

SOCIAL POLICIES OF INCLUSION OF THE PEOPLE WITH PHYSICAL DISABILITIES IN ROMANIA – SOCIAL DIAGNOSIS

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Abstract: *The paper aims to debate this particularly complex phenomenon, aims to be a social diagnosis of the social policies for the people with disabilities from Romania. After a brief review of the concepts and relevance of some sociological theories on the disability as social problems, of the special character of the needs of the people with disabilities, we make a social diagnosis of this problem. For a better understanding of the topic we will present the parts involved in this process, the factors contributing to the social reintegration of the people with disabilities, the principles governing the policies for the social reintegration of the people with disabilities, we will show the current statistics, the legal framework of this problem, the causes and effects of the exclusion of the people with disabilities and the dynamics and running strategies. For the truly disadvantaged people with disabilities, the measures of social protection seem to be insufficient.*

Keywords: *people with disabilities, handicap, social policies, social diagnosis, discrimination, social inclusion*

1. Conceptual and theoretic framework regarding *the people with disabilities*

1.1. Conceptual delimitations, definitions

In Romania we often use the term of handicap; the handicap makes reference to social disadvantages and to unequal opportunities. Most often it is associated to

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physical disability, and the people with physical disabilities must be also perceived in Romania as ordinary people who have some difficulties to move.

The term of handicap comes from English and it refers to the sports area and it initially designed the intended reduction of the capacity of a competitor during a competition with the purpose to increase the chances of the other competitor. The handicap is a *“disadvantage which a particular person has due to infirmity (deficiency) or incapacity”* (Zamfir, C., Vlăsceanu, L., 1993, p. 276). The systemic definition of the handicap started towards the end of the 1970s and it was due to the influence of the international organisations of the people with handicap.

Many researchers attempted to give a definition, as scrupulous as possible, one of them being Philip Wood who identified three concepts, concepts which have been accepted by the World Health Organisation. These concepts aim to state additionally some modalities to classify the handicap, but they mainly make reference to the state of normality which a person with disabilities should enjoy. The handicap, as seen by Philip Wood, may be the *“reduction, lack of loss of the aptitude to perform an activity under conditions that are considered normal for a human being”*, or the *“disadvantage characteristic to a person due to a deficiency or disability which prevents it from performing totally or partially the tasks which that person considers as normal”* (Manea, L., 2008, p. 8). Other syntagms were proposed besides these definitions, such as “people with special needs” or “people with different abilities”, but these expressions have been rejected because they lead to the discrimination of the group.

The situation of “person with handicap” appears due to the *“correlation between the deficiency of the organic systems, the lower physical or psychic capacities and the obstacles met within the living environment of the parson. The pathological process acts at the organic level determining the appearance of a deficiency. The incapacity is different from the handicap by the social aspect, because the handicap appears at the people with incapacity which are confronted with cultural, architectural or social barriers which reduce their accessibility”* (Stoenescu, C., Teodorescu, L., Mihăescu, O., 2003, p. 39)

The term of handicap is rather ambiguous because it is sometimes used only in the field of sports, so that it was necessary to introduce another term, disability, which makes reference to the decrease of ability. Because it had no correspondent in Romania, we used the term of invalidity but it was increasingly contested because it would mean the lack of work capacity, which is arguable because a person immobilized in a wheel chair is not necessarily lacking the capacity for intellectual work.

In Romania, the handicap can be defined as the disadvantage of a person because of infirmity or disability that might prevent it to meet totally or partially the tasks

considered as normal for that person in relation with the age, gender and different cultural and social factors. (Manea, L. in Pop, L., 2002, p. 357).

In documents of reference, the word handicap was replaced gradually by the term of "disability". Disability is a generic term used for disturbances/deficiencies, limited activity and restriction of participation, so that "*disability is the general term for the significant loss or deviation of the functions or structures of the organism, for the difficulty of the individual in performing activities and for the problems met by involving is situations of life*"¹. This definition is given according to the International Classification of the Functioning, Disability and Health and it highlights the negative aspects of the interaction between the individual and a state of fact.

As of November 11, 2001, Romania ratified the *Convention for the rights of the people with disabilities*, by adopting Law 221/2001 and by designing ANPH² as coordinating authority for the implementation of the Convention in Romania. According to the provision of the ratified convention, the **people with disabilities** are "*people with long-term physical, mental, intellectual or sensorial deficiency which, in interaction with various barriers, may hinder the full and actual participation of the people in society, under conditions of equality with the others*"³.

In the European space, the person with disabilities is that person with physical limitations which cannot perform normal activities, but disability is a problem of the society and it is not seen as a personal problem. The whole society must function and adapt in order to receive the people with disabilities in all spheres of the normal life.

In the Romanian legislation, law 448/2006 regarding the protection and promotion of the rights of the people with handicap, uses the term of **people with handicap**. The people with handicap are those "*people whom the social environment, not adapted to their physical, sensorial, psychic, mental and/or associated deficiencies, prevents completely or limits their access with equal opportunity to the life of society, thus*

¹ Ministry of Labour, Family and Social Protection, (2005), decision 1175 of September 29, 2005 regarding the approval of the National strategy for the protection, integration and social inclusion of the people with handicap in 2006–2013, <http://www.mmuncii.ro/pub/imagemanager/images/file/Legislatie/HOTARARI-DE-GUVERN/HG1175-2005.pdf>, accessed on 4 May 2012.

² ANPH is the abbreviation of the National Authority for the People with Handicap, authority which is currently restructured as the „ General Directorate for the Protection of the People with Handicap”

³ UN convention on the rights of the people with disabilities. Article 1, paragraph 2.

requiring protection measures in support of the social integration and inclusion".¹ According to the same law there are four levels of handicap (slight, medium, strong and serious) and ten types of handicap (physic, visual, hearing, deaf-mute, somatic, mental, psychic, HIV AIDS, associated, rare diseases).

However, the concept of **person with disabilities** will be defined only in 2011 in the Romanian legislation, when Law 292/2011 of the social work entered in force. This law assumed entirely the definition from the convention, the people with disabilities being those "*people with long-term physical, mental, intellectual or sensorial deficiency which, in interaction with various barriers, may hinder the full and actual participation of the people in society, under conditions of equality with the others*".²

We also need to define the term of social inclusion, process which tries to provide the support for the achievement of everyone's potential, irrespective of its experience or life circumstances. We are referring here mainly, but no only, to material inclusion and to employment. The inclusion needs to be, however, at all levels of life, by reducing inequality and increasing social cohesion. The problem of the people with disabilities can be alleviated or even solved through the effort of the people active in the social, political, business, science, culture fields. According to the acting Romanian legislation, the process of **social inclusion** is the "*assembly of multidimensional measures and actions from the fields of social protection, workforce employment, dwelling, education. Health, information-communication, mobility, security, justice and culture, aiming to control social exclusion and to ensure the active participation of the people to all the economic, social, cultural and political aspects of the society.*"³

The social policies are those activities "*conducted through the mediation of the state (strategies, programs, projects, institutions, actions, legislation), which influence the welfare of the individual, of the family or community within a society*" (Preda, M., 2002, p. 15).

The inequity of the access to basic social services, in relation with the other individuals, makes possible an exponential increase of the risk of exclusion among the people with disabilities, so that directly, the poor people are even more disadvantaged than those having higher material means. The term of "social exclusion" is increasingly frequent preferred to the classical term of "poverty" to

¹ Law no. 448 of December 6, 2006 regarding the protection and promotion of the rights of the people with disabilities, Article 2, paragraph 1, http://www.prestatiosociale.ro/legi/Legea_448_2006.pdf, accessed on May 3, 2012

² Law 292/2011 of social work, Article 6, paragraph aa, [http://www.legestart.ro/Legea-292-2011-a-asistentei-sociale-\(NTk3Mjk4\).htm](http://www.legestart.ro/Legea-292-2011-a-asistentei-sociale-(NTk3Mjk4).htm), accessed on May 3, 2012.

³ Law 292/2011 of social work, Article 6, paragraph cc, [http://www.legestart.ro/Legea-292-2011-a-asistentei-sociale-\(NTk3Mjk4\).htm](http://www.legestart.ro/Legea-292-2011-a-asistentei-sociale-(NTk3Mjk4).htm), accessed on May 3, 2012.

describe one of the most serious social problems confronting us. The syntagma “measures to control poverty” has also been gradually replaced by the “promotion of social inclusion. (Zamfir, E., Pedra, M., Dan, A., 2004, p. 40)

1.2. Relevance of some sociological theories in the disability/handicap as social problem

There is no doubt regarding the social relevance and we need to see whether there also are social theories properly developed in this field. More or less elaborately, the sociologic elements are included in the social policies, in the social relations towards the people with disabilities, in practices and programs. Following is the illustration of some sociological perspective on this field.

A first perspective, the normative perspective illustrated by M. Faucault (in Manea, L., 2000, p. 61), identifies two procedures available for the development of the social sciences: the “system” – which means the *definition of a finite and rather limited assembly of features whose constants and variations will be studied in all the selected individuals* - and the “method” – which presumes *making total comparisons within empirically formed groups, in which the number of similarities is manifestly so high, that the enumeration of differences will readily be visible; thus, the identities and distinctions will be determined*. Through the prism of this perspective we can understand the phenomenon of disability by using the comparative method, relating an actual situation, characteristic to an individual, to a continuum put on a scale from “normal” to “pathologic” (problems appeared in the definition of the concepts of “normal” and “pathologic”).

Another perspective is that illustrated by the conception of E. Durkheim (in Manea, L., 2008, pp. 43-44), represented by the deviation from the normal, interpretation of the difference. This is also a normative perspective which starts from the distinction between the two categories of “normal” facts (those which as they should be) and of “pathologic” facts (which should be different from what they actually are, disease being one of the pathological states) which have several limits related to the processes of evolution and adaptation. One of the features of the social fact is represented by the *exterior constraint on the individual by those general manners of action*, which shows that disability belongs to this category because it has own existence independent of its individual manifestations. Due to the technology which is continuously changing, the features regarding adaptability also change, which increase the possibilities to support the access of the people with disabilities to the labour market.

The structural-functionalist perspective gives a central role to the concepts of “status” (position of a person within a social system) and “role” (expectations of the other

people from the particular person). These concepts have been expanded by Parsons T. and Merton R.K. (in Manea, L., 2000, p. 70), who fundamented the hierarchy and differentiation of the people in society (social structure) on these very concepts. A form of deviance analysed by Parson (in Manea, L., 2000, p. 71) appears by the *“deformation of the normal social roles, which requires the development of control mechanisms within the different social systems”*. Disease is not seen just a disturbance of the biological organism but also as a disturbance of the “normal” social roles. Thus, disability acquires an acceptation of social phenomenon, the disability as deviant form becomes active both within the social context and at the level of the social interaction, by relating the particular person to all the expectations presumed by the role.

The ethno-methodological perspective, whose father is Garfinkel H. (Zamfir, C., Vlăsceanu, L., 1993, p. 221-222), *“aims to study the methods, the subjective strategies (shared) on the basis of which the members of the human collectivities act and interact in the unfolding (production and reproduction) of the quotidian contexts and activities. The handicap is a disadvantage manifested in the routine of the daily life”*. Activities which are utterly common for any human being (communication, mobility, self-service) are difficult or impossible to be conducted by the people with disabilities which are thus placed in a state of disadvantage.

1.3. Special character of the people with disabilities

The psychologist Abraham Maslow (in Baldwin, S., 1985, p. 43) developed a hierarchy of the human necessities after setting their typology. He considered that necessity was the condition for a proper functioning of the human system and divided the needs in five categories: necessities of subsistence (biological and social), necessities of security, necessities of love and acceptance, necessities of esteem and social status, necessities of updating (Maslow introduced here the notion of human development – the human being needs continuous improvement, creating development). The individual cannot focus simultaneously on meeting all his/her needs; the functional limitations make him/her focus the efforts on meeting a group of necessities, postponing the ones which are less vital.

Looking through the prism of the people with disabilities, their needs and necessities are determined by the specificity of their existence, by the limitations which the particular individual has in relation with the environment, with the attitudes of the other people towards his/her deficiency, by the attitude of the particular individual towards the other people. The interaction with the environment produces those special needs, which are not qualities of the individual, rather social constructs.

The special needs of the people with disabilities refer mainly to care, communication, movement, education, finding a job and income. (Zamfir, E., Zamfir, C., 1995, p.

315). The characteristics of the people with disabilities yield their necessities in various situations among which: personal autonomy, professional activity, earning a living, social relations, to communicate and to receive communications, to establish relations, family relations, the need to establish own family. (Albu, S., Albu, C., 2000, p. 135).

All the people with disabilities are able to grow, learn and develop irrespective of the severity of the disability, in accordance with their potential. Consequently, the needs of the people with disabilities are primarily personal needs, needs of human beings, normal needs adapted to individual situations (Gherguț, A., 2001, p. 26).

We need to know the needs of the people with disabilities in order to adapt the environment to the needs of these people.

2. Social diagnosis

The diagnosis must take into account both the characteristics of the social exclusion, and those that will support the efforts to control social exclusion.

2.1. Presentation of the involved parts

The people with disabilities enjoy special protection, according to article 50 from the Constitution of Romania, so that the state is the one which “ensures the accomplishment of a national policy of equal opportunity, prevention and treatment of the disability, with the purpose to ensure the actual participation of the people with disabilities to the life of the community, while observing the rights and duties of the parents and tutors”.

The person with disabilities is that person who runs the risk of remaining isolated within its own community and from the “others”. The psychological and sociological researches show the “impossibility to improve the individual resources of a person if that person lacks the stimulating contact with other people.”(Stoenescu, C., Teodorescu, L., Mihăescu, O., 2003, p. 3)

The institutions of social protection are some kind of support service which provide assistance, care, treatment, recovery, rehabilitation, professional guidance and formation of the people with disabilities.¹ Society should provide the free access of the people with disabilities to the existing goods and services. We can thus avoid the isolation of the individual from the society and we may promote the idea of social reintegration.

¹ Official Bulletin, 1999, Emergency Ordinance of the Government no. 102/1999, regarding the special protection and the employment of the people with disabilities.

Currently, the social work and the special protection of the people with disabilities are provided by the governmental bodies coordinated by the Ministry of Labour, Family and Social Protection. According to article 34, paragraph 1 from Law 448/2006, the social services intended for the adult people with disabilities are coordinated by the General Directorate Protection of the People with Disabilities (DGPPH). The services delivered by the directorate can be provided both at home (special care at home, mobile team, personal assistant) and within the community (professional personal assistant), within day-care centres and in public, private or public-private residential centres. The people with disabilities are evaluated by the Higher Commission of Evaluation of the Adult People with Disabilities working within DGASPC (General Directorate for Social Work and Child Protection).

While in most EU countries the people with disabilities have some facilities, both in society and at the place of work, in Romania this rarely happens because most times the people with a disability don't have a job. The General Directorate Protection of the People with Disabilities, the central and local public authorities have to ensure the conditions for the integration and social inclusion of the people with disabilities.

The General Directorate Protection of the People with Disabilities and DGASPC monitor and check whether the rights of the people with disabilities are observed and to this end they may conclude partnerships with non-governmental organisations of the people with disabilities.

At the level of the European Union, the agency most involved in the process of social inclusion is the European Commission through the Directorate-General for Employment, Social Affairs & Inclusion, which administers the European Social Fund (ESF) whose goal is to promote social inclusion within the EU. By social inclusion we should understand the development of the capacities and opportunities through European programs with economic, social, psychological and political directions.

2.2. Factors contributing to the social integration of the people with disabilities

An incapacitated person can meet two types of obstacles: physical (impossible access to the physical environment which prevents the people with serious disabilities to go out in society) and social obstacles (the people with disabilities are excluded from the labour market). The representation of the western-democratic society based on individual success supported by personal effort leads inevitably to the exclusion of the people with disabilities. The social exclusion is due particularly to the low abilities of the people with disabilities to compete equally with other people. The following two factors have to be met for a good social reintegration of the people with disabilities: information and participation, the latter one being seen as the

*“subjective involvement by attitudes, aspirations, knowledge, convictions, anticipations, involvement in a system of social relations “.*¹

Another factor of reintegration is represented by legislation, which can be set in several ways: by decreeing a special legislation which approaches exclusively the problems of the people with deficiencies; by including the problems of the people with deficiencies in special paragraphs within the law; by mentioning clearly the people with deficiencies in the texts serving to interpret the existing legislation.

The governmental involvement is another factor by which reintegration must be accomplished through the initiation and planning at the national level of the policies for the protection of the people with disabilities, which have to be included in the general plans of development; programs that have to be evaluated periodically and systematically, which to adopt general criteria and specific terminology.

A last important factor is education, for which we cannot speak of a systematic vision, although the reform is formulated towards education for all and for everyone. Although the policies stipulate the need for educational integration of all the children, the reality shows that there still are a lot of children with disabilities left outside the educational system, while the special schools are not sufficiently prepared to meet the educational necessities of the children with severe and profound disabilities. Many of the boarding schools for this segment were transformed into placement centres because many of the adult people with disabilities were abandoned children.

2.3. Principles governing the policies for the social reintegration of the people with disabilities

The regulation for organization and functioning of the special education sets the 7 basic principles for the special education. The first principle is the prevention of deficiencies, for which the following measures have been taken: TV broadcasts providing information on the risks, periodical medical examinations in schools, early detection of deficiencies; medical examinations for the prevention of infectious diseases; implementing work safety measures to prevent work accidents. Another principle is the early educational intervention which is essential because it allows increasing the efficiency of the process of readaptation of the people with special needs (Albu, S., Albu, C., 2000, p. 22)

¹ Centre for Resources and Information for Social Professions (CRIPS), Study *“Major elements for the evaluation of the level of social integration of the people with disabilities”* conducted by the Ministry of Labour, Social Solidarity and Family, National Authority for the People with Disabilities, www.crips.ro, accessed on 12.05.2012.

A third principle is the global, individualized approach of the children with special needs which presumes *observing the dignity of each human being; in all situations they must receive protection and social security; they must have the possibility to decide and choose in full awareness the actions to be taken; they must have optimal conditions for intimate life, which must be encouraged and respected; they must show autonomy in behaviour and must develop a positive self-image; all actions to be performed must take into consideration the individual particularities of each person, as well as the progress achieved up to that moment* (Ținică, S., 2004, p. 34).

The principle of the equal rights and opportunity must ensure that all individual necessities are met and that all social obstacles are eliminated. According to UN, there are four principles regarding the equal opportunities: the people with disabilities must remain within their community of origin and they must lead an ordinary life, with support, if needed; the people with disabilities must be involved in decision-making both at the level of the general problems of the communities, and at the particular level of the specific problems pertaining to the people with special needs. The people with disabilities must be supported and must receive the due assistance within the usual educational, health care and social work structures. At the same time, the people with disabilities must be involved actively in the social and economic development of the community to which they belong. The children with physical disabilities must learn in ordinary schools, next to healthy children. By ensuring quality education, the people with disabilities will get used to his/her infirmity and might integrate better in the community. All this is possible by materializing the principle of support services and structures. The principle of cooperation and partnership presumes the international cooperation regarding the equal opportunity policies for the people with disabilities. All UN member states participate in the development of the policies addressing the people with disabilities.

2.4. Situation of the people with disabilities: statistics

The access to statistics on the people with disabilities is more difficult after ANPH website was closed down which means that we don't have any more access to ANPH data bases.

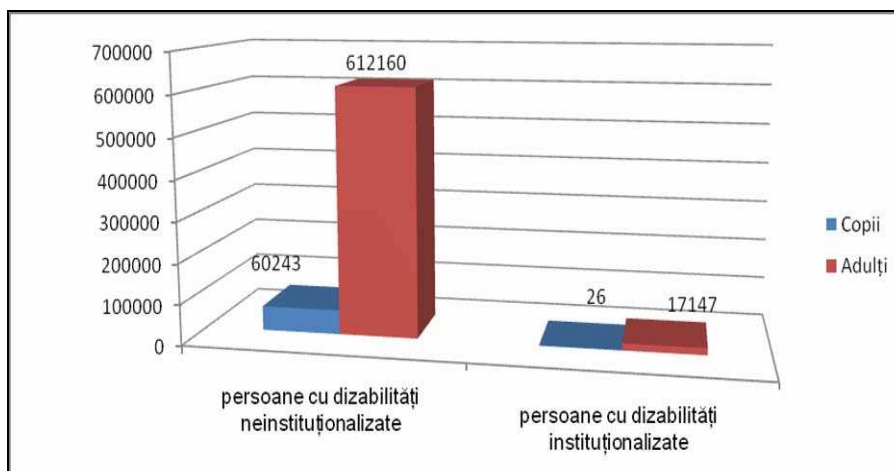
According to the Statistical Bulletin¹ for the 4th quarter, issued by the General Directorate Protection of the People with Disabilities within the Ministry of Labour, Family and Social Protection, on December 31, 2011, there were 689,576 people with disabilities, of which 97.5% are not institutionalised and 2.5% are

¹ Ministry of Labour, Family and Social Protection, Statistical Bulletin, 4th quarter 2011, <http://www.mmuncii.ro/pub/imagemanager/images/file/Statistica/Buletin%20statistic/2011/2011%20DGPPH.pdf>, accessed on 10 May 2012.

institutionalised; 60,269 are children and 629,307 are adult people. Chart 1 shows that of all the institutionalised persons with disabilities, 26 are children and the other 17,174 are adult people.

Chart 1

Number of people with disabilities on December 31, 2011



Source: Statistic Bulletin 2011¹ 4th quarter, issued by DGPPH.

According to the same statistical bulletin, the number of public institutions of social work for the adult people with disabilities on December 31, 2011, was 382, of which 324 residential and 58 non-residential – day-care. The Centres for Care and Assistance (CIA) account for 1/3 of the residential institutions and they accommodate 6,542 people with disabilities, 38.1% of the total number of institutionalised persons. In terms of regions of development, Muntenia South is on top, with 113,950 people with disabilities, which gives a rate of 3.5 people with disabilities for 100 inhabitants, calculated at the level of the entire country.

¹ Ministry of Labour, Family and Social Protection, Statistical Bulletin, 4th quarter 2011, <http://www.mmuncii.ro/pub/imagemanager/images/file/Statistica/Buletin%20statistic/2011/2011%20DGPPH.pdf>, accessed on 10 May 2012.

Table 1
People with disabilities by type of disability

	Type of disability										
	Physic	Somatic	Hearing	Visual	Mental	Psychic	Associated	HIV/AIDS	Rare diseases	Deaf-mute	Social
Total	136,423	143,157	23,150	112,735	113,658	89,730	58,496	5,785	5,358	358	726
Non-institution alised people	135,463	142,768	23,027	112,243	104,561	85,606	57,302	5,732	5,348	353	0
Institution alised people	960	389	123	492	9,097	4,124	1,194	53	10	5	726

Source: *County and Bucharest district General Directorates for Social Work and Child Protection in Statistical Bulletin 2011*¹ 4th quarter, issued by DGPPH

As seen in Table 1, the most people with disabilities have physical and somatic disturbances. The people with mental and psychic disability are predisposed to institutionalisation, because of the 17,173 institutionalised people with disabilities, 13,221 people have psychic and mental disabilities. The people with a slight disability, social, also have a high rate of institutionalization (726 people).

The payment for the social work for the people with disabilities was covered in 2011 from the Ministry of Labour, Family and Social Protection, with 24.7% of the total amount for the social programs financed by MMFPS. JIM 2005 data on the education of the people with disabilities show that in the school year 2003/2004, the number of children with special educational needs included in special schools was 27,299, compared to 11,493 children included in schools with integrating approach.² The last ANPH report shows that 343 county authorities and public institutions have been inspected, of which adapted authorities and public institutions – 74; authorities and public institutions sanctioned with fines – 34 (of which 30 fined with 3,000 lei and 4 fined with 6,000 lei); authorities and public institutions sanctioned with admonishment

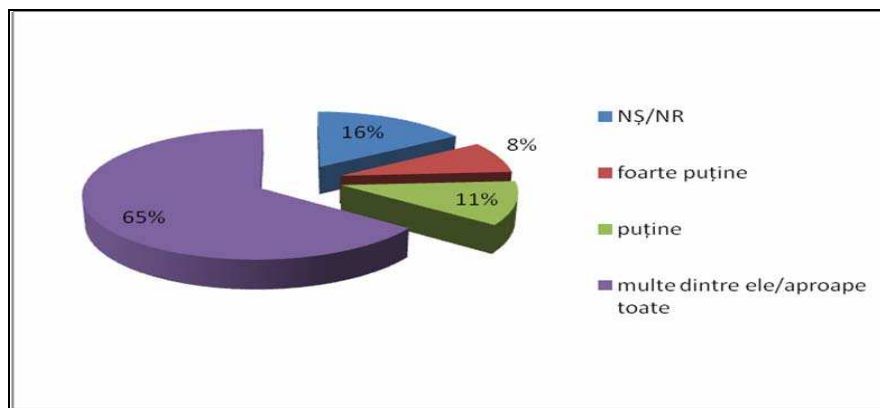
¹ Ministry of Labour, Family and Social Protection, Statistical Bulletin, 4th quarter 2011, <http://www.mmuncii.ro/pub/imagemanager/images/file/Statistica/Buletin%20statistic/2011/2011%20DGPPH.pdf>, accessed on 10 May 2012.

² JIM 2005(Joint Inclusion Memorandum)

– 77; authorities and public institutions which have projects of adaptation or the works are in progress – 133; authorities and public institutions which function in buildings of patrimony which are claimed or litigious – 9¹. PUB+ study conducted by the Centre of Urban and Regional Sociology conducted on 199 subjects in June-September 2004, revealed the public attitude of the authorities and citizens towards the people with disabilities, as well the evaluation of the latter about the efforts displayed by the relevant authorities

Chart 2

Perception about the number of public utility buildings inaccessible to the people with mobility impairment



Source: PUB+ study conducted by CURS in 8 geographical regions²

¹ General inspection report on the accomplishment of adaptations specific for the people with disabilities stipulated by Law 448/2006 regarding the protection and promotion of the rights of the people with disability, according to norm NP051/2001. see www.anph.ro accessed on 9.06.2011

² Centre for Urban and Regional Sociology 2004 *Accessibility to public utility buildings for urban citizens with mobility impairments. Socio-economic comparative studies*, Bucharest.

Table 2

Perception of the people with disabilities about the level of accessibility to the public space. The table below mentions the reasons why the buildings of public utility are evaluated as inaccessible

(Question: From your experience or information, are there in the town where you live buildings of public utility ...?)

	Many/ almost all	Few	Very few/ almost	NS/ NR
With no ramps	78%	7%	3%	12%
With no chairs/benches for people with disabilities	75%	8%	4%	14%
Toilets not adapted	74%	6%	4%	16%
No parking lots for people with disabilities	68%	9%	5%	19%
Narrow corridors, passages, with no handles	67%	10%	8%	15%
Stairs not adapted	65%	8%	7%	20%
Slippery floors	65%	10%	9%	16%
Office desk too high/not adapted	65%	12%	5%	18%
No pedestrian passage in front of the building	63%	10%	6%	21%
No room in the elevator	62%	14%	9%	16%
Public phones placed too high	59%	15%	12%	15%
No space to enter the building	58%	15%	10%	18%
Doors and lockers placed too high	52%	15%	19%	14%
Differences of level at the same floor	52%	13%	8%	27%

Source: *PUB+ study conducted by CURS in 8 geographical regions, on 199 subjects, in June-September¹*

Chart 2 and Table 2 show the perception which the people with mobility impairment have on the accessibility of the public utility buildings. The data show that the authorities didn't accomplish their tasks in this field. The evaluation of 401 objectives², showed that just 88 public utility buildings have partial accessibility and

¹ Centre for Urban and Regional Sociology 2004 *Accessibility to public utility buildings for urban citizens with mobility impairments. Socio-economic comparative studies*, Bucharest.

² Program „Put yourself in my place!”, 2006, Foundation for an Open Society, with the support of the Romanian National Organization of the People with Handicap and of other six local organisations, http://www.soros.ro/ro/comunicate_detaliu.php?comunicat=19, accessed on 14.05.2012

75 have large accessibility, but no one has full accessibility. The legal provisions regarding the sanctions are not stimulating the inactivity noticed so far.

Following are data on employment/formation/professional counselling according to the 2011 ANOFM (National Agency for Labour Force Employment) Report of activity. According to this report, 809 unemployed people with disabilities seeking a job have been counselled regarding their choice of employment in the following professions: unskilled workers, janitor, accountant, housekeeper, PC operator, economist, shop assistant, guardian, carpenter, sales person.¹

2.5. Causes and effects of the social exclusion of the people with disabilities

2.5.1. Making accessible the public utility institutions and spaces

In order to achieve a higher rate of attendance of the usual education, professional training, employment and participation in the social life, the public utility institutions and spaces must be rendered accessible. The establishment of accessibilities for the surrounding environment is very important for achieving the equal opportunity principle between the people with disabilities and the normal people. This paper will attempt to solve this problem, as the current data show the lack of efficiency of the authorities in this respect.

Decree 1342 of December 4, 2006, promulgated the new Law on the protection and promotion of the rights of the people with disabilities, which stipulated changes in the terms set to make the public utility buildings and space accessible to the people with disabilities. According to this decree, by March 31 2007, all taxi operators have to provide at least one car fitted for the transportation of the people with disabilities using wheel chairs; the pedestrian crossings from the public streets and roads must be adapted according to the legal provisions, including tactile pavement; sound and visual signals have to be mounted at the intersection with heavy traffic. The hotel owners have the following obligations: they must adapt at least one room to host people with disabilities using wheel chairs; they must mark by tactile pavement or carpets the entrance to the hotel and the reception desk, they must have a tactile map of the building and elevators with tactile signs. The public authorities must: make accessible their websites in order to make their electronic documents accessible to the people with visual and mental disability; all public services must use pictograms; the telephones with telefax and teletext must be adapted for the people with hearing disability. By December 31, 2010, the authorities of the local public administration must take the proper measures in order to ensure the unimpeded

¹ <http://www.anofm.ro/files/Raport%20de%20activitate%20al%20ANOFM%20pentru%20anul%202011.pdf>.

access of the people with disability to the means of local public transportation; at least one railway car and the main railway stations will have to be adapted to allow the access of the people with disabilities using wheel chairs; the routes to the embarking platforms, to the ticket offices or to other utilities have to be marked by contrasting tactile pavement.¹

So far, there is no evaluation of these terms, although a mere observation may show that many deadlines were not met.

Although the Romanian legislation is in agreement with the community acquis, several underlying causes have been identified for this problem. A first cause, the lack of proper sanctions in order to motivate the institutions to make their institutions accessible. Presently, the level of the fines makes the sanctioned institutions prefer to pay these fines and hold back making the proper works needed to make their institutions accessible. The data explained above show clearly that the lack of action characterizes all the levels with prerogatives in this field Table 2 also shows more than relevantly the negative evaluation of the people with disabilities regarding the works undertook so far.

Another cause is the lack of funds allocated to the institutions for these works. The authorities with competencies in this field clearly have insufficient funds, or at least this is what can be noticed. Although Romania benefits of many external sources of financing, the poor management or the lack of trained staff tends to be considered as cause of the inefficiency paralysing the entire system. The lack of an institution which to enforce penalties is another cause, although DGPPH has the necessary prerogatives to get control of the situation.

2.5.2. Education of the children with disabilities and the professional education of the people with disabilities

This section is very important to any society; children are the future and the timely support of the state may prevent the dependency of the future adult on the public system of support, being helped for a normal integration and development within the society. *The special education is organized in agreement with the type of deficiency (mental, hearing, visual, motor and associated) at all levels of the pre-university education. Depending on the type of deficiency, the children included in the special education may use the general curriculum, a slightly adapted curriculum or a special curriculum. The schools, gradually and at different levels, are open to the request for*

¹ Law 448/2006 regarding the protection and promotion of the rights of the people with disability, Chapter IV, Accessibility., http://www.prestatiosociale.ro/legi/Legea_448_2006.pdf, accessed on 3 May 2012

modified method of teaching, changes which appeared with the aim to accomplish integration or inclusion.¹

Despite the provided support, some children and young people with special needs do not attend school. Some of them are educated at home by the teachers from the relevant schools, while others participate in courses organized by day-care centres and some of them don't attend any form of education. The services provided in 2004 within the Program for Special Education for the Children with Disabilities (SCINVAL²) included services for children rehabilitation and care and food allocation for the target groups.

The deficiency and lack of school education are often interrelated. Due to the lack of access to ordinary education and professional training, or due to the incapacity to maintain the acquired skills, the educational profiles and the aptitudes of the people with disabilities generally are those of the average unemployed people with no disability. The most affected groups consist of the least skilled and least educated people. Many of the people with disabilities from the present time are those which have been confronted with the discriminating system of the 1980 years in terms of access to education and school of the people with disabilities.

2.5.3. Exclusion of the people with disabilities from the labour market

The employment of people with disabilities is a highly debated topic, very sensitive and very controversial all over the world. *The social inclusion of the people with handicap, the facilitation of their access on the labour market and the promotion of an inclusive society ensuring the welfare of this segment of population is another specific objective of the European Social Fund intervention in Romania. The measures of special protection are applied to the people included in different categories of disability after their evaluation by the commissions of expertise appointed by order of the Ministry of Health and Family. The participation on the labour market has several benefits for the people running the risk of social marginalisation because it ensures his/her financial independency and proves that*

¹ JIM, (Joint Inclusion Memorandum)2005, [http://www.stpne.ro/documente/STRATEGII_PROGRAME%20NATIONALE-INTERNATIONALE/Memorandumul%20Comun%20in%20Domeniul%20Incluziunii%20Sociale%20\(JIM\).pdf](http://www.stpne.ro/documente/STRATEGII_PROGRAME%20NATIONALE-INTERNATIONALE/Memorandumul%20Comun%20in%20Domeniul%20Incluziunii%20Sociale%20(JIM).pdf), accessed on 10.05.2012

² It operated according to the Government Decision 261/2000 (updated) for the reorganisation of the institutions, hospital sections and of the other units of special child protection within the specialised public services subordinated to the county councils, and according to OUG 56/1994 which updated the expenditure norms to support the children from nurseries, day-care centres and institutions for special education.

*he/she is economically and socially useful.*¹ This objective is accomplished in Romania through various forms of drawing and reintegrating on the labour market the people running the risk of social marginalization and exclusion, as well as the people with disabilities.

The picture is bleak because many of the workshops employing people with disabilities have been closed down, or reduced their production due to budget restrictions. The new jobs that were created concentrated in small informal units which, proportionally, employ less people with disabilities. The managers have often reduced the number of workers with disabilities because of the increasing availability of workers without disabilities².

Many people have been pushed by their economic situation towards badly paid jobs, while the real value of the social benefits lagged behind the true value of the average wages. Because many people with disabilities have special financial needs, the improper social benefits often prevent them from functioning efficiently.

Even the current program of governing has as objective a higher level of employment and the real decrease of the unemployment rate, objective which covers all categories of people, the people with disabilities included. Starting from this fact, among the main objectives set by ANOFM (National Agency for Labour Force Employment) for 2011 are subsidies for the employers hiring people belonging to one of the disadvantaged categories (graduates with disabilities and people with disabilities). The agency also established 20 centres for information, mediation and professional guidance for the people with disabilities. ANOFM supports the employment of these people by assisting the employers which hire this category of people, assistance "granted in order to ensure a sustainable employment of the people with disabilities and in order to create a support network together with other related institutions and organisations". (ANOFM, 2011, p.11)

Many countries encourage the employment of people with disabilities in protected labour, assigning special positions for these people. This meant the creation of protected jobs and of cooperatives (such as we have). They have advantages and disadvantages some of which are more serious in a free market economy.

The employment promoting policies belonged to an integrated system; the main disadvantage of this system is that the workers with disability were often undervalued and put into positions which were reckoned suitable to their type of

¹ Article on the inclusion of the people with disabilities on the website of the European Social Fund, <http://www.fseromania.ro/incluziune-sociala-fse.html#> accessed on 12.06.2011.

² Option of work"- *Employment opportunities for the people with disability in the countries in transition.*- commented translation Nicolo Della-Pupa (1997), with the support of the Foundation for the Development of the Civil Society, p.13

deficiency. Because they have less professional education or training, partly due to the lack of proper facilities, the workers with disabilities are mainly used for semi-skilled handwork. Even those with a better education, which are a minority, tend to see themselves forced to take a job below their technical capabilities, while discrimination functioned more at this local level than at the actual employment. Although they were officially classified as productive workers, employment was rather a matter of social protection by providing jobs to these people.

The people with disabilities often suffer a combination of labour market disadvantages pertaining to age, education and environment.

First, many deficiencies are related to the process of ageing and, in many countries, the older workers, with disabilities, marginalised socially and economically, are compelled to early retirement with too low pensions for a decent living. When this state combines with the lack of school education and of professional training, their perspectives of employment are minimal.

In the past, the economic and political regimes provided financial security and protection to the people with disabilities, particularly to those which had acquired this disability on the job. However, criticisms were formulated to this social protection because it omitted the will of the people with disability to contribute to the development of the community/society and to their welfare, provided they continued to be employed.

The employment of the people with disabilities must be done in agreement with their professional training and according to their physical and intellectual capabilities. Because the labour market offer is low, the authorities prefer a “softer” form than job creation to assist the people with disabilities. *It is not always the case to look at these sick people from a pessimistic perspective. The more they get employed on the free market, the more solid is their recovery.*¹

Directive 200/78/EC, compulsory for all EU member states, aims the accomplishment of several objectives among which: *ensure conditions for access to employment, to self-employment or to occupation, including selection criteria and recruitment conditions, including promotion; access to all types and to all levels of vocational guidance, vocational training, advanced vocational training; employment and working conditions, including dismissals and pay; membership of, and involvement in, an organisation of workers or employers (such as labour unions).*²

¹ Axon, M., 2007, *The press stigmatise them, while the employers given them „ 0 opportunities“* http://www.crainou.ro/?module=displaystory&story_id=10286&format=html, accessed on 10,06,2011

² Directive 2000/78/EC of 27 November 2000, establishing a general framework for equal treatment in employment and occupation. www.europe.eu accessed on 11.06.2007

2.6. Dynamics and strategies. Legal and institutional framework

One question raises: *how many people with disabilities have influenced the process of policy development?* There is not an easy question to answer, but the people with disabilities got involved in processes of governing and management and build expertise in advocacy and social campaigns. (Drake, R., 1999, p. 128).

The National Authority for the Disabled People (ANPH) developed the National Strategy 2006-2013 for the protection, integration and social inclusion of the disabled people in Romania. *The purpose of this strategy is to ensure the full exercise of the basic rights and liberties of the disabled people with the view to improve the quality of their life.* The strategy proposes the following main ways to increase employment among the disabled people: *ensure school training for the disabled people; highlight the importance of evaluating their capacities and of their socio-professional abilities; run programs for the professional rehabilitation of the disabled people; the employers may get involved in the development of specific conditions for the disabled people, particularly by adapting the places of work; establishing a permanent communication between the National Agency for Labour Force Employment, DGPPH and the NGOs supporting a market for the goods produced by the disabled people.*

Among the objectives set by HG 197/2006¹, there have been some national plans whose finality and accomplishment are yet unclear. One of the programs referred to the reorganisation of the old institutions for the disabled people and the establishment of alternative, residential-type services. We cannot know the efficiency of such program which should have helped at least 400 institutionalised people with disabilities lead a better life, because there was no evaluation or monitoring of this program. Another program whose results are yet unknown is that of professional formation for the integration of the disabled people in work, whose goal was to improve the professional training of at least 300 people with disabilities that may be employed.

The Government of Romania aims to improve the situation of the disabled people by implementing the following measures *“the continuous improvement of the quality of life of the people with disabilities and supporting their families; increasing the number of jobs adequate for the disabled people who have working potential; development of residential-type of centres and of alternative centres for the people with mental disability, for the people with psycho-pathologies and for the people with multiple*

¹ See the appendixes from the Government Decision 197/09 February 2006 approving the programs of national interest for the protection of the disabled people and for the protection of the old people, of the homeless, of the people victims of family violence, as well as the appendixes showing the financing of these programs.

disorders; access of the disabled people to physical and IT support, to public transportation, to enter public utility buildings.”¹

Among the legislative acts, we mention: Law 448/2006 for the protection and promotion of the rights of the disabled people, Decision 268/ April 4, 2007 to approve the methodology of applying Law 448/2006 for the protection and promotion of the rights of the disabled people, Emergency Ordinance 14/2007 of March 3, 2007 modifying and completing Law 448/2006 for the protection and promotion of the rights of the disabled people.

The following legal acts support the inclusion in society of the disabled people: Emergency Ordinance 102/1999 for the special protection at employment of the disabled people; Order 152/1999 regarding the payment of wages for the personal assistants of the people with serious disability; Decision 626/2000 to approve the methodological norms regarding the conditions, rights and duties of the personal assistants of the people with disability; Decision 427/2001 to approve the methodological norms regarding the conditions, rights and duties of the personal assistants of the people with disability; Law 517/2002 rejecting Ordinance 47/2001 which was changing and completing the Emergency Ordinance 102/1999 for the special protection at employment of the disabled people; Law 519/2002 approving the Emergency Ordinance 102/1999 for the special protection at employment of the disabled people; Order 794/2002 approving the manner of payment of the indemnity due to the parents or legal representatives of the child with serious disability and to the adult with serious disability or to his/her legal representative; Order 380/2002 approving the manner of payment of the indemnity due to the legal representatives of the child with serious disability and to the adult with serious disability or to his/her legal representative; Law 343/2004 changing and completing the Emergency Ordinance 102/1999; Law 448/2006.

The legislative framework which established a real system for the protection of the rights of the disabled people was Law 448/2006. The Romanian methodological norms set: the actual manner to grant some rights and to implement the protection measures; the organisation and functioning of the residential centred for the people with disabilities; the way to grant free public urban transportation.

The newest legal act, Law 292/2011 of the social work, stipulates at Article 80, paragraph 91) that *“For the protection and promotion of the rights of the disabled people, the public authorities must include the special needs of this category of persons in all the public policies, strategies and programs of regional, county or local development, as well as in the governmental programs”*.

¹ Governing program 2012, Chapter 9 Family, child protection and equal treatment, http://www.gov.ro/prioritatile-anului-2012-br-capitolul-9-familia-protectia-copilului-si-egalitatea-de-sanse__1a116016.html, accessed on 10,05,2012.

Even presently, most of the disabled children and adult people are still taken care by the special institutions: schools, hospitals. Therefore, society is not ready to receive most services for these people; given the medical services, the social needs of these people are disregarded.

The analysis of the social policies starts from the domains stipulated in Article 156 of the Treaty on the Functioning of the European Union, which states that: *“With a view to achieving the objectives of Article 151 and without prejudice to the other provisions of the Treaties, the Commission shall encourage cooperation between the Member States and facilitate the coordination of their action in all social policy fields under this Chapter, particularly in matters relating to employment, labour law and working conditions, basic and advanced vocational training, social security, prevention of occupational accidents and diseases, occupational hygiene, the right of association and collective bargaining between employers and workers..”*¹

The European Strategy 2010-2020 for the disabled people stated a renewed commitment for a borderless Europe and focuses on the removal of the physical barriers confronting the disabled people. The European Commission has identified 8 main fields of action: *“accessibility, participation, equality, labour force employment, education and formation; social protection, health and external action”*²

One of the most important documents of the European Union, the Amsterdam Treaty, states in Article 13, without prejudicing the other provisions of the Treaty and within the limits of the power conferred by it according to the Community, the Council, acting unanimously upon proposal by the Commission and after conferring with the European Parliament, may take appropriate measures to curb discrimination due to gender, race or ethnic affiliation, religion or belief, disability, age, sexual orientation (Hantrais, L., 2000, p.161).

The main ministries with impact on the life of the disabled people are: the Ministry of Labour, Family and Social Protection (through the Directorate-General Protection of the Disabled People); Ministry of Health and Ministry of Education, Research, Youth and Sports. Another public institution monitoring the rights of the disabled people is the National Council for the Control of Discrimination (CNCD). At the county level, other institutions functioning under the guidance of the national agencies are: the county agencies for Payments and Social Inspection and the county agencies for Labour force Employment. The county Directorate-General for Social Work and Child

¹ Consolidated version of the Treaty on the Functioning of the European Union, article 156, <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2010:083:0047:0200:RO:PDF>, accesat la data de 8.05.2012.

² European Strategy 2010-2020 for the disabled people: renewed commitment for a borderless Europe, <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:0636:FIN:RO:PDF>, accessed on 9.05.2012

Protection (DGASPC) operates under the tutorship of the county councils, while the Public services for Social Work function within the town halls.

Conclusions

There is a diffuse consciousness of assuming the problems; the measures are taken by establishing institutions, NGOs; the available funds are not used properly; there is no focus on the efficiency of the social policies because the resources are limited and the problems are huge.

On the background of the general decline of the standard of living, of the costs born by the population, the state (which oriented its measures of social protection particularly towards the contesting or potentially contesting social segments) ignored partially or (sometimes) even completely the most vulnerable people, among whom the disabled people, as well as other categories of citizens who have been seriously affected by transition. Their problems worsen and it is increasingly difficult for the system to solve them so that the people are marginalised, excluded from rights and social participation. The problem of the selective, inequitable generosity of the governing bodies started immediately after the Revolution, and the first measures of social protection taken during the first half of 1990 were distributed inequitably.

The people with disabilities are vulnerably dependent on the social policies, on the institutions and practices on which they have no control at all. The lack of access to higher education prevents many of them from the possibility of acquiring qualifications and skills necessary to leave the status of poverty. Even those who acquire some vocational skill and qualification cannot rely on equal treatment.

The social policies proved sometimes to be inefficient and/or inequitable and also had adverse effects. Two of them are extremely serious: establishment or enlargement of a social subclass, of a "lower class", of the poor people, marginalised and disadvantaged, which the western literature calls "underclass" and, in tight connection with it, but not only, stronger processes of social exclusion of some social segments flagrantly disadvantaged by the social policies.

Although EU member, Romania doesn't meet the community acquis in terms of making the public utility buildings accessible to the people with motion impairment; the degree of dependency of the disabled people increases year by year; the social integration of the people with disabilities is limited; additional costs to the state budget for supplemental social work (personal social workers for the people with motion impairment, maintaining some people outside the system of social contributions, etc).

Maybe, if the Government is to get a "yellow" card from the European institutions for this matter, things will move in the right direction; until then, however, the disabled

people remain to benefit of the little aid they are offered and on which they depend for survival.

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*** Strategia europeană 2010-2020 pentru persoanele cu handicap: un angajament reînnoit pentru o Europă fără bariere, <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:0636:FIN:RO:PDF>

*** Versiunea consolidată a Tratatului privind Funcționarea Uniunii Europene, articolul 156, <http://eurlex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2010:083:0047:0200:RO:PDF>

SUBJECTIVE EVALUATION OF THE HEALTH STATE IN ROMANIA DURING 2006-2010 YEARS

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Abstract: *In the present paper we intend to estimate the subjective health state suggested by the individuals of two national representative samples selected from the population of Romania. The sociological analysis used the information collected by Institute for Quality of Life Research (ICCV) in the years 2006 and 2010. More statistics were given about the diagnosis of the quality of life data bases D2006 and D2010. The sample population was divided into disjointed groups depending on the age of the individuals, the person gender or on the place of residence. We proposed two statistical models, one being based simultaneously on the indicators mean-variance and the other taking into consideration a stochastic order. We also revealed the risk categories from the both samples for which the health individual score could be improved. We mention here that in the years 2006-2010 we have not significant changes regarding internal structure of the proposed statistical health system E-V. A comparative dynamic study about the population health state in the years 2006 and 2010 was also performed.*

Key-words: *health; program; indicators risk categories; social policies*

1. Introduction - General aspects

Knowing the health state of the people composing a population is particularly important in practice, first for an in-depth social analysis of the evolution of that population.

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