



# **ESPN Thematic Report on work-life balance measures for persons of working age with dependent relatives**

## **Romania**

**2016**

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**European Social Policy Network (ESPN)**

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for persons of working age  
with dependent relatives**

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## Summary/Highlights

In Romania, a significant proportion of the population is in need of special care because of disability, chronic illness or old age. This population has increased in recent years due to a rise in the proportion of people suffering from chronic illness. From 2007 to 2011, the average number of healthy years at 65 (in absolute value and as a percentage of the life expectancy) declined, but then started to slowly increase again. Nevertheless, in 2014 elderly both men and women in Romania had, on average, two healthy years of living less compared to 2007. Romania's policy response to this issue has been a mix of programmes scattered across various ministries and administrative levels, with no unified framework for approaching the long-term care (LTC) needs of dependent persons. Yet while a statutory framework for LTC was created in 2010 as part of a reform of social assistance, a strategic vision and plan for developing an LTC system is still lacking; as a consequence, less than 10% of LTC needs are met. Moreover, to date Romania still operates with two different but overlapping systems for assessing work capacity and functional skills for independent daily living (a disability and an invalidity system).

Currently three different schemes address these needs. The first package of services and benefits that address dependent persons and their carers falls under the **social protection system for the disabled**. These are not means tested, and depend solely on the level of disability. The package consists of a wide range of cash benefits (granted mainly to the dependent persons, and less so to their carers; benefits for carers, though generous, are limited to the carers of severely disabled adults and disabled children under the age of 7) and very limited support services – day care, recovery centres, schooling facilities, respite/ crisis centres, in-home services – that cannot begin to address actual needs. The family members of severely disabled people can take up formal employment as personal assistants, or can opt for a carer's allowance. Families with young disabled children benefit from very comprehensive child-raising leave, so long as at least one parent has a history of gainful employment of at least 12 months prior to giving birth. Furthermore, families with disabled children are entitled to sick leave for disabled children up to 18 years, flexible and part-time work arrangements. These employment-related benefits are important means of keeping the parents of disabled children in employment outside the home. **A second package targets invalidity pensioners** (under the authority of the public pension system); some of the benefits granted to invalidity pensioners overlap with those granted to the disabled. And finally, **a third package of measures is designed to help the frail elderly**; these consist mostly of residential services and are in very short supply. These are complemented by some in-home medical and palliative services, with a limited duration of 90-calendar days/year, funded and managed by the National Health Insurance Fund.

Overall, the policy responses to the needs of families with dependent persons are biased towards monetary benefits (updated in an arbitrary manner) and fiscal facilities, with low provision of support services. The lack of adequate levels of formal support services and low levels of funding, combined with the inadequacy of educational and employment services for disabled children and adults (on the one hand) and the low flexibility of the labour market in terms of part-time work and flexible work schedules (on the other hand) leave many caregivers with meagre opportunities to take employment outside the home. The lack of clear regulations regarding the right of employees to take paid or unpaid leave to care for a dependent adult creates an important disadvantage for the carers of adults. This affects women more than men. The parents of disabled children are better protected, as they benefit from clearly defined rights with regard to leave and work arrangements (comprehensive leave arrangements are an important means of keeping carers on the labour market).

The best opportunity for the carers of severely disabled or first-degree invalidity pensioners to enter employment is to take in-home formal employment as a personal assistant, with all the rights and benefits associated with this. This is an important means

of keeping the carers of severely disabled people in employment and, as a consequence, out of poverty.<sup>1</sup> This also happens because often one family member in a household with someone who is severely disabled has to leave her/his regular job due to lack of flexibility on the labour market; this affects mostly women aged 35–49, with an average level of education.

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<sup>1</sup> The World Bank report (February 2015), prepared for the National Strategy for Poverty Reduction and Social Inclusion, shows that the “majority of people with disabilities live in families that are faced with significant economic and social difficulties” (p. 31). A 2010 study regarding physically disabled children and youth shows that both the income level and the quality of life of families with a disabled child are significantly lower than in the overall population (ASCHF-R, 2010).

# 1 Description of main features of work-life balance measures for working-age people with dependent relatives

## 1.1 Overall description of long-term care regime

The long-term care (LTC) system in Romania is heavily biased in favour of cash benefits, with inadequate services – specialised and support services, medical, educational and employment services – compared to the diversity and scale of demand. Not only does the cost of living rise for families with a dependent person, but there are additional costs in terms of career compromises, reduced time for others in the family, and lost opportunities for gainful employment.

Romania addresses the issue of its long-term dependent population by means of **three separate**, uncoordinated schemes. The first category of measures falls under **social protection of the disabled** (under the authority of the National Agency for the Disabled – Ministry of Labour, Social Protection, Family and the Elderly (MLSPFE)). Disabilities are categorised as severe (*grav*), serious (*accentuat*), moderate (*mediu*) or mild (*usor*). The first systematic legislative framework for the social protection of the disabled was set up in 1999 (GEO 102/1999 and L519/2002), and the package of benefits and services currently in place is regulated by a legislative framework adopted in 2006 (L448/2006). The scheme addressing disabled persons consists of (a) a series of residential care institutions, (b) non-residential institutions providing specialised care and support services, (c) a number of benefits granted to disabled children and adults (increased child allowance for disabled children, disability indemnity for severely and seriously disabled adults, complementary personal budget for children and adults with severe, serious and moderate disabilities, food allowance for persons with HIV/AIDS), (d) a benefit for the carers of persons with severe disabilities (formal employment as a “personal assistant” for family members who care for a dependent person, or alternatively carer indemnity, without the status of formal employment, just as the family prefers) and (e) a series of facilities/in-kind benefits (such as free urban and national transport, subsidised interest rates for credits to make dwellings accessible or to purchase an adapted vehicle, and waived property and road taxes). To these, a series of facilities in the field of healthcare, education and employment should be added (see Annex 2, Tables 4 and 5).

**Monetary benefits** are granted irrespective of the income of the person, based solely on the degree of disability. Most are supported from the state budget and are granted to the dependent person; a few target the carers, and these are decentralised. This is why the latter benefits have been subject to a series of provision fluctuations and why there is lack of transparency in how the decision is reached to opt for one or the other benefit (i.e. personal assistant versus carer indemnity, see Table 4).<sup>2</sup>

**Specialised support service institutions** are under the financial responsibility of local authorities and the MLSPFE, while medical facilities and services (e.g. free medical care, free recovery services and facilities for the carer during the hospitalisation of a severely disabled person) fall under the jurisdiction of the Ministry of Health. Mostly in-home LTC is provided by family members, informally or by taking up formal employment as the personal assistant of a severely disabled person (a family choice). In addition to this, short-term medical and palliative services are provided in the home to the chronically ill; these services are provided by accredited organisations (mostly non-governmental organisations (NGOs)), are financed from the Health Insurance Fund and are limited to 90 calendar days/year. Despite the fact that long-term care services were specifically defined during the 2010 reform of social assistance, the system is still underdeveloped and lacks stable funding. Only a few NGOs target the frail elderly or disabled in need,

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<sup>2</sup> Currently there are no data available on the number of personal assistants and carer indemnities.



and they compete for public subsidies with all other providers of social assistance services.

**Work arrangements for carers working outside the home** are not well regulated (apart from in the case of the parents of disabled children), leaving the carers of adult dependants largely uncovered.

The **second scheme** that addresses long-term dependency is the **public social insurance pension scheme**. Despite the explicit intentions<sup>3</sup> and efforts over recent years to unify the two functionality-assessment schemes within a common framework, the public pension system still operates with an alternative scheme of assessing work capacity and physical autonomy. The scheme distinguishes three invalidity levels and falls under the authority of the regional public pension houses (GD 155/2011).<sup>4</sup> Persons assessed with one of the three degrees of invalidity receive an invalidity pension until he or she reaches pensionable age. The invalidity pension benefit depends on the invalidity degree and ranges from 0.35 to 0.7 pension points<sup>5</sup>. In addition to the invalidity pension, first-degree invalidity (i.e. the most severe invalidity degree) pensioners are entitled to a carer indemnity (similar to option available to the disabled) amounting to 80% of the pension point (Table 4).

A **third scheme** – addressing the **long-term care needs of the elderly** – falls under the auspices of the MLSPFE and covers residential care services for the elderly and in-home care. Residential care provided by public homes for the elderly, assume co-payment by the beneficiaries or their families, according to their income level. Even so, the supply is limited and does not match demand. The number of private residential care institutions for the elderly is increasing steadily, but despite this the demand remains unmet. Under this third scheme, no funding is specifically set aside for these services. As mentioned above, the only in-home care services that are publicly financed are the medical and palliative care services provided for a limited duration.

LTC was first defined in the 2011 social assistance legislation (L292/2011), in the context of the definition of personal care. Thus, LTC is defined by articles 32 and 33 (L292/2011) as “the care provided to a person who needs support to fulfil daily life activities for more than 60 days. LTC is to be ensured in people’s homes, in residential settings, in day-care centres, on the premises of service providers and within the community.” The personal services that may be offered are further described as: (a) medical care services, (b) rehabilitation and environment adaptation services (i.e. small adjustments, repairs, or other similar services) and (c) other rehabilitation services (i.e. kinesiotherapy, physiotherapy, medically recommended gymnastics, occupational therapy, psychotherapy, psycho-pedagogy, speech therapy and other forms of therapeutic treatment). The target groups for LTC are the frail elderly, the disabled and the chronically sick. Yet, as shown above, the institutional structure of providers of LTC services is fragmented and continues to lack coordination.<sup>6</sup>

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<sup>3</sup> Formulated by the National Strategy for Poverty Reduction and Social Inclusion 2015–2020.

<sup>4</sup> First-degree invalidity corresponds to a total loss of work capacity and living autonomy, requiring permanent assistance. Second-degree invalidity corresponds to a total loss of work capacity, with the preservation of limited independent living capacity. Third-degree invalidity corresponds to the loss of at least half of the work capacity, the person being able to take up only partially some professional activities.

<sup>5</sup> Pension benefits are calculated based on the average pension points a person scores over her entire work life. The monthly number of pension points is calculated by dividing the person’s work related income to the national average salary (i.e. a person who earns a national average salary will have scored for the month 1 pension point). The national public pension house assigns yearly, a value for the pension point; thus, the pension point is the reference in calculating pension benefits.

<sup>6</sup> LTC is split between different ministries (the MLSPFE – through the Directorate for Social Assistance and the National Authority for the Disabled – and the Ministry of Health) and across

## 1.2 Description of carers' leaves

In Romania, carers are specifically entitled to employment-related leave under two circumstances: (a) if they take up formal employment as the personal assistant of a severely disabled person, or (b) if they are the working parent of a disabled child.

### 1.2.1 Carers of the severely disabled

One of the most important legal provisions for dependent persons with severe disabilities is their right to a personal assistant with formal employment status. Personal assistants can be (and mostly are) family members who care for the dependent person. However, the family can choose **not** to hire a personal assistant or to take up formal employment as a personal assistant; in which case, a carer indemnity – equivalent to the net salary of a personal assistant – is granted to the family. This latter option does not confer any legal employment responsibilities or rights on the carers/family members, and thus there are no in-kind benefits or leave provision available to them.

Personal assistants are the employees of the local public social assistance services (under the authority of the city halls/municipalities). While theoretically their salaries are transferred from the state budget, as earmarked transfers, in practice the funds allocated are always inadequate, as estimated need and actual expenditure can sometimes differ substantially.

According to the labour code (L53/2003), personal assistants have the right to at least 20 working days' annual leave (four calendar weeks); and according to the revised labour code (L12/2015), the employee must use that leave within one year following the year in which the leave entitlement commenced. . There is no possibility of accumulating leave beyond that time limit. Annual leave is fully paid and, in accordance with law 448/2006 regarding social protection of the disabled, the employer – i.e. the city hall – is obliged to provide a replacement for the personal assistant during his/her leave, a place in a respite centre or a compensatory extra monthly payment.<sup>7</sup> This is compulsory, even if the personal assistant is part of the family. If the employer is not able to provide a replacement, it has to pay an extra indemnity to the personal assistant for the period for which the annual leave has been granted, or else provide a place in a respite centre for the disabled person. All these rights are associated with formal employment and thus do not apply to any carer without formal employment status (as a personal assistant). Therefore, carers who are not formally employed have no legal right to any leave or replacement alternatives.

### 1.2.2 Carers of children with disabilities

Child-raising leave for the parents of disabled children (regulated by GEO 111/2010) lasts until the child turns 3, at which time there is the possibility to opt for another four years, up to the child's seventh birthday. As with regular child-raising leave, eligibility is related to previous employment (i.e. history of gainful employment, with taxable income at least 12 months prior to the birth). The parents of children with a disability are not only entitled to longer child-raising leave, but are also entitled to the most beneficial option for the entire period – an indemnity of 85% of the average net income earned during the last 12 months of employment (but not less than 600 Romanian lei (RON) a month, and not higher than 3,400 RON/month)<sup>8</sup>. Either parent can take the leave, so

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different administrative levels (municipality-level social assistance public services, county-level child protection and social assistance services and decentralised organisations of the MLSPFE).

<sup>7</sup> To some extent this regulation is in conflict with the labour code, which states the need to take the leave, except when the employment contract is terminated, when the leave can be granted in the form of a compensatory payment. Yet L448/2006 states the obligation of municipalities to provide either a replacement, or a place in a respite centre, or a complementary allowance.

<sup>8</sup> From June 2016 onwards, eligibility conditions for child rearing leave have been relaxed and benefits increased in scope and duration (L66/2016)

long as he/she is eligible. The indemnity is paid from the state budget, through the MLSPFE. The three-year leave on 85% of previous earnings is followed by an additional four years of leave, until the child turns 7 (GEO 124/2011). The indemnity for this follow-up leave is flat-rated at 0.9 of the Social Reference Index (SRI). This currently works out at RON 450/month and is also paid from the state budget, through the MLSPFE. Throughout this period, the parent on leave is covered by health insurance and gains pension credits. However, even if parents are not eligible for leave, they are still entitled to some cash benefits (see section 1.3 on cash benefits for carers).

In addition, the parents of a severely or seriously disabled children are also entitled to reduced working hours (four hours a day) until the child turns 18, without any loss of social insurance benefits (regulated through L53/2003 and GEO 124/2011). Leave to care for a sick disabled child until the child turns 18 is another important means of keeping parents in the labour market. The duration of this leave is maximum 45 calendar days, with a possible extension to 90 days under special medical circumstances (GO 158/2005). The indemnity paid for medical leave for the carer of a sick child is 85% of the average net income earned in the final six of the last twelve months of income on which contributions to the Health Insurance Fund were paid. Basically, the indemnity is calculated in a similar way to the child-raising indemnity and is paid from the Health Insurance Fund.

While there are several legal provisions targeting the formal carers of severely disabled adults and the parents of disabled children, there is only little help for the families of other dependent persons – such as disabled adults with less severe disabilities, the chronically ill or the frail elderly – to balance work commitments with personal life. The labour law (L53/2003) stipulates the right to unpaid leave for personal reasons; but its duration and the conditions on which it is granted are up to the employer and are governed by the collective contract (if there is one) or the employer's internal regulations. Unpaid leave is not counted as a period of work (unless for training purposes), and no pension credits are granted. Flexible working schedules are legally possible, but there is no obligation for the employer – under any given or legally specified circumstances – to develop an individualised working schedule for employees.

### **1.3 Description of carers' cash benefits**

Cash benefits specifically targeted at carers of dependent persons are limited to (a) indemnities for the carers of severely disabled/first-degree invalids (as an alternative to a personal assistant) and (b) support/child-raising indemnity for parents with disabled children, until the child turns 7.

The legal guardian or family of a severely disabled person can opt to claim a carer indemnity, as an alternative to the personal assistant option (L448/2006). This compensates for the cost of hiring a carer or for the informal care provided by family members. While opting to become a personal assistant establishes a formal employment relationship, with all the associated rights and obligations, the indemnity alternative is just a compensatory cash benefit.<sup>9</sup> In December 2015, the gross salary of a personal assistant was set at RON 1,313/month (about EUR 295), the level of a new employee of the public social assistance services. This is currently higher than the gross minimum wage, set at RON 1,050. In May 2016, the minimum wage will increase to RON 1,250/month, which is still below the current wage of a personal assistant (Table 4). The

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<sup>9</sup> A similar benefit is offered under the public pension scheme (L263/2010). First-degree invalidity pensioners are entitled to a carer indemnity of 80% of the pension point, payable from the social insurance fund. Currently the pension point is RON 871.70 (established for 2016, and based on the national average salary), thus the benefit is RON 698 (i.e. EUR 156). This benefit is only 73% of the benefit granted through the social assistance system for the severely disabled; in order to resolve this conflict, first-degree invalidity pensioners are allowed to choose between the two benefits.

level of the alternative benefit – the carer indemnity – is RON 956/month, which corresponds to the net wage of a personal assistant. Both benefits were increased (along with the basic salaries of medical personnel) in December 2015 by 25% compared to their September 2015 value. These benefits are paid from local budgets (i.e. by the local public social assistance services), apart from the carer indemnity for the severely visually disabled, which is directly paid through the National Payment Agency from the state budget. Benefits granted from local budgets are, in principle, subject to earmarked transfers from the state budget. In practice, estimates fall short of actual need, and thus benefits are – sometimes – postponed until the budget level is rectified.

Any other cash benefits related to disabilities or invalidity are aimed at the dependent person (e.g. the disability indemnity for severely and seriously disabled, the complementary personal budget for severely, seriously and moderately disabled, daily food allowance for HIV/AIDS infected children and adults – see Table 4). The complementary personal budget is rather directed towards the household, as it is supposed to partially cover utility expenses.

The second important cash benefit for carers is the extended child-raising indemnity (and for parents not eligible to this, the monthly support indemnity). The monthly support indemnity – granted until the disabled child turns 7 – is similar to the child-raising indemnity, but depends on the severity of the disability. It varies from 0.3 to 0.6 of the SRI for parents with moderate and mildly disabled children, and between 0.6 and 0.9 of the SRI for parents with severely or seriously disabled children (Table 4). Disabled children are also entitled to a higher child allowance. While technically the allowance targets the children, it is an important aid to families with disabled children.

All these benefits are granted solely to dependent persons living in the family, and not in residential care.

### **1.3.1 Facilities for dependent persons and their carers**

In addition to the cash benefits granted to dependent persons and their carers, both dependants and carers benefit from a number of fiscal facilities (Table 5). Severely and seriously disabled persons and their carers benefit from waived property taxes, car registration, national road fees and hotel fees. They also benefit from subsidised credit (i.e. no interest for the credit holder) up to EUR 10,000 to adapt dwellings to the special needs of the dependent person or to acquire a specially adapted car.

## **1.4 Description of carers' benefits in kind**

The most important in-kind benefits for the disabled in Romania are: (a) specialised services provided for the disabled in day centres or respite centres, as well as specialised training courses for the personal assistants of severely disabled people,<sup>10</sup> (b) access to free medical supplies and free hospitalisation for carers while accompanying dependent persons, (c) free counselling on existing medical options, and (d) free public transport in town and up to 12 free interurban trips per year. Day care and support services offer carers a break, or can provide regular time off for them (as is the case with recovery or occupational day centres), while at the same time positively influencing the health of the dependent persons. Although these services constitute the keystone of long-term care services in Romania, they are in short supply and cannot meet existing demand. While technically these services are available to all dependent persons and their carers (regardless of their employment status), their allocation is based more on availability than on any needs-based criteria. Most are concentrated in big cities, if they exist at all.

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<sup>10</sup> Formally employed carers, i.e. personal assistants, also benefit from free professional training courses – also a legal obligation for both employer and employee. Employers are required to offer at least one training session every two years, and employees are required to attend these sessions.

In-home care services for the elderly, including those that fall under the category of palliative or medical services, could also be regarded as in-kind benefits that remove some of the pressure from carers. While in-home care services were defined and introduced under the umbrella of long-term care services in the 2010 social assistance law, they do not benefit from any earmarked funding. Most of the in-home services for the elderly – if any – are provided by NGOs. In the best-case scenario, they are able to access some subsidies from the state budget (offered on a first-come-first-served basis, until funds are exhausted); the subsidies are available to all providers of social assistance services, regardless of the nature of the services, and are not limited to those supplying services to the elderly. These services are mostly allocated on the basis of availability (and the administrative capacity of municipalities to attract funding), rather than on the basis of need. In-home medical and palliative services are supported from the Health Insurance Fund, and are provided by accredited NGOs for up to 90 days for the chronically ill or for people recovering after a serious illness.

## **2 Analysis of the effectiveness of work-life balance measures for working-age people with dependent relatives**

### **2.1 Assessment of individual measures**

#### **2.1.1 Carers' leave**

With regard to carers' leave, Romania finds itself in two extreme situations. On the one hand, there is a lack of specifically regulated access to (a) leave (whether paid or unpaid), and (b) flexible work schedules for families that cater for the needs of a dependent adult person who is not severely disabled. On the other hand, there is highly regulated access to leave and part-time work regulations for parents with disabled children. In between these two extremes, there are the personal assistants for the severely disabled, whose rights are regulated under the labour law and the law on social protection of the disabled.

Those family members with dependent adults who work outside the home have little support for their work schedule or leave to take care of their dependants. Although in principle employees have the legal right to both a flexible work schedule and unpaid leaves for personal matters, there is no specific legal provision to guarantee the right of employees to certain work arrangements in order to cope with the special needs of dependent family members (e.g. spouses, siblings, parents). This is left to be regulated either through collective work contracts (increasingly rare) or through an employer's internal regulations, if a collective contract is not available. In other words, both the flexibility of work arrangements and unpaid leave for the sickness of a family member are established as legal rights for employees, but there are no clear guidelines on how employers should deal with the situation. There are no available data on the number or proportion of employees who are working in accordance with an individualised work schedule or receiving unpaid leave for purposes other than professional training. Yet the European Quality of Life Survey (2015)<sup>11</sup> shows that in Romania the proportion of both men and women who are able to vary the start or end times of their workdays is far lower than the European average (with women being more disadvantaged in this respect). This holds true for all age groups, but the most disadvantaged groups are – unlike at the European level – those that are also mostly involved in caring for dependent persons (35–49, followed by 50–64). The proportion of both men and women who are able to accumulate hours for time off and to take a day off at short notice if required is also below the European average, thus signalling a rather inflexible labour market.

In 2013 (the last year for which data are available) 40% of parents with disabled children aged less than 3 and in receipt of child-raising leave (Table 6) were receiving the

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<sup>11</sup> <http://www.eurofound.europa.eu/european-quality-of-life-surveys-eqls>

minimum benefit of RON 600/month – a lower proportion than in the total population of parents benefiting from child-raising leave (54%). This difference seems to suggest that better-educated parents (who are more present on the labour market and earn a higher income) detect a possible disability earlier – before or after birth – than poorly educated and rural families, and that they are able to pass through the process of disability assessment and registration more rapidly and more easily than low-educated, poorer or rural families. This would rather indicate differential access to pregnancy controls and to early paediatric care, as well as differential access to accreditation and registration of a disability.

Recent data regarding the number of families that requested an additional leave (for children aged 3 to 7) are not available. Families with disabled children that are not eligible for such leave are compensated with a flat-rated support indemnity (Table 6).

While data are scarce, the number of children under 3 (or under 7) with a disability is fairly low, and thus the impact on overall employment is rather low. As the child-raising indemnity is quite generous compared to other benefits, the incentive for a parent with a disabled child to re-enter the labour force before the benefit “runs out” is rather low, especially given the very limited choices available, and the limited supply of support or educational day-care services. The only facility available to those parents of disabled children who want to enter the labour market is the child-sickness leave (extended until the child turns 18), which allows 45 calendar days off (or in special circumstances 90 calendar days). In addition, parents with severely or seriously disabled children benefit further from the right to a part-time work schedule until the child turns 18. Yet this provision depends ultimately on the employer. These facilities are barely enough to permit parents to re-enter the labour market and at the same time cater for their children’s needs. By contrast, long and generous leave might in the long run help to keep parents in the labour market, since they would be able to take substantial time off to cope with the needs of their children.

As described above, only the families or legal guardians of persons with severe disabilities are entitled to a personal assistant. The workload of a personal assistant almost always exceeds eight working hours a day and five working days a week; no additional support is available in general for these families to compensate for this generally very high workload. There are no systematic data available on how exactly a family chooses between a personal assistant and carer indemnity, or on the extent to which city halls discourage (or encourage) the choice of a personal assistant. No systematic data are available even on the proportion of families with a severely disabled member that benefit from a personal assistant.<sup>12</sup> Available data from municipalities would seem to suggest that while a high proportion of the parents (or other family members) of severely disabled children and young people take in-home employment (as a personal assistant), the proportion of families of severely disabled adults that opt for a personal assistant is far lower.<sup>13</sup>

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<sup>12</sup> A study undertaken in 2010 by the Support Association for Physically Disabled Children in Romania reveals that most families with children and youth with a severe physical or combined disability opt for a personal assistant. The decision is taken, in half of the cases, solely by the family, while 38% of the families said they had been advised by the municipal services. According to the study, about 80% of young people and children with severe physical disabilities benefited in 2010 from a personal assistant. Families who chose the carer indemnity over a personal assistant are better educated and wealthier (with a double income per capita, on average, compared to families that opted for a personal assistant). Most personal assistants are family members, while only 3–5% are outsiders.

<sup>13</sup> As is shown by the case of Sibiu municipality (though it has only 426,000 inhabitants, it is relatively wealthy, compared to many other towns of its size, due to its historical background). In June 2015, out of 870 registered severely disabled, only 20% requested a personal assistant, while the remaining 698 benefited from the alternative carer indemnity. Of all the personal assistants, 71% are for adults and almost all, with the exception of four cases, were family members. The city

Overall, in 2015, 271,471 severely disabled persons were living in the family (36% of all non-institutionalised disabled people), of which only about 12% were children. This means that about 3.8% of all Romanian households have to cope with the needs of a severely disabled person. There are just three respite centres in the whole country, hosting a total of around 24 persons on average (even less than in 2010). Not even 0.1% of the severely disabled population is catered for by these centres (Table 10). Due to this shortage and the low capacity of municipalities to provide replacement carers, the formally employed carers of severely disabled people (i.e. the personal assistants) face serious problems with regard to their legal right to take their full annual leave. Finally, almost all city halls offer – by way of financial compensation – additional carer indemnity during the so-called annual leave. In fact, that leave is not taken, as there is nobody else available to replace the carers for a similar wage; this is also why over 90% of personal assistants are family members.

### 2.1.2 Carers' cash benefits

The child-raising indemnity is not only more generous for families with disabled children, but is also granted for longer (up until the child turns 3 – i.e. a year longer than for regular families). Child-raising leave for families with disabled children can also be extended until the child turns 7, at a flat rate of 0.9 SRI (i.e. currently RON 450/month; about EUR 100).

The proportion of parents of disabled children receiving child-raising indemnity has increased significantly over the past three years. The child-raising indemnity favours parents with disabled children, granting them the best available option (85% of former average income until the child turns 3, with a minimum of RON 600 and a maximum of RON 3,400 per month for the entire period). In 2015, about 84% of families with a disabled child aged less than 3 who received universal child allowance also benefited from child-raising indemnity. The proportion of minimum indemnities among parents with disabled children (i.e. RON 600) was, in 2013, lower than among the overall population of parents receiving the child rearing indemnity (40% compared to 54%).

In 2012 (the last year for which data are available), 3,700 families were receiving child-raising indemnity for disabled children aged 3–7; while the data are not available, estimates suggest that 20–30% of families with disabled children aged 3–7 receive this benefit – a significantly lower proportion than among families with disabled children under the age of 3.

For families that are not eligible for child-raising leave (i.e. families without a former employment history), a support indemnity for child-raising is available. This is flat-rated, and its value is 0.6 SRI for children under 3 and 0.3 SRI for children aged 3–7. However, the data are only available for 2012, a year that marked the beginning of the implementation of many new regulations and benefits.

Carers of the severely disabled represent the only caregiver category targeted by a cash benefit (apart from the parents of disabled children aged below 7). These benefits take the form either of the salary of a personal assistant or a caregiver indemnity. Municipalities pay both benefits from the local budget. Thus, payment issues have always been a problem. Despite the fact that 90% of the money intended to cover these benefits is earmarked, and is transferred from the state budget, the money always runs short. For some city halls, it is not easy to make up the 10%, while for most city halls the budgeted amount for this purpose is inadequate when set against actual demand. Over the years, payments have been delayed (and occasionally personal assistants have even been fired), which goes to show the relative instability of these benefits.

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hall is not able to provide either a replacement for the carer's leave or a place in a respite centre, as no such centre exists in the city. Thus, the only support is an additional payment (amounting to a net wage), leaving the carers to figure out themselves how to proceed (Decision of the city hall Sibiu, 2015, available at <http://www.sibiu.ro/ro2/hotarari/prohot2015/30.07.2015/29.pdf>).

Fiscal facilities for dependent persons and their families – waived property taxes, car registration, road taxes – are welcome and provide a real help for most families with dependent disabled persons; but they do not have much impact on the capacity of the family to find an optimal balance between work and personal life. The exact number of families taking advantage of these facilities is not available.

### 2.1.3 Carer benefits in kind

In-kind benefits and other facilities can be grouped into two main categories: (a) in-kind benefits for carers and dependent persons (free transport in town and up to 12 free interurban round-trips; part-time arrangements for working parents with disabled children), and (b) services for dependent persons (day centres, recovery and respite centres, in-home services) and their carers (training courses for the personal assistants of the severely disabled).

**Free urban/interurban transport** is available to all disabled people and their carers; while the benefit has a positive impact, details of the number of beneficiaries is not available – as is the case with all benefits granted by local municipalities.

**The parents of severely disabled children** are allowed to move to part-time work and take child-sickness leave until the disabled child reaches the age of 18. While sickness leave is usually granted (since it is an obligation on the part of employers), the offer of part-time work is optional for the employer, and depends on various factors to do with the specific type of work and business. It is not clear how many families with dependent children have yet in fact benefited from this legal right. The proportion of employees who have part-time work or a flexible work schedule is rather low in Romania, compared to other European countries.

**Formally employed carers**, as the personal assistants of severely disabled persons, are entitled (and required) to attend a professional training session once every two years. Yet, according to some studies (ASCHF-R, 2010) less than half of personal assistants have undergone training in the past two years.

The demand for **specialised and support services** is higher than it would be if work arrangements were more flexible and if employment facilities responded more specifically to the needs of families with dependent members. Services are in desperately short supply. Day-care and support institutions for the disabled, as well as homes for the elderly, are in great demand (Annex 1) and supply is extremely limited, especially given their financial decentralisation over the past 18 years.

The number of **public homes for the elderly** (although the residents contribute with 700–800 RON/month, though not more than 60% of their pension) is stagnating, and there has been a slight decrease in the number of actual beneficiaries (Tables 7 and 8). However, an increase in the number of private homes (established by NGOs) does compensate for the decline in the number of residents of public homes (Tables 7 and 8). Thus, in 2014, 10,500 elderly people utilised public and private residential services; this is only about 1.3% of the total number of persons aged 65 and over who regard themselves as having long-standing severe limitations in performing daily activities (Table 8).

**Day care and respite/crisis centres for the disabled** are also in short supply (Table 7). The number of beneficiaries of different types of non-residential centres has decreased over the past five years, covering about 0.3% of the total number of disabled people living within the family (Table 10). Despite the fact that since 2012 (GD 973/2012) a subsidising strategy for investment in these institutions was put in place, the number of centres has not increased.

Systematically provided **in-home services**, for which funds are earmarked, are limited to medical and palliative services, and these are paid from the National Health Insurance Fund. While the number of beneficiaries of these services has increased since 2012, the figure is still very low (Table 11). Services are provided by private accredited



organisations. However, the way in which they were until recently reimbursed (by the number of services/day) was open to abuse and encouraged providers to formally deliver a wide series of services, without focusing on the actual needs of the beneficiaries.

In addition, the limited access to education for disabled children and young people, and to the labour market for disabled people generally, has a significant impact on the work-life balance of families with dependants, as well as on their financial well-being.

## **2.2 Assessment of overall package of measures and interactions between measures**

The demand for benefits and services for dependent persons and their carers in Romania has increased in recent years, while the provision of social services has stalled.

In September 2015, about 760,000 people were registered disabled (about 3.4% of Romania's population), with 98% of them living within the family (Table 3). The number of disabled people living within the family has increased by 69,000 since 2010 (an increase of 10.2%). Of these, 88% (a constant percentage since 2010) are severely and seriously disabled, and thus in need of special assistance (Table 3). In addition to these, there is a substantial number of invalidity pensioners (653,000 in December 2015; Table 2). Some 7% of these are severely disabled (degree I of invalidity) and 44% of them have lost their work capacity but remain able to perform daily activities (degree II of invalidity). While the number of invalidity pensioners has constantly decreased over the past six years (-29% since 2009), the number of elderly people with self-perceived long-lasting limitations in their daily activities has increased, and the proportion of healthy life years in total life expectancy at age 65 has decreased (Figure 1; Tables 1 and 2). In fact, this is a consequence of an increase in the burden posed by chronic disease, which places Romania among the European countries with the lowest healthy life expectancy (Figure 1). While at the moment the proportion of older people (over 65, over 80 and over 85) is below the EU-28 average, Romania is expected to undergo an accelerated process of ageing; by 2060 it is expected to have a larger proportion of the elderly and a higher old-age dependency ratio than the European average (SPC and EC, 2014: 218). In 2014, 23.4% of the population aged 65 and over had severe self-perceived limitations in performing daily activities, while almost two-thirds of them suffered from severe or some self-perceived limitations in performing daily activities (table 1).

Thus the demand for specialised support services for dependent persons has increased due to an increase in chronic disease among the elderly and the de-institutionalisation of a significant proportion of the disabled (of whom almost 90% are severely disabled).

The mix of policies and programmes that respond to these increasing needs clearly favours monetary benefits and fiscal facilities over actual support services. Benefits are relatively generous, but they rather unevenly address the different types of families with dependent persons, favouring families with long-lasting dependent children over families with dependent adults; families with young long-lasting dependent children over families with older children; the severely disabled over other degrees of disability; and the disabled over the elderly and chronically ill. However, all targeted groups are properly covered (with some institutional hiccups in the case of those benefits paid from the local budget). Even under these circumstances, some studies (World Bank, 2015; ASCHF-R, 2010) seem to suggest that poverty rates are higher among families with disabled dependent persons.

Despite the relatively generous child-raising leave and carer indemnity for the carers of severely disabled persons, carers in general are under constant high pressure due to lack of support services and poor outside-the-home employment opportunities. Support services, in the form of recovery centres, respite centres, occupational centres and in-home services, are extremely scarce, covering well below 1% of the population in need of some service. While this extreme shortage of services affects the quality of life of both dependent persons and carers, it also affects – indirectly – the financial well-being of

families with dependent persons, limiting their opportunity to undertake gainful employment and making access to many services more expensive.

In Romania, the proportion of people who take care of other persons aged over 15 and in need of care is relatively high, placing Romania well above the EU-28 average. This holds true for men (with a proportion of 7.7% in 2010) and women (11.1%) alike. The proportion of those who are employed among those caring for dependent persons is higher in Romania than the European average, although the employment rate in Romania is lower than the European average. Again, this holds true for both men and women, and it is mostly due to the fact that the proportion of carers with a medium level of education is far higher (10 percentage points higher) than at the European level. And again unlike Europe generally, in Romania the proportion of those aged 25–49 who care for dependent persons is extremely high, compared to both the European level and the non-carer population (for both men and women).

Thus in Romania, a relatively high proportion of the population – about 11% of women and 5% of men, and significantly biased towards medium-educated persons aged 34–49 – care on a daily basis for dependent persons. This is a direct consequence of a shortage of specialised, day-care or in-home services, and of low accessibility to educational services for disabled children and low employment opportunities for the disabled. In fact, dependent persons become even more dependent due to a high degree of inaccessibility of most public transport, institutions and infrastructure. All of this places a heavy burden on families, which have – in the most severe cases – to take on the role of permanent carer.

Employment outside the home is strongly discouraged, not only by the lack of support services, but also by low labour market flexibility. In this, the age group 35–49 years – the very age group with the highest proportion of carers – suffers even greater disadvantage. The proportion of people who are able to vary the start and end of their workday is far lower in Romania than the European average: 35% of employed men and 24% of employed women are able to control the start and end of their workday; also, unlike almost all other European countries, the proportion of persons able to do so decreases with age. Thus, for the age group 35–49, the proportion of employed people who can control their work schedule to some degree is 28% overall (men and women), compared to 43% at the European level. For people in the age group 50–64, the situation is even worse: Romania languishes at the bottom of all European countries, with a proportion of only 22% of employed people able to control their work schedule (compared to a European average of 45% – more than double the Romanian rate). The situation is a little better with regard to accumulating hours for time off (Q13b of the European Quality of Life Survey (EQLS) 2012), although Romania still falls below the European average with regard to the population of employed women. Again, the age group 50–64 has the least autonomy in terms of accumulating hours for time off, with a proportion of 34% (10 percentage points below the European average). In Romania, only 42% of women can take a day off at short notice (compared to 59% at the European level), while 59% of men can do so (compared to 67% at the European level; Q13c, EQLS 2012). And, again, the age group 50–64 is the most disadvantaged and the one that would most need flexible work arrangements.

The proportion of part-time work in Romania is also half the European average level (i.e. in 2014: 8.5%, compared to 19%); this is due to the female part-time employment rate, which in Romania is less than a third of the European average for women aged 20–64, and less than a quarter for women aged 25–49. More than two-thirds of part-time employees aged 25–49 are involuntary part-time workers, with a slightly lower percentage in the case of women (54%). These values are well above the European average level. This seems to suggest that employers are far less willing to offer part-time employment in response to the needs of their employees (as part-time employment would at least guarantee some social insurance benefits). This is further reflected in the far lower female employment rate, compared to the male rate in Romania and to the female rate at the European level.

Thus, while the proportion of the population that needs to take care of a dependent person on a daily basis is higher in Romania (with a bias towards younger and medium-educated women), the flexibility of work arrangements is far lower than the European level – as is shown by the lower proportion of women (and men) able to control their work schedule, to take days off at short notice and to accumulate work hours. In addition to this, part-time work is far less widespread than in Europe generally; this, along with the lower employment rate of women in general, suggests that many women have to exit the labour market due to caring responsibilities.

While employment, especially among women, suffers from a lack of support services for dependent persons and their carers, and from a lack of labour market flexibility, the generous child-raising leave and support for families with disabled children tend to offer a means of keeping carers in the labour market, rather than to create work disincentives. In the absence of generous support at least for those families with severely disabled children, many mothers would quit work, without the benefits of employment (pension credits, health insurance).

### 2.3 Policy recommendations

**There is an acute need for support services** – ranging from day-care facilities and specialised recovery centres, through in-home services, to respite and crisis centres for the disabled and homes for the elderly. While the development of these services is a long-term endeavour, some steps could be taken in the short term, especially regarding the procedures to access public funding by accredited organisations. Predictability, stability of funding practices and customisation of funding to specific needs are extremely important (and currently missing). Currently funds are allocated on a first-come-first-served basis, and budgets are swamped by demand. This creates unequal access to funding, favouring big/international NGOs with a greater administrative capacity. Also better case management is required to assess needs and project service provision in a more cost-effective manner.

Another important issue that needs to be addressed if there is to be greater consistency in policy responses is the **harmonisation of the functionality assessment systems for disability** (under the authority of the social assistance department, MLSPFE) **and invalidity** (under the authority of the public pension system). The consequence of having two different systems responding to the same needs is that some benefits overlap (as in the case of the carer indemnity; Table 4), while others are not granted at all.

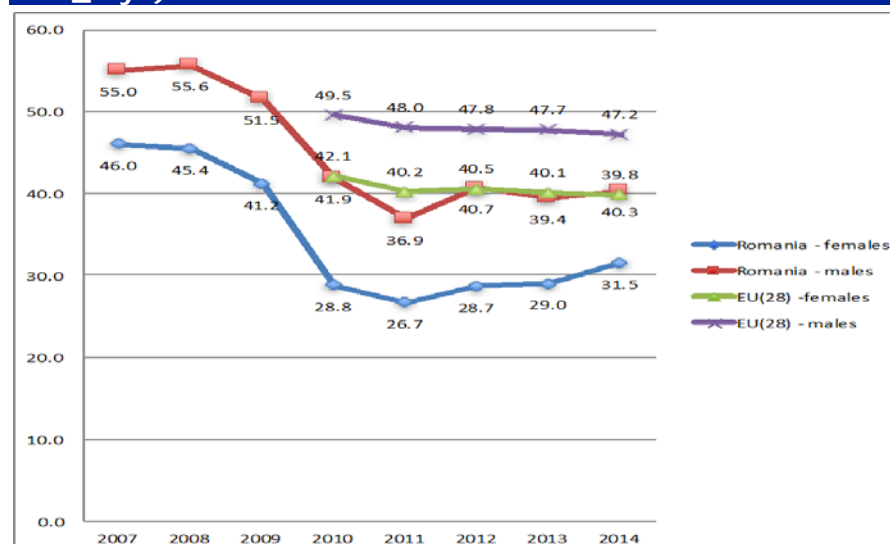
Another priority, alongside the cost-effective and needs-based increase in the provision of support services, is an **increase in the flexibility of the labour market**, with regard to the needs of families with dependent persons. Specific regulations governing carers' rights – unpaid leave, customised work schedules, etc. – have to be designed to cover all the circumstances of caring for dependent family members.

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## Annex 1: Dependent population: the demand side

**Figure 1: Healthy life years at 65 as a % of the total life expectancy (Eurostat hlth\_hlye)**

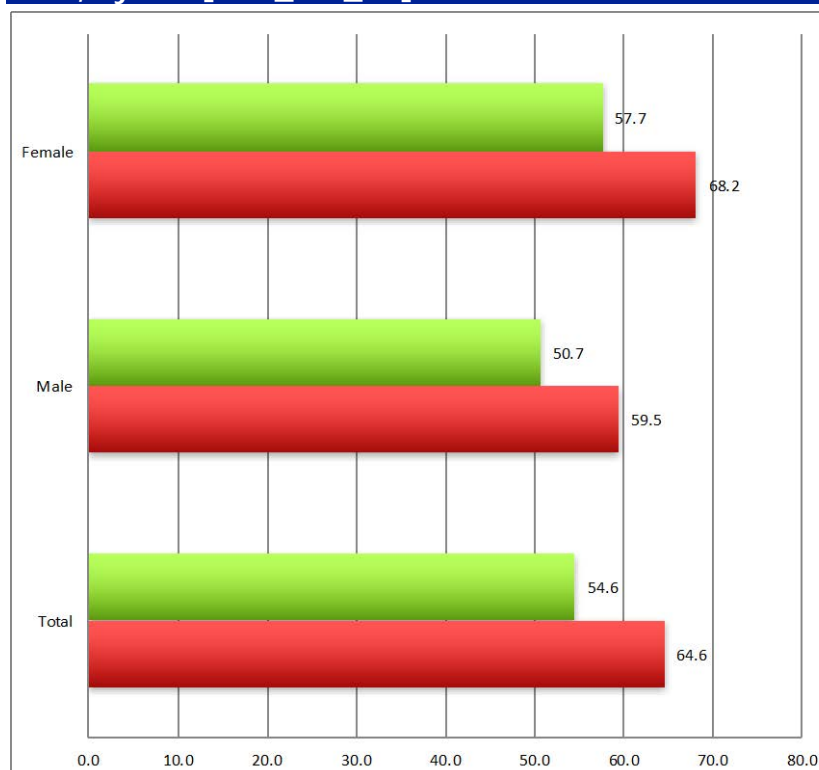


**Table 1: Romania: Self-perceived long-standing limitations in usual activities due to health problems for people aged 65 and over, by sex, per cent**

	2007	2008	2009	2010	2011	2012	2013	2014
<b>Severe</b>								
<b>Total</b>	21.5	19.6	20.4	23.3	25.3	25.1	25.3	23.4
<b>Male</b>	19.8	17.1	17.5	18.0	19.2	20.6	21.7	19.2
<b>Female</b>	22.7	21.4	22.4	26.9	29.5	28.2	27.7	26.3
<b>Some and severe</b>								
<b>Total</b>	49.0	49.5	54.4	65.7	68.8	66.1	66.6	64.6
<b>Male</b>	43.6	44.2	48.3	58.3	62.9	59.6	60.8	59.5
<b>Female</b>	52.7	53.3	58.5	70.8	72.8	70.6	70.6	68.2

Data source: Eurostat database, hlth\_silc\_06

**Figure 2: ROMANIA vs EU(28) - 2014: Some and severe self-perceived long-standing limitations in usual activities due to health problem for people 65 and over, by sex [hlth\_silc\_06]**



**Table 2: Number and structure of invalidity pensioners and pensions of invalidity pensioners (December)**

	2009	2010	2011	2012	2013	2014	2015
<b>Number of invalidity pensioners, of which:</b>	923,052	860,216	816,668	754,569	719,695	690,468	652,637
<b>Non-agriculture</b>	906,948	846,323	805,296	747,510	714,683	686,619	649,405
<b>Proportion of all invalidity pensioners, in the total population of pensioners</b>	17%	16%	15%	14%	14%	13%	13%
<b>Proportion of invalidity pensioners among non-agriculture pensioners</b>	19%	18%	17%	16%	15%	15%	14%
Structure - all invalidity pensioners							
<b>Invalidity degree I</b>	5%	5%	5%	5%	6%	6%	7%
<b>Invalidity degree II</b>	60%	56%	51%	48%	46%	45%	44%
<b>Invalidity degree III</b>	36%	39%	44%	47%	48%	48%	49%

Data source: National Public Pensions Fund, statistics, Pillar I (<https://www.cnpp.ro/indicatori-statistici-pilon-i>)

**Table 3: Number and structure of the disabled population, by type of residence, age and disability**

	2010	2011	2012	2013	2014	30 Sep 15
<b>Total number of registered persons with disabilities, of which:</b>	<b>689,680</b>	<b>689,576</b>	<b>697,859</b>	<b>709,216</b>	<b>737,885</b>	<b>759,019</b>
In residential care	17,036	17,173	17,404	17,123	17,202	17,682
In the family	672,644	672,403	679,765	692,093	720,683	741,337
Proportion of disabled living in the family	97.5%	97.5%	97.4%	97.6%	97.7%	97.7%
Proportion of disabled in the total population	3.4%	3.4%	3.5%	3.5%	3.7%	3.8%
<b>Total number of registered persons with disabilities, of which:</b>						
Children	61,287	60,269	60,859	60,993	59,775	61,009
Adults	628,393	629,307	636,310	648,223	678,110	698,010
Proportion of children in the total population of disabled	8.9%	8.7%	8.7%	8.6%	8.1%	8.0%
<b>Total number of registered persons with disabilities, of which:</b>						
With severe disability	232,985	232,161	233,850	241,202	260,207	271,473
With serious disability	25,163	24,940	24,355	23,844	24,352	25,764
With moderate disability	78,950	78,718	79,736	79,464	78,481	81,039
With mild disability	4,379	5,802	6,402	6,969	8,374	7,714
<b>Structure of disabled population living in the family, by disability</b>						
<b>Children</b>	<b>61,254</b>	<b>60,243</b>	<b>60,844</b>	<b>60,981</b>	<b>59,766</b>	<b>60,997</b>
Severe	49%	49%	50%	52%	53%	54%
Serious	21%	21%	20%	20%	20%	21%
Moderate	30%	29%	28%	27%	25%	24%
Mild	1%	1%	2%	1%	1%	1%
<b>Adults</b>	<b>611,390</b>	<b>612,160</b>	<b>618,921</b>	<b>631,112</b>	<b>660,917</b>	<b>680,340</b>
Severe	32%	32%	32%	32%	34%	34%
Serious	58%	57%	58%	57%	56%	55%
Moderate	10%	10%	10%	10%	9%	9%
Mild	1%	1%	1%	1%	1%	1%

Data source: MLSPFE, Statistical bulletins,  
<http://www.mmuncii.ro/j33/index.php/ro/transparenta/statistici/buletin-statistic>

## **Annex 2: Benefits and facilities for dependent persons and their carers: institutional arrangements and coverage**

### **Introductory note**

In Romania, **two different functionality assessment systems** are in effect. The first applies to all persons with disabilities (children and adults), regardless of their age or professional status (and is used to assign benefits and services within the framework of social protection of the disabled); the second applies to **work invalidity** (and is used for social insurance purposes).

The first system differentiates between severe/serious/moderate/mild (grav/accentual/mediu/usor). The Ministry of Labour, Social Protection, Family and Elderly (MLSPFE) is in charge of setting the criteria for these classifications, and is also responsible for establishing the commissions that are in charge of assessing disabilities.

The second system establishes three invalidity levels – degree I/degree II/ degree III – and assessment of invalidity is the responsibility of the regional public pension funds (GD 155/2011). First-degree invalidity corresponds to a total loss of work capacity and living autonomy, requiring permanent assistance. Second-degree invalidity corresponds to a total loss of work capacity, with the preservation of limited independent living. And third-degree invalidity corresponds to at least half of the work capacity, the person being able to take up only partially some professional activities.



**Table 4: Benefits for the disabled and their carers -2015**

Benefit	Eligibility	History	Current level (February 2016)
Child allowance for disabled children	All children, regardless of family income	Universal child allowance is the oldest family benefit in Romania, yet its impact has varied over the years due to long periods of benefit freeze L125/2015 increased the benefit for disabled children to 200 RON/month Until June 2015, the allowance was RON 200/month for children under 2 (or under 3 for children with disabilities) and RON 42/month for children over the age of 2 (or 3). As from June 2015, the allowance for children over 2 was doubled to RON 84/month, while for children with disabilities it remained at RON 200/month	All children with disabilities receive RON 200/month (approx. EUR 45)
Child-raising leave/ indemnity for parents with a disabled child ...	Parents who had taxable income (and thus paid social insurance, health insurance contributions and taxes) for 12 months prior to giving birth	GEO 148/2005 regarding the family support for child raising L257/2008 – amending GEO148/2005 GEO 111/2010, amended by GEO 124/2011 L124/2014 amending GEO 111/2010	Income-related: granted to parents with disabled children up to 3, 85% of the previous average monthly earnings, but no less than 600 RON and no higher than 3400 RON Flat-rated: between 3 and 7 years of age
up to the child's third birthday		Child-raising leave is granted usually only until the child turns, and the high cap of RON 3,400/month is offered only for the option of one year's leave	85% of the average net income over the last 12 months, not less than RON 600 and not more than RON 3,400/month
between 3 and 7 years of age			0.9 SRI/month
Support indemnity for parents with disabled children, who do not qualify for child-raising leave	Parents with disabled children up to 7 years of age, who do not qualify for child-raising leave	L448/2006 GEO 111/2010, with subsequent amendments	0.6 SRI/month for parents with disabled children aged 0–3 0.3 SRI/month for parents with disabled children aged 3–7
Disability indemnity ( <i>Indemnizatie de handicap</i> )	Adults only, regardless of income Awarded only to persons with:	Introduced in 2006: law 448/2006, regarding the social protection of the disabled, amended by GEO 86/2008 approved by L207/2009	
	Severe disabilities		RON 234/month
	Serious disabilities		RON 193/month

Personal complementary budget ( <i>buget personal complementar</i> )	Granted to all persons with disabilities (children and adults), regardless of income	Introduced in 2006, law 448/2006, regarding the social protection of the disabled, amended by GEO 86/2008 approved by L207/2009 as a means of enabling persons with disabilities to pay subscriptions for TV, telephone and electricity	
	Severe disabilities		RON 106/month
	Serious disabilities		RON 79/month
	Moderate disabilities		RON 39/month
Food allowance for persons with HIV/AIDS	Children with HIV/AIDS	The benefit covers daily food necessities, at the same level as the food expenditure allocated to residential institutions for a child	RON 11/day
	Adults with HIV/AIDS	The benefit covers daily food necessity, at the same level as food expenditure allocated to residential institutions for a disabled person	RON 13/day
Persons with disabilities who are either in residential care or in the care of a professional personal assistant (outside the home) are not eligible for the monetary benefits listed above			
<b>Two options are available to persons with severe disabilities, with regard to in-home care:</b>			
Personal assistant for severe disabilities	Persons with severe disabilities, children or adults	L293/2015 (approving GEO 35/2015), amending GEO 83/2014, regarding the salaries of personnel paid from public funds in 2015  As from December 2015, the basic gross salaries of employees in the public social assistance system increased by 25%	RON 1,313/month, gross salary  Legal right to 20 days' annual leave, with the employer obligation to provide one of the following three facilities during the personal assistant's annual leave: Replacement <b>or</b> a place in a respite centre for the disabled <b>or</b> extra carer indemnity
Indemnity for carers of severely disabled	Persons with severe disabilities, children or adults	These are supported from the local budgets, as an alternative to personal assistants  For severely disabled people with visual impairment, the indemnity is paid from the state budget	RON 956/month, equivalent to a net basic salary for a public employee in social assistance
<b>Options for invalidity retired:</b> as from January 2016, due to the difference in indemnity levels between the indemnity for carers granted through the social insurance system (in accordance with pension law L263/2010) and the indemnity for carers granted from the state budget for severely disabled people who opt for it, invalidity pensioners (degree I, equivalent to severe disability) can opt for one benefit or the other			
Indemnity for carers of severely disabled pensioners	Invalidity pensioners, with first-degree invalidity (equivalent to severe disability), even after they reach pensionable age	L263/2010 regarding public pensions, establishes the benefit level at 80% of the pension point	In 2016, the pension point is RON 871.70 (and the average gross salary taken into account for the social insurance budgeting for 2016 is RON 2,681/month)  Thus, the benefit level is RON 698/month, compared to RON 956, the indemnity for carers under the law regarding the social protection of the disabled

Data source: Romanian legislation.

**Table 5: Facilities for the disabled and their carers**

Facility	Who benefits?	What do they get?
Free national/interurban transportation (i.e. by train, car, bus, ship)	Adults and children with severe disabilities and their personal assistants/companions	12 round-trips/year on train, ship, car or bus
	Children and adults with serious disabilities Companions of persons with serious visual or mental disabilities	6 round-trips/year on train, ship, car or bus
Free transport in town on any public transport	Persons with severe disabilities and their personal assistants/companions Persons with serious disabilities Companions of persons with serious visual or mental disabilities	Monthly subscriptions for all public transport
Tax waiver	Severely and seriously disabled persons and their personal assistants for road fees only, when using an adapted car	Car registration – waived National road fee – waived Property tax – waived Hotel fees – waived
Interest rate subsidies	Severely and seriously disabled persons	Interest rates for credits up to EUR 10,000 (EUR 20,000 under special circumstances) for: <ul style="list-style-type: none"> <li>- adapting the dwelling to the needs of the disabled person</li> <li>- acquisition of necessary medical equipment</li> <li>- acquisition of an adapted car</li> </ul>
Medical facilities	Parents of children with disabilities (up to 18 years of age)	45 (up to 90 days) per year of paid medical leave Unpaid leave: <ul style="list-style-type: none"> <li>- not taken into account as contributory period or as work duration</li> <li>- after three months health insurance benefits are lost</li> </ul>
	Severely and seriously disabled persons	Counselling with regard to available free medical equipment

Data source: Romanian legislation.

**Table 6: Number of average annual beneficiaries of benefits for the disabled and their carers**

	2009	2010	2011	2012	2013	2014	30 Sep 15
<b>Increased child allowance for children with disabilities:</b>		<b>60,850</b>	<b>58,960</b>	<b>58,937</b>	<b>60,035</b>	<b>59,971</b>	<b>60,068</b>
Under 3 years		6,834	5,604	6,281	5,405	4,755	4,404
Over 3 years		54,016	53,356	52,656	54,630	55,216	55,664
<b>Child-raising benefits for parents with a disabled child</b>							
<b>Child-raising leave/indemnity for parents with children under 3, of which:</b>				<b>247</b>	<b>1,707</b>	<b>3,965</b>	<b>3,694</b>
received the minimum flat rate indemnity of RON 600				<b>52</b>	<b>674</b>		
<b>All support indemnity for parents with disabled children and for parents with disabilities, of which:</b>			<b>6,703</b>	<b>6,995</b>	<b>7,873</b>	<b>8,497</b>	<b>8,553</b>
for parents with disabled children aged 3–7 (leave indemnity)			3,521	3,680			
support indemnity for parents with disabled children aged 0–3 who are not entitled to child-raising leave			139	139			
support indemnity for parents with disabled children aged 3–7, who are not entitled to child-raising leave			573	523			
<b>Food allowance for HIV/AIDS infected</b>							
<b>Children</b>	267	207	182	176	165	176	172
<b>Adults</b>	6,521	6,862	7,170	7,624	8,284	8,827	9,292
<b>Monthly indemnity for adult with a severe or serious disability</b>	<b>526,285</b>	<b>547,138</b>	<b>543,266</b>	<b>542,156</b>	<b>552,143</b>	<b>565,990</b>	<b>595,371</b>
<b>Personal complementary budget for severely, seriously and moderately disabled</b>	<b>635,444</b>	<b>663,515</b>	<b>661,311</b>	<b>658,677</b>	<b>671,143</b>	<b>681,279</b>	<b>712,060</b>
<b>Monthly indemnity for the companion of persons with severe visual disability</b>	<b>45,186</b>	<b>44,918</b>	<b>44,373</b>	<b>43,818</b>	<b>43,836</b>	<b>43,252</b>	<b>41,940</b>

### Annex 3: Support services for the dependant and carer

**Table 7: Number of homes for the elderly**

	2012	2013	2014
<b>Public elderly homes, of which financed by:</b>	<b>108</b>	<b>103</b>	<b>105</b>
municipalities	71	69	74
counties	37	34	31
<b>Private (NGO managed) elderly homes</b>	<b>95</b>	<b>126</b>	<b>141</b>
<b>Total</b>	<b>203</b>	<b>229</b>	<b>246</b>

Data source: INSSE, Tempo-online (ASS113A, ASS113B, ASS113C), <http://statistici.insse.ro/shop/>

**Table 8: Average annual number of residents in homes for the elderly**

	2012	2013	2014
<b>In public elderly homes, of which financed by:</b>	<b>6,485</b>	<b>5,761</b>	<b>5,892</b>
municipalities	4,434	4,211	4,424
counties	2,051	1,550	1,468
<b>In private (NGO managed) elderly homes</b>	<b>3,057</b>	<b>4,064</b>	<b>4,657</b>
<b>Total</b>	<b>9,542</b>	<b>9,825</b>	<b>10,549</b>
<b>Total number of persons in elderly homes, as a proportion of the population of 65 and over, with perceived severe limitations</b>	<b>1.2%</b>	<b>1.2%</b>	<b>1.3%</b>

Data source: INSSE, Tempo-online (ASS113A, ASS113B, ASS113C), <http://statistici.insse.ro/shop/>

**Table 9: Annual average number of residential and non-residential institutions for the disabled**

	2010	2011	2012	2013	2014	30 Sep 15
<b>Residential care centres, of which:</b>	<b>320</b>	<b>324</b>	<b>336</b>	<b>335</b>	<b>352</b>	<b>365</b>
Respite centres	4	4	4	3	3	3
Crisis centres	4	4	4	4	4	4
<b>Non-residential centres, of which:</b>	<b>52</b>	<b>58</b>	<b>62</b>	<b>57</b>	<b>56</b>	<b>56</b>
Day centres	14	17	22	20	19	19
Occupational centres	1	1	2	2	2	2
Neuro-motor recovery centres	31	30	30	29	28	28
Mobile teams	1	1	1	1	1	1
In-home services	3	3	3	2	2	2
Psychosocial counselling centres	1	6	4	3	4	4
Recovery and social integration centres	1					

Data source: MLSPFE, Statistical Bulletin, Social Assistance, <http://www.mmuncii.ro/j33/index.php/ro/transparenta/statistici/buletin-statistic>

**Table 10: Average number of disabled beneficiaries of residential and non-residential institutions for the disabled**

	2010	2011	2012	2013	2014	30 Sep 15
<b>In residential care centres, of which:</b>	<b>17,036</b>	<b>17,173</b>	<b>17,404</b>	<b>17,123</b>	<b>17,202</b>	<b>17,682</b>
Respite centres	30	29	25	25	23	24
Crisis centres	16	12	17	19	16	10
<b>In non-residential centres, of which:</b>	<b>2,119</b>	<b>2,419</b>	<b>2,064</b>	<b>1,669</b>	<b>2,673</b>	<b>2,040</b>
Day centres	517	527	804	687	982	711
Occupational centres	26	21	56	60	49	49
Neuro-motor recovery centres	1,270	1,503	949	825	1,504	1,161
Mobile teams	163	146				
In-home services	73	61	104	34	46	41
Psychosocial counselling centres	25	161	151	63	92	78
Recovery and social integration centres	45					
<b>Proportion of disabled living in the family benefiting from day-care services</b>	<b>0.32%</b>	<b>0.36%</b>	<b>0.30%</b>	<b>0.24%</b>	<b>0.37%</b>	<b>0.28%</b>

Data source: MLSPFE, Statistical Bulletin, Social Assistance,

<http://www.mmuncii.ro/j33/index.php/ro/transparenta/statistici/buletin-statistic>

**Table 11: Number of beneficiaries of in-home medical and palliative care services**

	2012	2013	2014
<b>Number of beneficiaries of in-home medical services</b>	<b>17,160</b>	<b>30,180</b>	<b>44,414</b>
Number of corresponding services – medical in-home care	4,066,322	4,841,691	5,324,296
<b>Number of beneficiaries of in-home palliative services</b>	<b>74</b>	<b>180</b>	<b>208</b>
Number of corresponding services – palliative care	16,997	26,049	26,049
<b>Total number of beneficiaries</b>	<b>17,234</b>	<b>30,360</b>	<b>44,622</b>
<b>Total number of services provided</b>	<b>4,083,319</b>	<b>4,867,740</b>	<b>5,350,345</b>

Data source: National Health Insurance Fund, <http://www.cnas.ro/category/rapoarte-i-situatii.html>



