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CHANGES UNDER PRESSURE: MAPPING RECENT DEVELOPMENTS IN LONG-TERM CARE POLICY*

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Abstract

Social, economic, and technological challenges have imposed transformations of the long-term care services in order to improve the system efficiency, the quality of services and the satisfaction of beneficiaries. The article aims to provide a review of the policy reforms and performance of the long-term care system in Romania. To support the effects of these transformations, a review of the scientific literature was conducted. We then highlighted characteristics of the current long-term care system that are evolving in response to the changing social and economic environment. Several issues related to the public financing, labor force, quality assurance, and unmet needs are discussed.

The analysis suggests that evaluation of the long-term care system in terms of sustainability, health and quality of life of beneficiaries and their families impose a good coverage with long-term care quality services. Policy makers should ensure adequate collection of data to substantiate further policy measures, as well as full implementation of the long-term care policy.

Keywords: long-term care system, policy reform, system performance.

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1. Introduction

Long-term care is a sector that receives a lot of attention at the European level in the context of the demographic transformations of the last decades, due to the complexity of the services provided under this name, but also due to the importance and implications at societal and individual levels. Schulmann and Leichsenring (2014) understand long-term care as an emerging component of social protection, in a continuous change and transformation. Long-term care (LTC) is a set of services and assistance that is provided to those people who, as a result of mental and/or physical frailty and/or disability, require daily help over a long period of time (Social Protection Committee and European Commission, 2014; Pavolini, 2021). Long-term care comprises a set of services at the interface between medical and social care and between formal and informal care (Leichsenring, Billings and Nies, 2013). However, there are also authors who consider long-term care as an 'invisible social welfare scheme', since, in most European countries, the financing and provision of LTC services involve the health and social assistance sector and, in addition, is based on a high proportion on informal care (Bouget, Saraceno and Spasova, 2017, p. 156).

The challenges and concerns at the European level consider aspects regarding sustainable financing and the management of the services provided, the protection and support for informal carers, the quality of the services provided, the labor force within the LTC service system, increasing the access to LTC services, and reducing the inequalities between different groups of vulnerable people who require long-term care (Spasova, Baeten and Vanhercke, 2018).

Long-term care has also been imposed in the national social policy of the last decade as a set of services (social and medical) and benefits intended to support those categories of the population that need complex assistance, over a long period of time. There were continuous concerns among policymakers and different stakeholders for the development of policies and strategies in the field of long-term care in Romania.

The article provides a first insight into recent policy changes in long-term care and examines to what extent the intended results of the Romanian long-term care public services provision in recent years have been achieved. The study begins with a literature review of major social transformations that imposed changes in the long-term care services architecture and provision. A mixed methodology is used to describe the main characteristics of long-term care policy and, additionally, the study analyses the performance of the national long-term care system. This article contributes to the literature by offering an overview of Romania's pathway in defining a LTC system, thus contributing to the debate on how specific cultural, social, and economic characteristics shape the LTC policies.

2. Literature review

Against the backdrop of demographic, political, and economic changes, the manifestation of profound societal transformations, long-term care has gained importance for beneficiaries and their families and has reached the agenda of policy decision-makers. In recent decades, a series of transformations had a significant impact on the long-term care sector at

the European and national levels:

- demographic decline;
- changes in the family structure and the increased participation of women in the labor market;
- lack of skilled labor in the health and social care sector; and
- technological transformations.

2.1. Demographic decline

Demographic aging is a phenomenon to which most European states have not yet managed to find effective and sustainable solutions in recent decades. In the case of Romania, the negative natural increase, together with the intense migration of younger persons since 1990, but also the economic difficulties generated by the transition from a centralized to a market economy, have constantly led to a decrease in population. At the same time, the population structure during the last decade shows increases in the older population (+ 463,972 people in 2022 compared to 2012) and significant decreases in the working-age population (15–64 years), respectively with 1,422,287 fewer people in 2022 compared to 2012 (Eurostat, 2023). The median age of the population at national level has increased from 40.2 years in 2012 to 43.5 years in 2022 (Eurostat, 2023). This means that half of the country's population was 43.5 years old in 2022, while the other half was younger. The largest increase in the median age is recorded in the case of women: an increase of 3.5 years in 2022 compared to 2012.

The decrease in the birth rate and the increase in life expectancy led to the phenomenon of population aging with major consequences on the growing need for social services for older persons who have become dependent on permanent care. At the same time, the growth of the older population leads to an increase in vulnerability. Rethinking the social assistance system considering the new conditions becomes a necessity at the national and organizational level, and the long-term sustainability of the social assistance system will depend on the demographic evolution and the aspects related to the management of social and socio-medical services.

2.2. Changes in the family structure and the increased participation of women in the labor market

Caring for an older person involves taking on daily tasks and significantly changing the pace of life for the caregiver (Moral-Fernández *et al*., 2018), spending additional time to perform these tasks and consequently reducing the availability for professional tasks (Bittman, Hill and Thomson, 2007; OECD, 2011).

Romania is among the countries with an increased demand for care provided either in the residential system or at home, due to the demographic aging phenomenon (Ghența *et al.*, 2020; Iossifova, 2020). As a series of studies emphasize (OECD, 2011), the role of caregiver in the family falls to the woman, with a series of negative consequences in terms of employment and achieving a balance between professional and family life (Wolfgang and Saraceno, 2009; Da Roit and Naldini, 2010; Bauer and Sousa-Poza, 2015). Encouraging

women to have an active role in the labor market generates difficulties within the family, due to the obstacles to cover care needs of older family members. In many cases, the responsibility of care falls on the family member who has lower earnings from employment (Bauer and Sousa-Poza, 2015), a situation in which women usually find themselves. Mixed research has highlighted the existence of a conflict between caring and professional tasks and negative consequences on the personal and professional life of the person who provides care (Ghenţa, 2015).

2.3. Lack of skilled labor in the health and social care sector

The lack of the labor force in health and social assistance has a negative impact on the quality of life of those who need care (Tessier, De Wulf and Momose, 2022; Zimmer, Penboon and Jampaklay, 2022). The provision of long-term care services is inextricably linked to people, and from this perspective, social workers, and professionals within social organizations, have a particularly important role. The shortage of labor, as a result of several factors (lack of attractiveness of work, low prestige of the profession, labor migration, etc.) is felt at the level of all European states, but especially by the countries with limited resources for this field or where there are still coordination difficulties between the agencies involved or ineffective solutions to societal challenges (Tessier, De Wulf and Momose, 2022). At the national level, the attractiveness of the health and social assistance sector remains low: the vacancy rate in the field was permanently higher than that recorded for all economic activities (between 2012 and 2022). The lack of attractiveness of the field, but also the labor migration of workers has generated a shortage of labor in the social and healthcare sector (Vlădescu *et al*., 2016; Pop, 2019).

2.4. Technological transformations

According to Payne and Askeland (2012), the use of digital technologies in social work is inevitable and indispensable. The effects of the proliferation of digital technologies in social care and long-term care are different from the perspective of long-term care recipients and their families, as well as professionals. Most often, recipients of LTC services and their families use the information available online to inform/clarify or to obtain an online consultation. Digital technologies allow people with long-term care needs to remain at home, while a range of health information and data is collected and made available to professionals to track the progress of the beneficiaries' health. At the same time, digital technologies facilitate access to medical consultations for those categories of people who live in isolated, hard-to-reach areas. For people caring for a person with long-term care needs, digital technologies and access to online resources could provide the necessary support to manage the difficulties of fulfilling caregiving responsibilities by providing access to support groups or online counseling.

For professionals in the field, digital technologies allow the remote monitoring of people with long-term care needs, the remote consultation of people who cannot move or live in isolated areas, coordination of care between different socio-medical service providers, and the creation of electronic files of the beneficiaries (Kottek, Stafford and Spetz, 2017).

3. Methodology

The article provides insight into recent policy changes in long-term care and examines to what extent the intended results of the Romanian long-term care provisions in recent years have been achieved. More specifically, the article addresses the following research questions: 1. What are the characteristics of the LTC policy in Romania?, and 2. Which are the main challenges of long-term care in Romania?

The study uses a two-step quantitative approach to answer these research questions, namely the document analysis method to examine a variety of documents (e.g., legal documents, reports, scientific articles, etc.) to gain knowledge (Bowen, 2009; Merriam and Tisdell, 2016; Morgan, 2022), followed by a secondary data analysis to complement the knowledge gained through document analysis.

First, we conducted a review of the latest policy changes in the field of long-term care supported by a literature review on the evolution of LTC policy, drivers, and major effects in Romania. Then we presented the characteristics of the actual LTC system, in terms of priorities, objectives, governance, finance, beneficiaries, and quality of services. This study drew extensively on Romanian legal and governmental documents, data derived from several databases (Mutual Information System on Social Protection – MISSOC, Eurostat, National Institute of Statistics – INS), as well as administrative data (Ministry of Labor and Social Solidarity – MMSS, The National House for Health Insurance), to substantiate the analysis of performance achievements of the national long-term care system.

The document analysis implied three methodological steps: identification of documents, selection, and review. Selected documents and data analyzed are presented in Table 1.

Table 1: Sampling and data analyzed for document analysis

Documents selected	Data analyzed
National strategies (The National Strategy Regarding Social Inclusion and Poverty Reduction for the period 2022–2027; The National Strategy on Long-term Care and Active Aging for the period 2023–2030; The Multiannual Strategy for the Development of Human Resources in Health 2022–2030; The National Strategy regarding the Rights of Persons with Disabilities 'A Fair Romania' 2022–2027)	Legal provisions related to the evolution of the long-term care system and to the overall characteristics of the LTC system Data that supported changes in the legal provisions
Laws and governmental decisions in the field of LTC (Law no. 292/2011 of social assistance; Law no. 177/2019 for the amendment and completion of Law no. 197/2012 regarding quality assurance in the field of social services; Law no. 17/2000 on social assistance for older people; Government Decision no. 259/2023 on the national grid for assessing the needs of older persons)	Estimated impact of policy measures
European strategies (A European Care Strategy for Caregivers and Care Receivers)	Major trends in long-term care provision
European reports related to long-term care services	Data that supported changes in the national legal provisions
Annual reports of the MMSS in the field of social assistance	Statistical data to describe the national context

Source: Authors' development

Secondary data analysis is based on INS, Eurostat, and administrative data (2013/2014 – the latest year available) and data from the European Quality of Life Survey – EQLS (2016). EQLS is a survey that captures the quality of life in multiple dimensions at the European level: quality of life, quality of society, and public services, and provides valuable input regarding perceptions of citizens concerning the main public services in European countries. Indicators cover aspects related to accessibility, availability and use of services, and quality of care (Table 2).

Table 2: Long-term care indicators

General indicators	Source
Long-term care (health) expenditure as a percentage of GDP	Eurostat 2013 – Last available year
Life expectancy	National Institute of Statistics 2013 and 2021
Healthy life expectancy at 65	National Institute of Statistics 2013 and 2021
Employment in health and social assistance (15–64)	National Institute of Statistics 2013–2021
Nursing and caring professionals	Eurostat 2013 – Last available year
Long-term care beds per 100,000 inhabitants	Eurostat 2013 – Last available year
Contracts with specialized providers of medical care services	The National House for Health Insurance
Self-reported use of home care services	Eurostat 2014 and 2019
Self-reported unmet needs for health care	Eurostat 2014 and 2019
Cost difficulty in long-term care	EQLS 2016

Source: Authors' development

4. Results and discussions

4.1. Long-term care reforms

Romania is one of the member countries of the European Union that has implemented a series of reforms in the field of social assistance in order to align with the specific standards of the Western European countries' welfare state concepts (Hacker, 2009). As some authors point out (Schulman and Leichsenring, 2014), the economic, social, cultural, and political profile, together with the national traditions shape the basic principles, architecture, and characteristics of care systems.

Against the background of developments and trends at the European level, the national social assistance reform in 2011 changed the general framework of coordination, organization, operation, and financing of the national social assistance system (benefits and social services). Within the social services component, the legislation established that their purpose is to ensure the coverage of social needs, overcoming certain situations of vulnerability, increasing the quality of life, preventing, and combating social exclusion, for people in a difficult situation. Another aspect of the 2011 reform was the definition of concepts that were already used at the European level in the field of social services. Within

this reform, child and family social assistance, disabled people, and older people were regulated separately.

At the time of the 2011 reform, long-term care was defined as the type of care and support provided to a person in need for a period longer than 60 days, in order to carry out the basic and instrumental activities of daily life. Therefore, initially, long-term care was approached from a social assistance perspective, being conditioned by: (1) the existence of a vulnerability in the form of a disease, a disability, etc. which makes the person, regardless of age, unable to carry out a series of daily basic or instrumental activities alone; (2) the length of time the person is in this impossibility.

Once the need for long-term care is established, the legal norm also recognizes the right to social or socio-medical services (provided either at home, in the community, or in residential centers). At the same time, the legislation in the field of social assistance also defined a series of concepts such as informal caregiver, formal caregiver, individualized assistance and care plan, case management, etc. Changes were made to the related legislation regarding the types of social services, the framework regulations for the organization and operation of different types of social services, the accreditation of social services providers and the licensing of social services. Regarding older persons, the normative framework had previously established the responsibility for the provision of social services, the types of community services, the criteria for awarding them, and the methodology to assess the need for social services.

In relation to the interest shown at the European level regarding the quality of social services, Romania implemented the first measures in 2003. Two years later, general quality requirements were established for social services, mandatory for all providers, regardless of the ownership. Minimum quality standards were defined for different categories of social services, their efficiency being the subject of subsequent changes (2019).

In 2015, the first strategic document was adopted and it set concrete objectives and measures to establish a LTC system at the national level. The national strategy on active aging in the field of social services (2015) included a strategic objective dedicated to achieving greater independence and security for people with long-term care needs, as well as the creation of a unified long-term care system. The concrete components of the LTC system as set in the 2015 strategy referred to: (1) the creation of organizational structures to support the development of the LTC system, the identification of LTC needs at the national level, (2) the training of professionals (including in the field of social services management), (3) the design of mechanisms for the fair allocation of transfers from the state budget to local budgets, (4) the improvement of working conditions within the system, increasing the attractiveness of the sector, and (5) the development of support mechanisms for informal caregivers.

As part of the reform, a department of policies and programs in the field of long-term care was established with the role of regulation, coordination, planning, and methodological guidance of providers of long-term personal care services, a series of programs of national interest were initiated on community services at home, training programs for social

workers, case managers, informal caregivers, and volunteers, the employment of social workers in marginalized communities, procedures, methodologies and tools for the integrated provision of community services were developed, including the development of online applications for conducting social surveys and reporting indicators (MMSS, 2019).

4.2. Characteristics of long-term care services for older people at the national level

Within the Romanian social protection system, long-term care is covered by schemes specific to social assistance and medical assistance. This type of care is under double legal coordination, in terms of policies developed and applied methodologies: on the one hand, The Ministry of Labor and Social Solidarity covers the part of social assistance, and on the other hand, the Ministry of Health covers the medical part of long-term care. Long-term care is defined as the care provided to a person for a period of more than 60 days, in terms of support to carry out basic and instrumental activities of daily living. Beneficiaries of long-term care services are people with disabilities or elderly dependents (people who have reached the standard retirement age and need care) (MISSOC, 2023).

The current priorities of the long-term care system have been defined by a series of public policy documents such as the 'National strategy on social inclusion and poverty reduction for the period 2022–2027' (2022), the 'National health strategy 2022–2030' (2022), 'The multiannual plan for the development of human resources in health 2022–2030', the 'National strategy regarding the rights of persons with disabilities 'A fair Romania' 2022–2027' (2022), and the 'National strategy regarding long-term care and active aging for the period 2023–2030' (2022). The adopted public policy documents are a consequence of the constant concerns of the MMSS towards the development and establishment of a LTC system at the national level. The vision of this sector and the principles that guide the services provided within the system take into account concepts widely circulated at the European level: person-centered care, prevention of functional decline, respect for autonomy and freedom of decision, a continuous adaptation of LTC services to the needs of the elderly, the promotion of community and home care, financing according to the principle 'the financing follows the beneficiary', and the financial sustainability of the system.

The current objectives of the national LTC system for the elderly (as set in the National strategy on long-term care and active aging for the period 2023–2030) concern the services provided (consolidation of the management of LTC services for the elderly, ensuring the necessary services, continuous improvement of the quality of services), the financial resources (ensuring long term financial sustainability), formal and informal employment in the LTC services, promotion of active and dignified social participation of older persons within society.

The services provided within the system could be LTC services at home, in a residential system, in day centers, or in the community. Home-based LTC services can be formal (provided by public or private providers of such services or professional personal assistants or personal carers) or informal (care provided by family members, and friends). In

the case of the disabled person, the professional personal assistant ensures the supervision, assistance, and accompaniment of severely disabled persons, based on the recovery plan for children or the individual service plan for adults, as long as necessary. Social, medical, and socio-medical services are provided for the elderly. Medical services are limited to 90 days per year according to the rules of the Single National Health Insurance Fund (MISSOC, 2023). The professional personal assistant provides at home all the activities and services according to the individual employment contract, the job description, and the individual service plan for severely disabled adults. People with disabilities also have the opportunity to benefit from social services integrated with medical, educational, housing, employment, etc., within the day centers (MISSOC, 2023). Elderly people benefit from services provided in daycare centers.

Residential services can be provided in residential centers, recovery and rehabilitation centers, sheltered housing (persons with disabilities), residential centers that provide social, socio-medical, and medical services for a period of more than 24 hours, or sheltered housing (persons aged) (MMSS, 2023).

Financing of the long-term care system is different depending on the types of services provided. Long-term care social services are financed from local county budgets and the state budget and are evaluated and accredited by MMSS. Elderly people who have their own income must pay a monthly charge for care based on the type of services provided and the person's income, without exceeding the cost set at the local level (MISSOC, 2023).

The provision of long-term care services depends on the degree of dependency of the disabled person (severe disability) or the elderly person (minimum level of dependency level III B) (MISSOC, 2023).

Freedom of decision of the person with long-term care needs is recognized (MISSOC, 2023) and informal carers enjoy several rights: in the case of people with disabilities, the personal assistant (includes, among others, relatives and spouses) and the qualified personal assistant have employment contracts, being therefore covered for various risks, while in the case of elderly people, informal caregivers have the right to support services, compensation for reduced working time, counseling services, respite services, care leave, and reduced or part-time monthly work schedule.

In 2019, quality standards of long-term care services were adopted and compliance with these standards is a component of the monitoring, evaluation, and control activity in terms of social services. Currently, the legislation stipulates that the accreditation of social service providers and the licensing of social services are components of quality assurance in social services and presuppose the verification of compliance with quality criteria and standards (Law no. 292/2011). Aspects related to quality, quality assurance, and minimum quality standards for categories of social services remain problematic and give rise to debates and diverse opinions among social service providers and practitioners (Matei *et al*., 2019; Ghența *et al*., 2020).

Other studies (Ghența *et al.*, 2020) carried out among dependent older persons highlight similar opinions regarding the degree of satisfaction in relation to the services received

and the quality of care. The EQLS data (2016) highlights a rather small percentage of people who consider that covering the level of costs associated with LTC is difficult – 21.4%. Over a third of respondents from rural areas and only 13.3% of those from urban areas believe that covering the costs associated with LTC is very difficult. About half (42.1%) of respondents aged 65 years and over believe it is very difficult to cover the costs of long-term care. 12.6% of respondents participating in the EQLS survey (2016) consider corruption to be a common issue in the delivery of services available in the area where they live. Against the background of the challenges within the system, these indicate the need for further studies among the beneficiaries of such services, to see to what extent the responses are the result of a lack of knowledge regarding the rights recognized by legislation and their exercise among the beneficiaries and their family members.

4.3. LTC system performance

The data on the performance of long-term care services are very limited (WHO, 2020). There is a shortage of data collected on beneficiary satisfaction and experience with long-term care providers. The present analysis considers a performance objective defined by the authors, namely to evaluate the public long-term care system in terms of sustainability and improving the health and quality of life of beneficiaries and their families through good coverage with quality LTC services.

Spending on LTC has grown from 0.22% of GDP in 2013 to 0.33% of GDP in 2021. The life expectancy at birth of Romanians or the average length of life (defined as the average number of years a newborn has to live, if he would live the rest of his life under the conditions of mortality by age from the reference period of the mortality table) was 71.5 years for men and 78.91 years for women (2021), according to INS data, the average length of life was longer in urban areas (72.8 years for men, 79.67 years for women) than in rural areas (69.92 years for men, 77.9 years for women). If we refer to the healthy life expectancy indicator at 65 years and over, the values indicate 5.7 years of healthy life for men and 6 years of healthy life for women. Therefore, the underdeveloped long-term care system is under constant and lasting pressure.

In Romania, the primary responsibility for long-term care remains with local authorities, but the reality shows that there is neither the financial capacity nor the organizational capacity needed at this highly decentralized level, at least not consistently throughout the country, to cover long-term care needs. A sharing of funding sources between the state budget and the budget of local authorities is necessary, methodological coordination and funding at the national level should support local efforts that are essential for the development of the LTC system. The care provided within the sector still remains a predominantly female occupation (Figure 1).

Regarding informal care, women are considered the main care providers, according to studies in the field (Ghenţa, 2015; Matei and Ghenţa, 2017). In 2016, a study carried out among social and socio-medical providers of LTC services (with and without accommodation) for older persons, showed that most of the specialized staff employed at the level

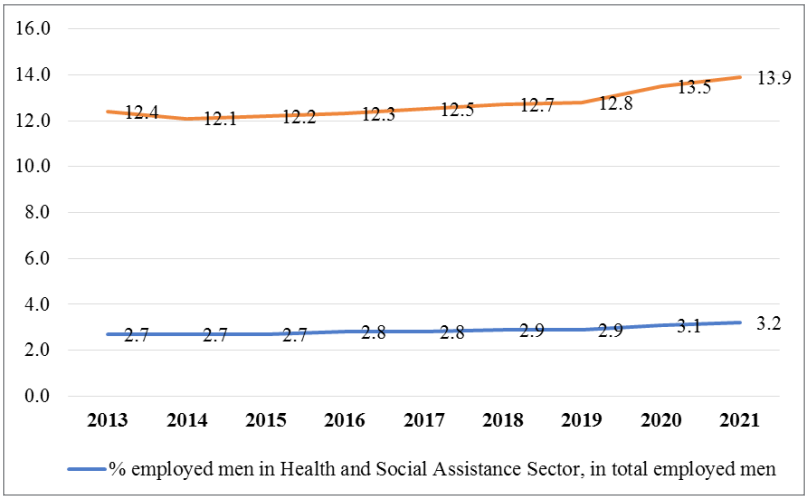

Figure 1: Evolution of the share of the employed population by gender (15–64 years) in the Health and Social Assistance sector, 2013–2021, Romania

Source: INS, Tempo-online, (FOM104G)

of social service providers with accommodation was represented by women (88.7%), and half of the total staff employed in accommodation services were aged 45 years and over (50.1%). The study collected information regarding the number of job vacancies and the distribution of occupations/specialized functions for the care and assistance of beneficiaries. The occupations of nurse, social worker, general medical assistant, psychologist, and physiotherapist were among the most nominated by the field research participants (INCSMPS, 2016).

LTC jobs have become more attractive since 2018, after the changes adopted in 2017 in the field of salary legislation. But only doctors' and medical staff's wages were increased at a faster rate. Salaries of non-medical personal care staff or other workers in the socio-medical sector continued to remain low. While Romania has implemented some policies to recruit and retain personnel in the LTC system (free training programs, special financial incentives for filling/maintaining jobs in the sector, stimulating part-time and voluntary work contracts), earnings are still too low to compete with Western European states, and a solid motivation for labor migration with these specializations outside the country exists.

In response to the growing need for home personal care, especially in rural areas, the number of nurses, midwives, medical assistants, and home personal care workers, per hundred thousand inhabitants, increased between 2013-2020 from 916.09 personnel of this type per hundred thousand inhabitants, to 1,171.40 personnel per hundred thousand inhabitants (Figure 2).

The number of beds intended for long-term care in medical care units and residential centers per thousand inhabitants increased from 198.59 in 2017 to 211.84 in 2020. If in 2013 there were 27,301 beds for long-term care in medical care units and other residential

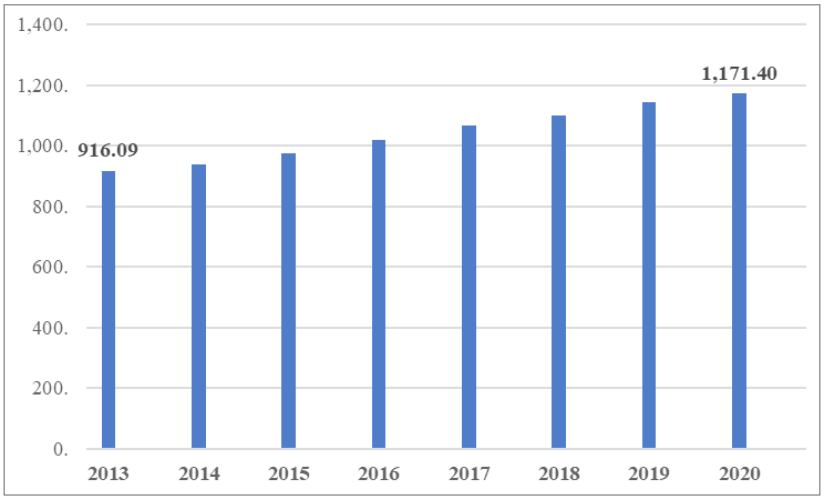

Figure 2: Evolution of the number of nurses, midwives, medical assistants, and personal care workers at home, per hundred thousand inhabitants, 2013–2020, Romania

Source: Eurostat historical data (1980–2021), (HLTH_RS_PRSNS__custom_1758367)

institutions for LTC, in 2021, an increase of almost 70% could be observed in the number of beds for LTC (Figure 3).

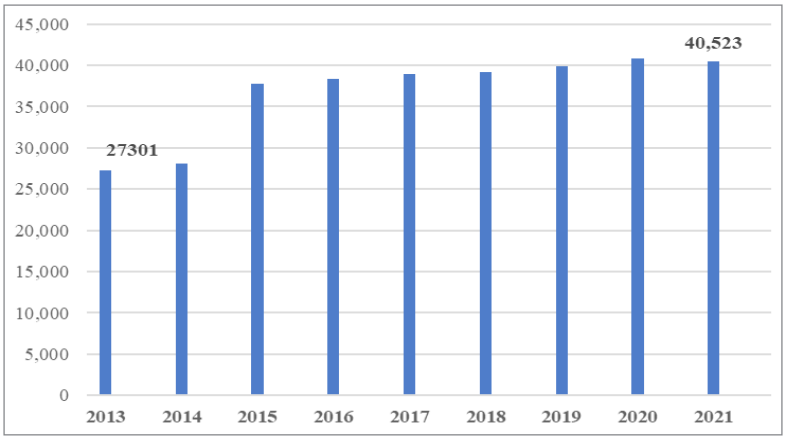

Figure 3: Evolution of the number of beds for long-term care, in medical care units and other residential institutions, 2013–2021, Romania

Source: Eurostat, (HLTH_RS_BDLTC)

The provision of long-term care services represents a challenge especially for the medical system in Romania, through the lens of supporting services capable of coping with the pressures and the increasingly accentuated process of population aging. Dysfunctions at system level were reflected in the decrease of the number of contracts concluded with

specialized providers of palliative and medical care services at home, as well as of those concluded with providers of home health care services, after 2013 (Table 3).

Table 3: Number of contracts concluded with providers of home/palliative care services, 2013 and 2022, Romania

Type of contract	2013	2022
Home health care	362	186
Palliative care	2	3
Palliative and medical care at home	5	–

Source: Annual activity reports National Health Insurance House (2023)

The use of home care services, self-reported by people in need of LTC services, decreased in 2019 compared to 2014 for all three types of activity limitation (Table 4). The activity limitation of an individual is operationalized by using the global activity limitation indicator that measures the observed difficulty in conducting activities (personal care and household activities) because of one or more health problems. The indicator considers only limitations that lasted for at least the past six months and there are several levels used to measure the activity limitation, respectively severe, moderate, limited (including severe and moderate), or none (Eurostat, 2024). The deficit of home care services may represent the cause of this decrease, a stimulation of the development of the sector being necessary.

Table 4: Self-reported use of home care services by level of activity limitation (%), 2014 and 2019, Romania

Level of activity limitation	2014	2019
Moderate	3.5	1.6
Severe	17.5	12
Moderately severe	6.4	4.2
None	0.5	–

Source: Eurostat, (HLTH_EHIS_AM7D)

If we look at the reasons underlying uncovered home health care needs by activity limitation level, all three types of reasons have seen increases in 2019 compared to 2014, with the most important percentage increase coming from the area of non-coverage with services (people are still on the waiting list) (Table 5).

Table 5: Reasons for uncovered care needs (%), among people with some limitations or severe limitations, 2014 and 2019, Romania

Reason	2014	2019
Financial reasons	23.8	27.9
Distance or transport	4.5	5.2
Waiting list	5.3	10.2

Source: Eurostat, (HLTH_EHIS_UN1D__custom_7279870)

For the residential system, waiting lists are also a reason for limited usage of LTC services, and a study conducted among providers of LTC services in 2018, indicated 5,447 pending applications at the level of nursing homes (Matei, Ghența and Mladen-Macovei, 2019).

5. Conclusions

The paper's objective was to present the recent policy changes in long-term care and examine the performance of long-term care provisions in recent years. Long-term care has been established in the national social policy as a set of services (social and medical) and benefits intended to support those people who need complex assistance. Currently, there is a continuous concern for the development of policies and strategies in the field of long-term care in Romania. A series of transformations have had a significant impact on the long-term care sector at the European and national level, in recent decades, such as the demographic decline, the change in the family structure, and the increased participation of women in the labor market, as well as the lack of skilled workers in the health and social care sector.

The evolution taking place in recent years indicates the need for closer and more efficient collaboration between the central level (responsible for setting the legal framework and social policies) and the local level (responsible for the provision of services to the population with long-term care needs). The difficulties faced by local authorities in providing LTC services concern not only the limited human and financial resources but especially those related to ensuring adequate quality and performance of services. Nevertheless, these difficulties highlight the lack of proper mechanisms to guarantee the rights recognized to people with long-term care needs, by the legal framework.

Monitoring the quality and performance in the social field remains insufficiently understood, which generates serious dysfunctionalities for beneficiaries. On the one hand, quality and quality assurance in LTC services are related to compliance with the minimum quality standards. Therefore, the involvement of beneficiaries and their families in the performance and quality assessments is minimal, mainly through general satisfaction questionnaires regarding the services received or involvement of older beneficiaries in certain activities (e.g., meal preparation, especially in the case of residential centers) (INCSMPS, 2014). Consequently, quality becomes a bureaucratic matter whose achievement is formally ensured by the LTC providers and by the authorities with responsibilities in monitoring and controlling LTC services' compliance with specific legal regulations in the field of social assistance.

The quality of the available LTC services remains reduced despite a high level of satisfaction reported by social services providers (Ghența *et al*., 2020), considering that the assessment process is not the result of a partnership (between beneficiaries/family members and providers) in the evaluation of what is provided, but rather a relationship in which one side (the beneficiary) uses and rates a service that was previously designed by the provider. This approach, in some cases, led to dysfunctions, abuses, and maltreatment of

beneficiaries and continuous violations of the legislation in the field of LTC services and aspects regarding the quality and performance of LTC services.

Following public disclosure of abuse committed against beneficiaries of LTC services, the national debate raised awareness regarding the effectiveness of monitoring and control of quality in different LTC settings across the country based on current minimum quality standards in social services, the role and responsibilities of authorities/agencies and public/private providers, and last but not least of family members. Most often, LTC providers claim bureaucratic regulations and lack of financial resources, while authorities (central and local) point to insufficient human and financial resources.

On the other hand, the performance of the system is difficult to assess because of data limitations regarding long-term coverage with services' needs and system outcomes.

At the European level, differences between countries are related to the level of regulation of the LTC system, types of services that fall under the long-term care schemes, quality assurance procedures, availability of services and coverage, and availability of quality indicators. In this regard, a few European countries have a definition of long-term care and Romania is among these countries (e.g., Portugal, Lithuania, Latvia, Italy, Germany, Denmark, Austria) (MISSOC, 2023). Although the quality of care is an aspect that can be found in all European policies regarding LTC (e.g., Germany, Austria), differences can be observed (European Commission, 2021). Romania and Bulgaria are among the countries that have definitions of quality in social services, even if the LTC services have limited coverage and unsatisfactory quality, being inadequate for the growing demand and needs for such services (Georgieva, Zahariev and Bogdanov, 2016; Ghența *et al*., 2020). The decentralized system through which LTC services are provided (e.g., in Romania, Bulgaria, Estonia, Denmark), may explain to some extent the insufficient coverage or discrepancies in quality. The lack of indicators to measure quality seems to be another characteristic of European countries. Some of the European countries (Denmark and Germany) use the quality of life of beneficiaries as an indicator of LTC quality, while other countries (e.g., Romania) do not have a set of indicators to measure quality in LTC services (European Commission, 2021; MISSOC, 2023).

We can conclude that currently the Romanian long-term care sector continues to be under-researched, with available data being fragmented, disparate, and irregular in collection. People from rural areas have greater difficulties in relation to covering the costs associated with LTC. The pressure on family members is high, especially for those aged 35–64 years old who are required to care for disabled or infirm family members under 75 years old or over 75 years old. The degree of coverage with licensed social services for the elderly remains at a low level in rural areas, although improvements from this point of view were registered in the period 2017–2022.

Further changes and improvements of social policies should be implemented to ensure adequate provision of services and sustainability of the system: (1) the development of quality standards to ensure adequate LTC services, (2) adequate human resources for the LTC sector (including enough support for informal caregivers), and (3) financial resources.

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