

Questionnaire: Romania

1. **There needs to be a careful balance between collective and individual arrangements and responsibilities, which is not easy to achieve. Individuals can be involved in collective arrangements (through co-payments; or personal budgets) while local authorities can help people to cope independently with long-term care.**

- 1.1 *Is collective funding of long-term care in your country a part of the fiscal taxation or a part of the obligatory care-insurance or both?*

Long term care services are financed from the state budget and local communities' budgets; we do not have an insurance scheme.

The beneficiary person or his/her family, according with their income, must pay a personal contribution. Only the disabled persons with a high degree of handicap or single persons with low income have no obligation for co-payment.

- 1.2 *Is long-term care the same for everybody (packet / content; cost) or does a possibility exist that someone receives (after assessment) a "better" or "more luxurious" packet of long term care by paying a higher or additional premium?*

- in public system, services are delivered at the same level;
- there are private hostels or nursing homes where these kind of arrangements could be possible.

- 1.3 *Referring to the system of objective assessment / indication of long-term care: is it common practice to take personal characteristics into account, like age, personal income and / or wealth, to belong to and behave (or not) as a part of a social network of family / friends / neighbours?*

- yes, for the assessment of the persons' situation, it is a basic rule to identify the social needs of the person and other individual characteristics.

2. Clear boundaries need to be drawn between long-term care and related schemes like subsidised housing or home-help, so that people are aware of what services they are entitled to and how this is decided.

2.1 *Are residential or living arrangements part of long-term care, (a) in the current legal / financial system and / or (b) in the practice of care delivery?*

- Long-term care is not related to housing arrangements; In Romania, long term care is defined as socio-medical services provided for persons in situation of dependency , in order to help them to accomplish the daily living activities; these services are delivered at home, in day centres or residential institutions.

2.2 *Is medical treatment (“cure”) part of long-term care, (a) in the current legal / financial system and / or (b) in the practice of care delivery?*

Partially

a) the legislation which regulates long term care is part of the social protection system, not of the health system;

b)

- medical treatment can be part of long term care and usually cover assisted delivery of medicines for elderly persons and surveillance of a physician for persons with mental disabilities;
- medical treatment for acute diseases or for the majority of chronic diseases is not considered as part of long term care ; the health insurance system has a program of domiciliary care which includes medical care acts only and it is provided for persons after hospitalisation.

2.3 *Is there a separation between residential (intramural) care and ambulant (extramural) care concerning (a) the current legal / financial system and / or (b) the actual organisation of the care system?*

a) residential and home care (typology of services, rules of organisation and administration and financial aspects) are regulated by different laws addressed to persons with disabilities and elderly persons; long term care services are delivered at home, in day centres and in residential homes

b) partially: different authorities or institutions have responsibilities in managing long term care: for example, for elderly persons, each local authority (town hall) has the responsibility to organise, to finance and to provide domiciliary and residential care; for persons with disabilities, the county authorities realise the individual assessment and establish the right for appropriate care services; in the same time they organise and finance the residential care, domiciliary care being provided by a personal assistant - formal carer employed by the town halls.

2.4 *Do you observe (or expect) that clear boundaries between long-term care and related schemes will improve or complicate an integrated and client-oriented approach (traject management, case management, chain management)?*

- difficult to say; depends of the type of boundaries. If we take into consideration the given examples (of management), I think that, for an integrated approach, we need to remove or eliminate these boundaries.

3. Qualified personnel are as important as funding being available, while balancing supply and demand needs to take account of demographic and, labour market factors.

3.1 *Is the availability of sufficient personnel a worrisome item for long-term care, (a) now and (b) in the coming decennia?*

- a) In Romania, we have now a real problem related to the availability of experienced personnel, especially carers. Also, the number of young people specialized in social work can cover the needs of public social services at county level at least, but the lack of professionals continue to be registered in this area, due to the small wages comparing with other available jobs
- b) For the future, we must rapidly identify the best solutions to solve the needs of long term care system; I think that the policy makers continue to hope that long-term care can be delivered by relatives or is the duty of family members only.

3.2 *Do you expect that long term care, as a branch, will be able to compete with other branches in terms of a tight labour market? Do you expect that branches within the public sector (like education) will challenge long-term care in this respect in the future or do you expect more competition from the side of trade and industry branches?*

I think that long term care has to be considered a special branch and it will be necessary to revise its importance on labour market; a real competition within the public services market will appear for sure due to the battle for the public finances. In the same time, in Romania we need much more time for setting up the private care services. Therefore, the persons entitled to receive long term care are considered beneficiaries and not clients.

3.3 *Are there programmes or initiatives to make schooling and training of future personnel in long-term care enough attractive and large-scale so that sufficient supply of personnel can be guaranteed in the future?*

No.