



Early Childhood Support Services in Romania: What Works and What are the Needs

UBB team



The project M-Power - Knowledge Sharing Partnership for Empowerment of Parents of Children with Disabilities through Mutual Learning, Nr.2025-1-BG01-KA220-ADU-000361733 is funded by the European Union. The views expressed herein reflect those of the M-Power consortium; the EU/Commission is not responsible for any use that may be made of the information it contains.



Cluj-Napoca is a vibrant city in northwestern Romania, known as the heart of Transylvania. It is an important cultural and sand academic center, home to some of the country's most prestigious universities. . The city blends medieval history with modern life, featuring landmarks like St. Michael's Church and lively squares. Cluj-Napoca is also famous for its dynamic tech scene and international festivals such as Untold. With its welcoming atmosphere and green spaces, it is one of the most attractive cities to live in Romania.



Babeş-Bolyai University is one of the largest and most prestigious universities in Romania, located in Cluj-Napoca. It offers a wide range of study programs in Romanian, Hungarian, German, and English. The university is well known for its strong academic tradition and research excellence. Babeş-Bolyai University attracts students from all over the world.



In Romania, early childhood services for children with disabilities are provided through an intersectoral system that includes medical, social and educational services, with increasing emphasis on early screening and early intervention.

Research and professional practice highlight that early intervention significantly improves developmental outcomes, school readiness, and social inclusion.

EARLY INTERVENTION Family support at maternity level

Family support during maternity is essential to modern social protection systems, reflecting a society's commitment to safeguarding maternal health, child wellbeing, and family stability from the early stages of family development.

In Romania, maternity and family support policies form a relatively comprehensive framework that accompanies women and families throughout the entire maternity process: during pregnancy, at childbirth, and after the child's birth.

This form of protection has the root in the labour law, social insurance regulations, and gender equality legislation.

It is a framework that seeks to protect women's health, ensure income continuity, and promote a balance between work and family life.

Romania's approach combines **workplace protections, paid leave entitlements, financial allowances, and job security guarantees** (Stănescu, 2014).

Historically, the system has been strongly centred on **maternal protection**, a legacy shaped by both socialist-era policies and post-transition demographic concerns.

More recently, however, reforms increasingly recognise **shared parental responsibilities, father involvement, and broader family participation in childcare**.

1. Support during pregnancy

- 1.1 Workplace protection, health, and safety (employers are legally required to assess workplace risks , adapt working conditions, modify job duties, or temporarily reassign the employee to a safer position, women are entitled to maternal risk leave up to 120 calendar days).
- 1.2 Protection against discrimination and dismissal (enhanced legal protection, dismissal during pregnancy is forbidden, informal discrimination may persist in practice)
- 1.3 Financial and community-level support during pregnancy (pregnant women may benefit from local or municipal support schemes, such as vouchers for prenatal medical services)

2. Support at childbirth and during maternity leave

- 2.1 Maternity leave: 18 weeks of maternity leave (prenatal and postnatal periods, at least 42 days after childbirth, parental leave for child-rearing up to 2 years, extended to 3 years if the child has a disability).
- 2.2 Financial support during maternity leave (maternity allowance equal to 85% of their average gross income from the previous 12 months)
- 2.3 Job protection and employment continuity (employers are required to reinstate returning employees to their previous position , dismissal during maternity leave is strictly prohibited).

3. Support after childbirth: parental and family-centred measures

- 3.1 Parental leave for childcare (one of the longest period in Europe)
- 3.2 Gender equality and father involvement (fathers are entitled to paternity leave of five working days, extendable to 15days if the father completes a certified infant-care course. Paternity leave is paid at 100% of earnings and can be taken within the first eight weeks after birth)
- 3.3 Incentives for returning to work (insertion incentive benefit)
- 3.4 Breastfeeding support and flexible working arrangements (up to 12 months, mothers are entitled to two paid breastfeeding breaks per day or, alternatively, a reduction of the working day by two hours with full pay).

4. Broader institutional and structural challenges

- Research highlights persistent shortages of midwives, uneven access to prenatal and postnatal care, and regional disparities in healthcare quality.
- Reports on maternal care networks in Romania also point to insufficient psychosocial support for new mothers and limited continuity of care after childbirth.
- OECD reviews emphasise that Romania combines generous parental leave with underdeveloped early childhood education and care services, particularly for children under three.
- This imbalance places prolonged caregiving responsibilities on families—primarily women—and contributes to low maternal employment rates, especially in rural areas (OECD, 2025).

Medical, Social and Educational Services for Children Aged 0–3 Years

- 2.1. Medical services
- For children aged 0–3 years, the medical system plays a central role in monitoring development and identifying risk factors, pediatric follow-up, regular child visits, growth monitoring, and observation of developmental milestones (motor, language, cognitive and social).
- Special attention is given to children with risk factors such as prematurity, neonatal hypoxia, infections, or a family history of neurodevelopmental disorders.
- In Romania, screening procedures are mainly coordinated by family doctors and pediatricians, who can refer children to specialists (neurologist, ENT specialist, geneticist, child psychiatrist) when developmental concerns arise.
- Neonatal hearing screening and early monitoring of sensory functions are essential components of this stage.

2.2. Developmental screening and assessment

In Romania, commonly used screening and assessment tools for children aged 0–3 include:

- In Romania, a range of national screening programs across multiple health domains have been established under the framework of the Ministry of Health's National Health Programs, which include priority public health initiatives such as maternal and child health, chronic disease prevention, and improved access to preventive services.
- Within the context of early childhood, neonatal screening currently includes systematic testing for phenylketonuria and congenital hypothyroidism, both of which are part of the national metabolic screening panel funded and coordinated at a national level.
- Newborns undergo hearing screening via otoacoustic emissions and are monitored for several other risk conditions such as retinopathy of prematurity, reflecting a broader commitment to early detection of conditions that affect development



- Early neonatal screening for selected metabolic and endocrine disorders that are associated with a high risk of severe developmental delay if left untreated. These screenings are performed shortly after birth, using blood samples collected through the heel-prick method.
- Early identification of metabolic disorders, that allow for immediate medical and dietary intervention, preventing irreversible neurological damage and supporting more typical developmental trajectories.
- Now the tendency is to increase the number of screening tests that the National Medical System established as mandatory for newborns.
- Screening for hearing impairment
- Screening for visual impairment
- Screening for motor disorders

2.3. Early intervention services (0-3 years)

- Early intervention is provided through specialized centers, school units for special education, and non-governmental organizations. Examples include services for children with hearing impairment, multiple disabilities or deafblindness, offering assessment, therapy and parental counseling.
- Early intervention services for children with sensory disabilities and associated needs are provided through a network of special schools, DGASPC services, and non-governmental organizations, focusing on family-centered and multidisciplinary support.

3. Services for Children Aged 4-7 within the Educational System

3.1. Educational framework

- Between 4 and 7 years, the educational system becomes the main context for developmental support. Children may attend mainstream kindergartens, special kindergartens, or inclusive educational settings, depending on their needs.
- Educational assessment is conducted by county-level psycho-pedagogical assistance centers (CJRAE/CMBRAE), which evaluate the child's developmental profile and special educational needs (SEN). Based on this evaluation, children may receive individualized educational plans and access to support services.

3.2. Support services

- Support services for children aged 4–7 include speech therapy in school-based speech therapy offices, itinerant and support teachers, and collaboration between educators, therapists and families. These services aim to facilitate communication, learning, autonomy and social participation.
- Special education centers, such as inclusive school centers for children with sensory or multiple disabilities, play an important role in providing structured educational and therapeutic programs adapted to each child's profile.



- 4. The Role of Screening and Continuous Evaluation
- Screening and assessment represent the foundation of prevention and early intervention. Developmental difficulties should be identified as early as possible, but also monitored longitudinally. Screening tools guide professionals toward appropriate referrals, while standardized assessments support diagnosis and intervention planning.
- In Romania, current practice emphasizes the use of developmental scales, diagnostic manuals (DSM-5, ICD-10), and functional assessment instruments. Effective collaboration between the medical, educational and social systems remains a key challenge and priority.



- Notable examples include the Early Intervention Center at the School for the Deaf in Cluj-Napoca and the center within the School for the Visually Impaired in Cluj, which supports young children with hearing or visual impairments through specialized educational and therapeutic programs. In the northeast of the country, early intervention and rehabilitation services are also developed in Vicovu de Sus (Iași area), particularly for children with cochlear implants. In western Romania, the Cristal Inclusive Education Center provides early detection and intervention services for very young children, alongside complex therapies.

Examples of Early Intervention Centers within Special Schools or Resource Schools

- Grădinița Specială pentru Hipoacuzici nr. 65 (special kindergarten for children with hearing impairment) – Bucharest
- Special Kindergarten Cluj-Napoca
- Liceul Tehnologic Special „Vasile Pavelcu” – Iași
- Centrul Școlar pentru Educație Incluzivă „Cristal” – Oradea
- Centrul Școlar pentru Educație Incluzivă „Constantin Pufan” – Timișoara
- **Liceul Tehnologic Special Bivolărie** — (Vicovu de Sus area, Suceava county) — **“Centru de intervenție timpurie”** for children with hearing impairment / cochlear implants
- **Liceul Tehnologic Special pentru Deficienți de Auz — Cluj-Napoca**
- Liceul Special pentru Deficienti de Vedere – Cluj-Napoca



Examples of Early Intervention Centers within Special Schools or Resource Schools

- A significant national role is played by Sense International Romania, which actively supports early intervention in the field of deafblindness by working with multiple schools and centers across the country, offering training, methodology, and direct support.
- Additionally, DGASPC-run centers contribute substantially to early intervention services; an important example is the Einstein Recovery Center, which offers rehabilitation and early support for children with developmental delays and disabilities.
- Other examples from across the country include early intervention and recovery services in Bucharest, Timișoara, Sibiu, and Brașov, illustrating the growing national commitment to early identification and support for children with special educational needs.



Services for children between 4 and 7 of age with disabilities or developmental delays in Romania

- The educational services - Public education system (kindergarten and school)
- Children with disabilities or identified developmental support needs are entitled to education under Romanian law, including flexible special education options suited to individual needs (physical, sensory, cognitive, social and behavioral), special classes or support in mainstream settings.
- Schools must offer equal access and adapt instruction to children with disabilities special educational needs, either in mainstream classrooms with support (support teachers, individualized plans, adapted materials) or in special schools/programs depending on assessment and needs.

- The County Centers for Educational Resources and Assistance (CJRAE) and the Bucharest Municipal Center for Educational Resources and Assistance(CMBRAE) evaluate and guide educational support for children with special educational needs/disabilities.
- These centers coordinate services such as evaluation, speech support, school counseling, and educational support for children integrated into kindergarten/school.
- Based on evaluations (school readiness, learning profiles), individualized plans are developed to ensure children receive the appropriate teaching support, therapeutic assistance, and adaptations within their educational setting.

CONCLUSIONS

- The Romanian system of medical, social and educational services for children with disabilities or developmental risk is evolving toward a more integrated early intervention model. Although challenges remain, especially regarding access and consistency of services, progress has been made in early screening, assessment and specialized intervention.
- Early identification and intervention during the first years of life significantly increase children's developmental potential, educational inclusion and quality of life. Strengthening interdisciplinary collaboration and expanding early intervention services remain essential goals for the future.



M•POWER

Knowledge Sharing Partnership for Empowerment of Parents of Children
with Disabilities through Mutual Learning

THANK YOU!

