological Sheet drawn up within CSCH Trivale it is clear that the young woman has emotional instability, addictive adaptive capacity for entourage (environment), enthusiastic communication with foreign adults, basic elementary behavior rules, etc.

After the age of 18, the young woman has been evaluated by the specialists from the Service for Complex Assessment of Adult with Disabilities.

According to the Disability Degree Certificate no. [REDACTED] / [REDACTED] issued by the Commission for the evaluation of adults with disabilities Argeş, the young person has been framed as serious disability with the right to a personal assistant (permanent). At the same time, the Individual Rehabilitation and Social Reintegration Program (PIRIS) was attached to the mentioned certificate, in which it is recommended residential services, into the section Activities and Services.

At the basis of the above-mentioned administrative act, there were a series of documents drawn up by the specialists from DGASPC Argeş, as well as those from the Commission for assessment of disabled adults Argeş, in compliance with the legal provisions in force. Thus, the case report of the Children's Case Management Service, which presents the situation of the young woman, along with its file, was submitted to the Complex Assessment Service for adults with disabilities.

Regarding the school situation of the young woman, according to the certificate issued by the "St. Filofteia" Educational Center for Inclusive Education, Valea Mare-Ştefăneşti, Argeş County, she graduated from 10 classes with home education. Because of the serious diagnosis,

she could not attend the professional courses at the "St. Filofteia" School of Inclusive Education, this institution not having a home schooling for this form of education.

We mention that, during the institutionalization of the young child at the Children's Care Services Complex (CSCH) Trivale Pitești, there have been activities aimed at reintegration into the family, which has not been achieved.

According to the address of DGASPC Argeș [REDACTED] registered at ANPD under number [REDACTED], the young woman was institutionalized from age 4, first at the Center of Special Placement from Pitesti, and then, at the Child Care Services Complex (CSCH) Trivale Pitesti.

The mother was unable to provide the young woman's needs with regard to health (associated diagnosis, wheelchair dependence due to motor conditions, the need to support specific compensation therapies), the material resources of the family being insufficient, and the members of the biological family being frequently gone abroad.

Moreover, her mother presents specific attachment ties to specific young parenting skills.

In the context of the aforementioned, the mother has requested to maintain the placement measure at the Trivale Pitești Children's Care Services Complex (CSCH) and to carry out further therapies at the center.

During the institutionalization, steps have been taken in order to maintain the relationship between the young and the biological/ extended family, as well as for a future possible reintegration into the family. Despite the fact that the members of the biological family (maternal grandmother, maternal aunt, maternal uncle) have expressed their desire to maintain contact with the young woman through visits to the center, and the attachment between the young and the extended biological family is mutual and the family affective climate is a securing one for the young woman (mentioned also in the counseling reports and those with the family meetings, recorded at DGASPC Argeș), maintaining the ties with the family was performed at long intervals. In this case, family accommodation didn't exist, the mother was not available in this respect.

Nevertheless, the mother manifested receptivity to the situation of the young woman, becoming a guardian for it, through the Civil Session no. [REDACTED], issued by the Pitesti Court, through which the prohibition has been established.

Taking into account the relevant data about the school situation of the daughter and motivating that she can't take responsibility for taking care of her, referring to her state of health, by application no. [REDACTED], [REDACTED]'s mother tutor, institutionalized within CSCH Trivale Pitesti, requests her transfer to a residential center for adults with disabilities under the authority of DGASPC Argeș.

Her admission to the Care and Assistance Center (CIA) of Pitești, starting with 2.07.2019, was made on the basis of the Order of the General Director General of DGASPC Argeș no. [REDACTED] of 1.07.2019.

In order to prepare the transfer to a residential center for adults with disabilities, based on the Specific Intervention Program (PIS) and the Personalized Counseling Plan, her young and mother were counseled psychologically, as shown in the Meeting Reports concluded between

20.05.2019 and 18.06.2019, and through these activities were assisted and supported in decision-making, appropriate to the needs of the beneficiary.

As can be seen from the mentioned in the Report of DGASPC Argeş no. [REDACTED] / 5.07.2019, registered in our institution on July 4, 2019, there is the entire documentation in accordance with the minimum quality standards for residential social services for children in the special protection system.

Also, the transfer of information regarding the beneficiary [REDACTED] to the CIA Piteşti, the manager is carried out with the reception of the beneficiary and all the documentation on her situation based on the Note of Delivery concluded in this respect and the Note of the meeting between the children's center specialists, under the coordination of the case manager of the Child Case Management Service (SMCC) and the case manager of the Case Management Service for adults with disabilities.

When the CIA Piteşti specialists took over, the multidisciplinary team at the center, together with the case manager, met to make its initial assessment.

Thus, the needs of the young were identified, short- and medium-term objectives were established and services and activities were recommended so as to ensure optimal care. In this initial assessment, the multidisciplinary team took into account the PIS and PIRIS recommendations, other assessment documents (medical records, psychological assessments, interview reports, etc.) existing in the younger file and the information received from the residential children's service .

After the evaluation, the multidisciplinary team has developed the Personalized Plan, in which the services and activities were provided, the programming of the activities, the time of each intervention, the necessary materials or equipment, the arrangements for the intervention, the date of the future revision of the Personalized Plan, as well as the conclusions of the multidisciplinary team and the case manager.

We mention that under the Minimum Quality Standards Mandatory for Social Services for Adult Persons with Disabilities, PP is reviewed whenever needed but not later than 6 months.

- Regarding the situation of **the young** [REDACTED] as it appears from the information provided by the specialists of DGASPC Argeş, he is still present at the "St. Andrei" Children's Center in Pitesti.

According to medical records, the young man was diagnosed with "Sequelae of infantile encephalopathy, internal hydrocephalus operated by drainage, macrocephaly, severe cognitive impairment." Motoric conditions make it dependent on the wheelchair and its psychodiagnostic is deep mental deficiency (Mental Age = 1.3 years).

At the "St. Andrei" Children's Center in Piteşti there were activities related to the preparation of the young person for a possible family reintegration, as well as for a possible transfer to a center for adults with disabilities, as evidenced by the documents in the personal file be the Specific Intervention Program (PIS), setting out the objectives and methods of intervention of the specialized staff, the minutes of the meeting of the multidisciplinary team set up at the center level, the Implementation Report of the PIS.

In order to achieve a possible integration in the family environment, DGASPC Argeş addressed the mayors from the parents' homes, according to whom, following the checks carried out, there is no possibility of reintegration of the young person into the natural family.

The reasons are given by the situation of the family: disorganized, the separated parents, each of them having poor material conditions and an attitude of rejection towards the young man, refusing to keep in touch with him and expressing his desire to remain institutionalized.

Between March 11, 2019 and March 13, 2019, the young man underwent kidney surgery and was admitted to the Neurosurgery Section of the County Hospital in Pitesti, and from 16 May 2019 to 17 May 2019 he was admitted to the County Emergency Hospital Cluj Napoca for medical investigations.

After reaching the age of 18, the young person was evaluated by the specialists of the Service for complex evaluation service for adults with disabilities, subsequently the Commission for assessment of adults with disabilities Argeş released his Disability Certificate no. [REDACTED] / [REDACTED] which attests to his classification as a severe handicap with a personal assistant. At the same time, PIRIS no. [REDACTED] as an annex to that certificate.

As is also apparent from the specifications contained in the Control Report sent by ANPIS, registered under number [REDACTED] / [REDACTED] carried out as a matter of urgency by the inspectors of the County Agency for Payments and Social Inspection Argeş, in order to verify the situation of the two young people, the young person does not currently depend on the medical equipment / is not currently addict to the medical equipment to ensure his survival, although the diagnosis it's a reserved one.

Summarizing the information from DGASPC Argeş and ANPIS leads to the conclusion that it is necessary to leave the child protection system and to identify protective measures for adults with disabilities in order to provide all the necessary services according to their needs.

Taking into the consideration that PIRIS has mentioned the necessity for providing social services in residential system, the solution identified was the admission to the Pitesti Care and Assistance Center (CIA), located in Pitesti, George Ştephănescu Aleea no. 3, County Arges.

All the above mentioned transfers are in accord with the provisions of the art. 55 line (3) from the Law no. 272/2004 for the protection and promotion of the child rights:

*„The youngster who has acquired full capacity to exercise his or her rights and has benefited from a special protection measure, but who is not continuing his or her studies and does not have the opportunity to return to the family, being confronted with the risk of social exclusion, receives special protection upon request for a period of maximum 2 years, for the purpose of facilitating his or her social integration.”*

#### **Note**

*Piteşti is the most industrialized county town, ranked 13th in the hierarchy of cities in Romania, according to the number of population criteria.*

*CIA Piteşti is a social service for adults with disabilities, without legal personality, subordinated to DGASPC Argeş, has an operating license granted by Decision MMFPSPV no. 881 of 30.03.2016.*

*The Care and Assistance Center is the residential social service that includes a set of activities designed to meet the specific individual needs of people with disabilities in order to maintain/develop their personal potential.*

*According to data provided by DGASPC Argeş, at the beginning of July 2019, CIA Piteşti has a capacity of 150 seats, currently occupied by 139 beneficiaries, out of which 80 women and 57 men.*

*Distribution by age group is as follows: 11 people aged 20-24, 10 people aged 25-29, 26 people aged 30-54, 90 people aged 55 and 85 people.*

*The distribution of beneficiaries by type of disability is as follows: 18- physical, 1- somatic, 10- visual, 33- mentally, 59- psychic and 16- associated.*

*The center is located in the community, with access to the public transportation, and in its neighborhood there is the Emergency County Hospital Pitesti, the market, the post office, etc. The residential institution is accessible to the physical environment and is equipped with a ramp and interior lifts to facilitate the movement of people with disabilities, wheelchair users both inside and outside the building.*

*Within the CIA Piteşti, services are provided and activities are carried out according to the individual needs of the beneficiaries, such as:*

- information and social assistance/ social assistance services.*
- information and counseling on existing social rights and facilities.*
- support for maintaining the beneficiary with family, friends, etc.*
- information and support to take steps to obtain assistive technologies and devices and access technologies.*
- information about work schedules, facilities provided by medical practices, empowerment services, rehabilitation.*
- information on alternative and complementary activities and services provided by private social providers, non-governmental organizations.*

*Social welfare services are provided by the social worker.*

*Psychological counseling:*

- develops appropriate social behavior, positive attention and positive thinking, emotional adequacy, self-awareness, avoidance of social isolation and depression, optimization and personal development, self-knowledge, others.*

*The psychological counseling service is provided by the psychologist.*

*Empowerment and rehabilitation - services to maintain or develop the functional potential:*

- massage and kinetotherapy.*
- occupational therapy.*
- vocational / occupational activities.*
- special therapies or art therapy.*
- psycho-sensory-motor stimulation.*

*The empowerment-rehabilitation service is provided by physical therapist, masseur, ergotherapist.*

*Care and support:*

- cloth / undress support, choice of appropriate clothing.*
- support for daily hygiene (washed and wiped), caring for its own body and its parts, hygiene of removals, changing hygienic-sanitary materials.*
- support for the provision of medication to the limit of competence, based on the recommendations of the family doctor / specialist.*

- Support for specific problems of catheterization, prevention of decubitus ulcer.
- Support for changing body position to move the body from the horizontal position to another position, swinging from one side to the other on the body.
- Transfer and mobilization support for indoor/ outdoor travel including shopping.
- support for communication.

The care and assistance service is provided by infirmier, ergotherapist, nurse, nurse, physician.

*Independent Living Skills:*

- activities for maintaining/ developing cognitive skills, performed by psychologist, occupational therapist.
- activities to maintain / develop day-to-day skills by a psychologist
- activities to maintain/ develop communication skills by the psychologist, occupational therapist, other therapists.
- activities to maintain/ develop mobility abilities, made by a physician, physical therapist, masseur, occupational therapist.
- activities for maintaining/ developing self-care skills, performed by physical therapist, occupational therapist, infirmier.
- activities to maintain/ develop health care skills made by a doctor, nurse, psychologist, occupational therapist.
- activities to maintain/ develop self-management skills by a psychologist, educational instructor, nurse, occupational therapist.
- activities to maintain/ develop interaction skills, conducted by a psychologist, an instructor of education.

*Support and support for decision-making:*

- information and advice on existing social rights and facilities and how to obtain them.
- assistance and support for the logical ordering of information to identify a problem.
- Assistance and support for choosing the final version and assuming the responsibilities of the consequences.
- assistance and support for reviewing the decision taken.

Activities are provided by the social worker and the psychologist.

*Social and civic integration and participation:*

- knowledge of the social environment
- stimulation/ learning of behavior appropriate to the social situation
- engaging in community-based cultural activities
- Participation in recreational and leisure activities, visits

Social and civic integration and participation is provided by social worker, psychologist, physical therapist, occupational therapist, educational instructor.

According to the personnel status, CIA Pitești has specialized personnel, as follows:

Driving staff - 1 head of the center

Specialized staff - 41 of which:

Doctors- 2

Psychologist- 2

Physiotherapists- 2

Social workers - 3

Ergotherapists- 3

Medical nurses - 26

Hygiene Assistant- 1

*Medical Assistant - 1*

*Care and Support Staff – 51, of which:*

*Nurses- 44*

*Caregivers- 7*

*The solution of the transfer of the two young people from the Center for Children with Disabilities (CSCH) Trivale- Pitesti and the Children's Center "Saint Andrew"- Pitesti to the CIA Pitești is the result of their evaluation following the application of the evaluation tool - as an Annex to the Methodology for the elaboration of plans for the restructuring of residential centers for disabled adults approved by ANPD President's Decision No. 878/2018 which took into account:*

*-what are the preferences regarding the hosting arrangements for the assessed period offered by the legal representative in the presence and together with the person with disabilities*

*- personal demographics data,*

*- relevant information on health care,*

*- the support it may needs,*

*- the need for psychological services (psychological counseling and support therapies),*

*- maintaining and developing communication skills, mobility, interaction/ interpersonal relationships, etc.*

*The conclusions of the evaluation for young [REDACTED] highlighted the need to provide support and support services within a residential institution, so that the multidisciplinary team proposed the social care center as a response to the identified needs.*

*At the Argeș County level, under the coordination of DGASPC Argeș, there are only two care and assistance centers (CIA Pitești and CIA Bascovele).*

*Also, as the current legislation provides, residential centers for adults with disabilities with a capacity of more than 50 places are undergoing the restructuring process, which involves ensuring that people with disabilities have the specific services they need, identified on the basis of individual assessments, account of their opinion and the provisions of the specific minimum quality standards.*

*With the support of the European funding, DGASPC Argeș carries out, within the framework of a project implemented through the Regional Operational Program, activities involving the establishment of 3 protected dwellings and a day care center, in order to ensure the transfer of 24 persons with disabilities benefiting from social services of the type care and assistance center from the CIA Pitesti.*

6. Regarding the number of children with spina bifida living in residential services, our institution centralized the following data for 2018:

- 24 children with spina bifida in residential services, out of which
- 21 children with spina bifida received surgical interventions and are currently receiving medical treatment
- 2 children with spina bifida do not receive surgical or medical treatment, as per recommendations of the doctors, being stable.