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COMMITTEE ON THE RIGHTS OF THE CHILD

Fifty-first session

SUMMARY RECORD OF THE 1416th MEETING

Held at the Palais Wilson, Geneva,
on Friday, 5 June 2009, at 3 p.m.

Chairperson: Ms. LEE

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The meeting was called to order at 3.05 p.m.

CONSIDERATION OF REPORTS OF STATES PARTIES (continued)

Third and fourth periodic reports of Romania CRC/C/ROM/4, CRC/C/ROM/Q/4 and Add.1 (continued)

1. At the invitation of the Chairperson, the delegation resumed places at the Committee table.
2. The Chairperson invited the members of the Committee to raise additional questions with respect to the third and fourth periodic reports of Romania.
3. Ms. ORTIZ, returning to the question of adoption, said that, under the terms of the Convention on the Rights of the Child, it was considered a last resort to separate children from their families. She would like to know what measures the Government of Romania was taking to prevent the separation of children from their families, whether funding was provided to NGOs for that purpose, whether the country suffered from a dearth of social workers and other care-related professionals, and whether assistance was offered to parents and communities with a view to keeping children in families. Were there, for instance, preschool programmes for that purpose?
4. Mr. CITARELLA said he would like more information on Roma children. It would be useful, in particular, to have statistics on school attendance and access to health services.
5. Ms. MAURÁS PÉREZ said she agreed that consideration should be given to ways of creating stronger links between parents and children, and in particular to changing societal attitudes towards that relationship. Breastfeeding and offering the breast to newborns within the first hour of birth were extraordinarily uncommon in Romania, which in her view contributed to the syndrome of separating children from their mothers, a core malaise of Romanian society. NGO reports indicated that milk substitutes were aggressively marketed. Since Romania was a signatory to the International Code of Marketing of Breastmilk Substitutes, it would be useful to know what measures the Government was taking to halt that practice. She would also like to know whether the National Authority for the Protection of Children's Rights had control over allocations to hospitals participating in the Baby-Friendly Hospitals Initiative, and what support was given for early childhood care, including measures to allow breastfeeding in the workplace and maternal leave.
6. In addition, she would like to know the status of draft legislation concerning Romanian children whose parents were working abroad, how many children were in that situation, and what policies were in force to assist them. Noting that teenage drug use and abortions were rampant in Romania, she asked whether data were being collected on the mental health and lifestyle of adolescents.
7. She also asked whether and to what extent government programmes and policies were gender-sensitive, whether measures were being taken to alter the public perception of persons with HIV/AIDs, and whether sex education was provided in schools with a view to preventing the spread of that illness.

8. The CHAIRPERSON, speaking in her personal capacity, asked whether data were available on children with disabilities. Noting that child protection was provided at the county level at age seven, she inquired how children below that age received services. The written replies listed “mental average delay” as a common illness. Mental retardation was not an illness; clarifications would be welcome. She would also like to know how Romanian society viewed mental illness.

9. She was concerned at the absence of clear figures regarding the number of children whose births were not registered, a problem that might be related to the prevalence of illegal adoptions. It would be useful to inquire whether unregistered children were more vulnerable to being sold. The Committee would also like clarifications on the age of criminal responsibility, since reports indicated that children were held in adult prisons, and on the absence of psychiatric wards for children.

10. Ms. SAVU (Romania) said that in response to international criticism regarding the adoption of Romanian children in the period from 1995 to 2004, the Government had banned intercountry adoptions. There were currently about 3,000 domestic adoptions per year. Recent legislation stipulated that a child should be offered for adoption only after all efforts to reintegrate him into his family had failed. The decision as to adoptability was taken by the courts. Most children in difficulties with their families benefited from temporary measures, however. There were no data available prior to 2005 regarding the number of adoptable children in Romania; from 2005 to 2008, that figure had ranged from around 900 to around 1,500. Efforts were currently being made to assess and evaluate the balance between the number of adoptable children and the number of domestic adoptions; when the assessment process was complete, consultations would be held and a law elaborated.

11. The CHAIRPERSON asked what the criteria were for establishing the adoptability of a child, whether there were biases against the adoption of Roma children, and whether institutionalized children were mostly from the Roma community.

12. Ms. REBEGEA (Romania) said the courts made the decision on adoptability only after all efforts at reintegration with the biological family had failed. Current legislation provided that the family meant the extended family to the fourth degree; efforts were currently under way to reduce the number of degrees, and to place a limit on the reintegration period.

13. Ms. HERCZOG (Country rapporteur), observing that the social worker/client ratio was as high as 1/100, wondered whether it was possible to take steps to ensure that children stayed with their biological families. It would also be interesting to know whether the Government of Romania was planning to establish a standardized protocol for those working in the child rights arena.

14. Ms. REBEGEA (Romania) said that there were no figures on the adoption of Roma children because it was prohibited by law to collect statistics based on ethnicity. However, 24 per cent of prospective adoptive parents did not name an ethnic preference in their applications.

15. Ms. ORTIZ said that she was troubled to hear that the Government of Romania could not inform the Committee how many Roma children had been adopted. In accordance with the Convention, the law must require that children be adopted within their cultural and ethnic milieus, and information about the ethnicity of the children was therefore essential.

16. Ms. REBEGEA (Romania) said that the Government could only speak about adoptability, not about ethnicity. Ethnicity should not matter. In any event, it was impossible to know the ethnicity of a child because parents were not required to declare their ethnic origins, and some children's parents were not even known.

17. Ms. HERCZOG (Country rapporteur) asked whether there were any laws enabling the Romanian Office for Adoptions to identify a child as Roma.

18. Ms. SAVU (Romania) said that ethnicity was determined by declaration; there was no other means. The Romanian Office for Adoptions could not state that a child was Roma by his looks alone; it could only indicate that he needed care and was or was not adoptable. Another problem was that poor people often abandoned their children but refused to allow them to be adopted. Parents had many rights in Romania.

19. Ms. HERCZOG (Country rapporteur) said it was clear that declarations did not provide a full picture, and that people were often understandably afraid to declare their ethnicity. People were identified by ethnicity in any event - especially children at school. Professionals too necessarily made judgements about ethnicity. According to international legislation, there was a right to identity.

20. Referring to the matter of adoption, she said that Romanian hospitals apparently did not employ social workers, and that there was therefore no assistance and support for mothers in the process of deciding whether or not to give up a child. It was difficult for her to imagine a mother deciding to give up her child if the baby was with her in the ward. In Romania, babies were kept in wards separate from their mothers, an aspect of the problem that was worth considering.

21. Ms. STOIAN (Romania) said that the Ministry of Health was adopting a strategy for adolescents and children based on recommendations of the World Health Organization (WHO). The strategy would include child-friendly services and should have a large impact on adolescent behaviour and health.

22. Turning to the question of suicide, she said that 24 children between the ages of 10 and 15 and 1,881 children aged 15 to 19 had died from self-inflicted wounds in 2008. Referring to breastfeeding, she said that although the rate was low at six months after birth, on discharge from maternity wards as many as 98 per cent of mothers breastfed their babies. The rapid increase was attributable to support from the family and the community.

23. The Baby-Friendly Hospital Initiative had been very successful in Romania. There were currently 10 designated hospitals; 20 more were working towards designation. That programme offered special courses for mothers, including, inter alia, information about breastfeeding. In addition, legislation provided that social workers should be present in paediatric and maternity wards, offering information about baby care, and working to dissuade mothers from abandoning their babies.

24. Romania had signed the International Code of Marketing of Breast-milk Substitutes in 1981. Efforts to introduce legislation on the basis of that code had been unsuccessful. Currently, European Union legislation on breast-milk substitutes was in force, and its impact was evident in maternity wards: both health-care staff and mothers were more aware of the health benefits of breastfeeding.

25. After the Romanian Revolution of 1989, the infant mortality rate had been strikingly high, at over 26 per 1,000 newborns, owing partly to respiratory diseases; by 2008, that number had dropped to 11 per 1,000 newborns. The number of infant deaths attributed to perinatal causes had increased, however. That was related to the application of the WHO definition of the term “live birth”, which took into account any sign of life in the newborn.

26. Ms. HERCZOG (Country rapporteur) asked what kind of home support was provided to pregnant women and young mothers. She would like to know whether the home visit programme had been revived, how many professionals were working in that programme, and whether they reached mothers living in isolated areas.

27. Ms. STOIAN (Romania) said that in Romania every child was insured and had the right to health care. Within the main package of medical services, physicians received points for special services provided in the home for the well-being of a child. Many physicians and their assistants had received training, and were now often recommending breastfeeding rather than the use of breast-milk substitutes.

28. The number of abortions had decreased dramatically, from 3,000 per 1,000 newborns in 1990 to 500 per 1,000 in 2008. That had been a long and difficult process. The National Programme for Women’s and Children’s Health had introduced modern contraceptive methods, and abortions had ceased to be a method of preventing unwanted children. The incidence of teenage pregnancies was especially high, however, in the Roma community, despite some awareness programmes.

29. Ms. VILLARÁN DE LA PUENTE said that she would welcome clarification on the relationship between gender and ethnic discrimination. In particular, she would like to know what affirmative policies had been developed to provide reproductive health care to the Roma population, and whether health services were offered to adolescents on a confidential basis. The delegation had stated that there were no longer any unwanted children in Romania, and that no information was available on abortion-related deaths.

30. Ms. HERCZOG (Country rapporteur) asked how the Government knew that most teenage pregnancies occurred in the Roma population if it was unable to identify its citizens on an ethnic basis. She also wondered whether contraceptives were free, and what kinds of contraceptives were used.

31. Ms. STOIAN (Romania) said that reproductive health was among the many issues addressed by the various health-care programmes implemented by the Government. Contraceptives were provided free of charge and were distributed with the assistance of a network of about 100 family planning specialists working throughout the country. In 2007 there

had been about 20,000 pregnancies among women and girls between the ages of 14 and 19, including 700 among girls under the age of 15. The link between ethnicity and teenage pregnancy was to some extent attributable to cultural factors, as in certain groups couples formed even before the legal age of marriage.

32. The CHAIRPERSON, noting that medical attention was provided free of charge for all citizens and that certain vulnerable groups had particularly high maternal and infant mortality rates, asked whether any effort was made specifically to address such issues. In many countries, it had been found that home visitation could provide an effective means of detecting problems early and of preventing domestic abuse.

33. Ms. STOIAN (Romania) said that the efforts to lower the infant mortality rate involved both the Ministry of Health and the Ministry of Labour, Family and Equality of Opportunities. The provision of medical services free of charge to all persons under 18 was of course of benefit to low-income families and vulnerable groups.

34. Ms. HERCZOG (Country rapporteur) said that even when health-care services were nominally provided free of charge, experience had shown that assistance was often lacking in disadvantaged regions where health professionals were reluctant to serve. How could the Government ensure that those who needed such services most had sufficient access to them?

35. Ms. STOIAN (Romania) said that when a woman gave birth, the authorities were obliged to ask the mother which of the country's 11,000 family doctors would be assigned to care for the child. Family doctors who received patients not registered in the system were also obliged to register them.

36. Mr. GURÁN (Country rapporteur) asked whether there were any affirmative action or special medical or educational programmes to address the specific needs of vulnerable groups.

37. Ms. ORTIZ asked for a description of the functions of the National Agency for Roma.

38. Mr. OPRESCU ZENDA (Romania) said that there were affirmative action measures for the Roma in respect of both education and health care. Many health extension agents known as sanitary medical mediators worked with members of the Roma community to improve their access to such services. For the most part, the Government recruited and trained Roma women for such posts, as the main thrust of their work was reproductive health.

39. Since the most vulnerable and disadvantaged groups were generally also quite conservative, the means used to ensure reproductive health had to be culturally appropriate. In such communities, vasectomies or condoms were rarely accepted, and even birth control pills had to be administered with the utmost discretion because they were not readily accepted by husbands.

40. By European standards, the Roma were often not considered an indigenous group, as they had arrived in Romania, Italy, France and Spain within the past 400 or 500 years. The National Agency for Roma had limited powers. It did not coordinate educational or health programmes for the Roma, but it did act as a catalyst to ensure that the problems and perspectives of the Roma, an unpopular ethnic group, were taken into account when government policy was devised. The Agency was directly answerable to the Prime Minister and did not come under the authority

of any government ministry. It was separate from the Department of Inter-Ethnic Relations, which dealt with issues facing Hungarians, Italians, Jews, Slovaks and other groups. One of the most important parts of the Agency's work consisted in its interaction with local authorities. Local authorities reflected the will of their constituents, many of whom were insensitive or even hostile to the Roma. In defending the rights of the Roma, the Government had to rely on the law against discrimination, which specifically prohibited discriminatory treatment in employment or housing and the use of racial epithets. Since accession to the European Union, the Government could also make use of European incentive measures designed to encourage development. It could for example help local authorities to secure funding for infrastructure or housing, provided such projects benefited vulnerable groups, including the Roma. Unfortunately, the country's absorption capacity for available resources was very limited and currently stood at just 4 per cent. The Government needed the assistance of NGOs and international consultants to help it increase that absorption capacity.

41. Mr. CITARELLA asked what the Government was doing to improve the integration of Roma children in society, and how effective such efforts had been. Had school attendance improved?

42. Ms. HERCZOG (Country rapporteur), noting that the European Social Fund provided a real opportunity to combat poverty and exclusion, asked how such funding was put to use in Romania. What steps had the Government taken to ensure that such funds were put to good use and to address the fear that resources might be lost owing to corruption.

43. Ms. AIDOO said that under the Convention, the Government had a duty to make an effort to eliminate major disparities in society. She asked what the Government was doing to change attitudes towards certain social groups. Affirmative action was required to help close the gaps between the disadvantaged and the rest of society. The Convention was unique among human rights treaties, insofar as it afforded States an opportunity to transform their societies by working with children. However, if it was to take full advantage of the extensive resources potentially available, the Government needed to carry out appropriate research and to identify the right kind of indicators. It was important to target its programmes so that they would make a difference.

44. Ms. VILLARÁN DE LA PUENTE said that in international practice, it was not only the occupation of ancestral lands that defined a group as indigenous, but also their self-identification as such. Did the Roma consider themselves to be an indigenous group?

45. The CHAIRPERSON asked whether the Roma were represented in Parliament. She observed, however, that since under Romanian law ethnic minorities could not be identified, that would be a difficult question to answer.

46. Mr. OPRESCU ZENDA (Romania) said that, under the Romanian affirmative action policy, representatives of minority groups could stand for office. There were currently 18 ethnic groups represented in Parliament. Since 2007, when Romania had become a member of the European Union, it had managed to qualify for available funding from the European Union to the extent of only 4 per cent; there was indeed much work to be done. The real problem was not the

absence of political will or the lack of funds; it was the lack of expertise and administrative knowledge. He hoped that the Committee would recommend that the Government of Romania focus its efforts on improving capacities at the central and local levels.

47. He also wished to add, with respect to the question of ethnic minorities, that all social strategies carried out by the Government of Romania were designed to combat social exclusion and marginalization.

48. Ms. CHERCIU (Romania) said that the Ministry of Education had supported the creation of Children's Councils in schools to help foster children's understanding of the right to representation and participation, to give them practice in the exercise of rights, and to enhance their sense of empowerment. At each class level, students were entitled to organize a student council, with representatives who would participate in the teachers' council. There was also a National Student Council, in which students took part in educational forums that debated educational issues and formulated recommendations.

49. The Convention on the Rights of the Child was covered in compulsory subjects within the formal educational curricula in the third and fourth grades and the seventh and eighth grades. The Ministry was also promoting the inclusion of that topic in elective courses such as European Studies. The Ministry of Education sought to provide optimal education to all children without discrimination. Compulsory education was free of charge, and textbooks were also free.

50. Turning to the matter of decreased attendance and high school dropout rates, she said that the Ministry had established programmes to help young people to complete their schooling, such as distance courses and night school for those no more than two years older than their normal schooling level. An initiative called the Second Chance Programme was also available for students four or more years older than their grade level. Accommodation for children without documentation was arranged between schools and local authorities to help the children complete their education. The Ministry was also carrying out a programme to harmonize educational programmes with the needs of the local and regional labour market, so as to smooth the transition from school to work.

51. Referring to questions raised about early childhood education, she said that the Ministry had been considering the impact of early childhood education on school performance and the development of a lifelong learning culture. It had created a strategy for the years 2006-2015 that aimed to provide support to children for the achievement of their full cognitive, affective, motivational and social potential, and to raise their educational standard. Her Ministry was working to make the Government aware of the need for a coherent programme in early childhood development, and for an early childhood curriculum. The revised national preschool curriculum contained sections pertaining to minority children based on models developed in other countries.

52. In addition, she said that alternative methods had been developed for children in disadvantaged areas, including non-formal educational activities and summer school programmes.

53. Ms. STANCIU (Romania), turning to questions raised about disabled children, said that Act No. 272/2004 on the protection and promotion of children's rights and Act No. 448/2006 on

the protection and promotion of the rights of disabled people together provided protections for children with disabilities. In order to register a child as disabled, the family must appear before a multidisciplinary committee. As a result some disabled children were not registered. The Government was aware of the problem, and was planning to carry out information campaigns, particularly in rural areas. Act No. 448/2006 on the protection and promotion of the rights of disabled people established public and private obligations to adapt spaces for the use of persons with disabilities and to make information accessible, such as through the use of pictograms and Braille.

54. In addition, she said that public transportation was free for disabled children and for the persons accompanying them, and whoever accompanied a disabled child during a hospital stay was provided with accommodation and meals free of charge.

55. The public perception of persons with disabilities was admittedly a problem in Romania, and the Ministry of Labour, Family and Equal Opportunities was making efforts to change the attitudes of society and of the Government itself. Several campaigns and programmes had been carried out with a view to training personnel and disseminating information, with funding from international sources. Romania was currently in the process of ratifying the Convention on the Rights of Persons with Disabilities, which should highlight the importance attached to the situation of disabled persons within the Romanian legal framework.

56. Lastly, she said that Romania did not consider a child with disabilities to be sick. The multidisciplinary committees that evaluated children with disabilities abided by the International Classification of Functioning, Disability and Health (ICF) established by the World Health Organization (WHO).

57. Ms. ORTIZ enquired what measures existed to ensure the education of refugee children, children deprived of liberty, children whose parents were working abroad, and minority children. She would like to know, in particular, whether Roma children were educated in their language and culture.

58. Ms. CHERCIU (Romania) said that the problem of children left at home by migrant parents did not affect the entire country; it was most acute in 14 of the country's 42 counties. The Ministry of Education encouraged the development of programmes to support such children, including some providing psychological and educational counselling and peer education. There were also life skills programmes, projects for the use of the children's spare time and afterschool programmes. Teachers in the affected areas also received training to prepare them to deal with the special problems involved. With the help of UNICEF, the Government also organized workshops specifically for parents who were considering migrating, in the course of which they exchanged views and received information on their children's needs.

59. An optional high school subject called "Future parent education" was being considered. Children with refugee status enjoyed the same rights as Romanian citizens, and were offered adaptation programmes free of charge that included psychological assistance, cultural activities and courses in the Romanian language. A human rights and refugee rights study programme was being introduced as an optional subject in the national education system. Studies done by refugee children prior to arrival in Romania were recognized by the authorities, and certificates of completion were issued where necessary.

60. Ms. ZAMOȘTEANU (Romania) said that schooling was compulsory in re-education centres regardless of the age or educational level of the children concerned. In certain circumstances children were permitted to attend high school outside the re-education centres, for example in town. Vocational training too was compulsory, and psychological assistance was provided in the centres in the form of both group and individual therapy to address problems such as alcoholism, drug use and depression. Social workers carried out activities to help the children learn life skills, emotion management and health-related subjects. The children also took part in artistic and educational programmes such as sculpture, painting and similar activities, and were allowed access to sport and leisure facilities.

61. The National Penitentiary Administration had set up a working group to draw up a strategy for the reintegration of children in society, which was due to conclude its work by the end of 2009. Specific programmes were carried out by educators, psychologists and others to prepare children prior to their release from re-education centres. The Government also worked hand in hand with certain NGOs such as Young Generation and Prison Fellowship International, which worked to facilitate the transition of children after their release from re-education centres, for example by providing them with accommodation.

62. The number of children in adult penitentiaries had declined by half between 2006 and 2008. The new draft Criminal Code and a draft Education Act stipulated that children in conflict with the law must be held at re-education centres or special child-specific prisons, and that they could not be held in facilities for adults. Children who were placed in medical-educational institutions were assigned to specific sections.

63. Mr. ZERMATTEN, noting that the age of criminal responsibility was 14, asked what happened when a child under 14 committed a criminal act. Who dealt with the case, and what sort of treatment was possible?

64. Ms. PREDA (Romania) said that around 4,000 minors had been imprisoned in Romania in 2007 and 2008. Children were sentenced to prison either by the commission for child protection or by the courts, which could issue protection measures in the form of either specialized supervision or placement in a specialized centre. Approximately 90 per cent of the children in question had committed theft, and most were boys from urban areas. In about 60 per cent of cases, the offence in question was not a first offence. Nine-tenths of the time, the measures consisted of specialized supervision, which was monitored by the General Direction of Social Assistance and Child Protection, and was carried out with support from schools, the police and child psychologists. Specialized supervision was the measure used if the prosecutor decided not to prosecute a case against a child, for example because the child in question was not considered to warrant a more stringent protection measure.

65. In most cases, the police and schools did not notify the General Direction when a child committed a criminal act. The authorities had taken a number of measures to improve that situation, for example by training the staff of the General Direction, by setting up special day or residential services for the children in question, and by ensuring that a common methodology was used by the social services, the police and schools.

66. Ms. HERCZOG (Country rapporteur) asked what percentage of such children were placed outside their families, either with other families or in institutions, and whether they were excluded from school. Noting the high rate of recidivism, she asked what remedial techniques were used in dealing with young offenders.

67. Ms. PREDA (Romania) said that of the 4,000 children involved, only 10 per cent were placed in specialized centres. At the county level, facilities had sometimes been set up for children in conflict with the law. In counties that lacked such facilities children were placed in specialized centres and attended school normally. She was unaware of any outstanding problems related to exclusion.

68. Ms. ION (Romania) said that legal aid was mandatory for all children accused of criminal offences and was provided in practice. For cases involving children under 16 years of age, if the pretrial investigation body requested the presence of the parents, the court was obliged to allow it. During the initial training of judges and prosecutors, students were given two hours a week of courses in family law, and they also received training in juvenile justice and judicial psychology. Later, the continuous training provided throughout their careers included a number of seminars and courses on the same subjects.

69. Mr. ZERMATTEN said that posts as juvenile judges were frequently considered as entry-level positions for members of the judiciary. Juvenile judges generally had the least prestige and lowest pay. That could lead to problems, as few judges were encouraged to remain in their posts. Was that the case in Romania?

70. Ms. ION (Romania) said that judges and prosecutors were paid according to a salary scale set out in a law. Turnover among the judges and prosecutors working on juvenile cases was not especially high.

71. Child offenders were subject to custodial measures of two kinds: educational and punitive. The educational measures involved internment at a re-education centre or a medical-educational institution. When a minor received a punitive sentence, the term of imprisonment was one half of the duration applicable to an adult for the same offence. Child offenders were also sometimes subject to non-custodial measures, which could consist of a warning, freedom under supervision or a suspended prison sentence.

72. Ms. PÎSLARU (Romania) said that a national programme had been implemented between 2004 and 2007 to combat sexual exploitation and trafficking, and that the programme had since been the subject of an evaluation in 2008. Questionnaires had been sent out to all the country's 47 general directions of social assistance and child protection, and about half had responded. Of those that had replied, two thirds had set up specialized services for child victims of abuse, including counselling and support centres, psychosocial rehabilitation services and transit centres for child victims of trafficking. Half had run training programmes for children, and most had held training programmes for professionals involved in dealing with children. Over half had carried out activities to disseminate information to children placed in the child protection system on their rights and the issue of abuse. The general directions had also provided counselling to children and helped to identify problems specific to the Roma. Two resource

centres specialized in issues related to sexual abuse had been established, and two national hotlines had been set up. At the county level, each general direction had a phone line available for the reporting of child abuse, neglect or exploitation. In most cases, the phone lines were associated with mobile teams that immediately intervened when reports were received.

73. Sexual exploitation had been one of the focuses of the national steering committee for the prevention and elimination of child labour. Local intersectoral teams had been established at the county level to combat child labour, including sexual exploitation. The teams included specialists in labour issues and education, the police, health professionals and NGOs. A system had been developed for the reporting of the exploitation of child labour, and a central database had been established with information on child victims of sexual abuse and sexual exploitation. Paedophiles and persons convicted of trafficking in children for sexual purposes were registered by the police.

74. Mr. ZERMATTEN, noting that many child victims of economic or sexual exploitation were from Ukraine and Moldova and passed through Romania, said that presumably some remained in the country or were detained by the Romanian authorities. Did the Government have any idea of the magnitude of the problem? What kind of treatment did such children receive?

75. Ms. SAVU (Romania) said that 13 centres for trafficked children in Romania provided counselling and psychological assistance. While their main function was to deal with Romanian children who returned after being trafficked to other countries, they were also used for treating foreign child trafficking victims found in Romania.

76. Ms. ORTIZ noted that Romania had a number of programmes for assisting street children, many of whom were no doubt vulnerable to trafficking and exploitation. Had the programmes been effective? Many of the street children had no access to education, health services or housing, and lacked documentation such as birth certificates. What effect did trafficking have on that group?

77. Ms. PÎSLARU (Romania) said that at the end of 2008 it was estimated that there were some 900 street children living in Romania, including about 120 who were living in the street with their families, 250 living in the street without their families and about 500 who spent the night with their families but who worked in the street during the day. The number of street children had declined sharply since earlier in the decade, when it had been estimated that there were some 2,500 street children, including 1,500 in Bucharest alone. In the previous few years, certain services had been organized for street children, including special night and day shelters and emergency reception centres, in particular in the framework of a loan agreement with the Council of Europe Development Bank.

78. The CHAIRPERSON said that there were reports of children being forced to beg or work on the street, and that such children were subjected to fines by government inspectors. What measures were taken to ensure that the system did not give rise to corrupt or exploitative practices?

79. Ms. PÎSLARU (Romania) said that by law, children had the right to be protected against exploitation, and that they could not be forced to take part in work that compromised or threatened their education or was harmful to their condition or detrimental to their development.

Any practice whereby children were handed over by their parents or guardians for the purpose of child labour was strictly forbidden. Schools were obliged to notify the local social assistance services immediately if they suspected that children were illegally being forced to work. Institutions that learned of cases of exploitation or child labour did indeed send reports to the intersectoral teams for child labour, and immediate action was taken.

80. The CHAIRPERSON asked how many such cases had been reported.

81. Ms. PÎSLARU (Romania) said that 1,072 cases of child labour had been reported in 2008, 925 of which had been confirmed.

82. Ms. ANGHEL (Romania) said that in the light of the economic crisis, the fight against poverty and social exclusion had gained new importance. The Government was aware of the needs of disadvantaged groups, and it addressed them in its programme for the period from 2009 to 2012, which had the aim inter alia of improving the quality of life of children from disadvantaged areas, increasing child allowances and enforcing and monitoring quality standards in all special services for children. Funding for such efforts came from the State budget and from European Union financing. A large number of State programmes provided assistance to disadvantaged families, in the form of family allowances, indemnities and targeted subsidies, for example for single-parent families and families with newborn infants. Most such programmes were run by the Ministry of Labour, Family and Equality of Opportunities. A centralized database of benefits and beneficiaries was being established, representing a major step forward in the monitoring of social assistance.

83. Ms. SAVU (Romania) said that representatives of the students' council were invited to take part in policy coordination meetings. Consideration was being given to allowing more participation by children in policymaking, especially in the areas of children's health and education.

84. Ms. HERCZOG (Country rapporteur) said that despite the progress achieved, there were still many complex issues that required attention in order for children's rights to be better guaranteed in Romania. In particular, there was some concern that the close monitoring of the situation of children that had preceded accession to the European Union had become less rigorous since accession. The Committee was particularly concerned about the plight of children living in poverty and those in the most vulnerable groups, including those facing exclusion, such as Roma children. The provision of certain services such as health, education and social support was still weak at the local level, and there was a need to bolster evaluation and assessment capabilities in order to ensure proper functioning not only of local services, but also those provided by the national Government. It would be helpful to adopt a more holistic approach, with better coordination on the part of the local and national authorities.

85. Ms. SUVA (Romania) assured the Committee that the Government would pay close attention to its concluding observations, and would do its best to implement its recommendations in the interests of children's rights in Romania.

The meeting rose at 5.50 p.m.