



Bridging the gender divide in
informal long-term care

Mapping the Gap Report

Romania Summary Report



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1. INTRODUCTION

Long-term care is a topic of interest for Romanian society, given the new demographic realities (ageing society), limited access to care services (in the case of children or adults with disabilities, older adults, children aged 0-3) and the policy focus on deinstitutionalisation of care services for older adults or people with disabilities. The aging process in Romania is taking place in a context of increased external migration, low birth rates, and increased life expectancy. Aging and increased life expectancy are accompanied by prolonged periods of frailty and dependence among older people.

Romania's welfare system remains characterised by structural underfunding, administrative fragmentation, and disparities in service provision, particularly between urban and rural areas (European Social Network, 2023; Petrescu and Lambriu, 2020). This has led to a strong reliance on family networks to provide care, financial support, and social protection. This is especially visible in areas such as elderly care, child-care, and support for people with disabilities where formal public services are either insufficient or inaccessible. Furthermore, a high degree of reliance on EU-funded projects for service development has raised concerns about sustainability and long-term institutional resilience.

In Romania, the family plays a central and often informal role in the welfare system, largely due to the legacy of the post-socialist welfare model and persistent gaps in state-provided social services (Preda, 2002). This "familistic" model is reinforced by cultural norms and policy design. For instance, care for the elderly is predominantly managed within families, with limited availability of public long-term care infrastructure (Ministry of Health, 2021; Petrescu, 2019; Ghenta, 2016).

The latest data from the European Quality of Life Survey (Eurofound, 2019) indicate that Romania has a score of 5.5 for the quality of long-term care services, below the EU average of 6.2 (Petrescu and Mihalache, 2020). At the same time, there is a growing shortage of staff in the care sector, limited development of home-based care services, and a high reliance on informal carers selected from family members.

As Eurofound's research (2020) shows, at EU level there is a gender gap in long-term care services, as more than 80% of the workforce is female, and an age gap, as around 40% of the long-term care workforce is over 50 years old. These percents are higher in case of informal long-term care services. The situation is similar in Romania, where most of the long-term care services are provided by informal carers for their family members. One of the main issues for long-term care services in Romania is related to the availability of informal carers as a result of emigration, many women providing these types of services in other EU countries (e.g. Austria, Germany, Italy, Spain, UK) (Eurocarers, n.d.; WorldBank 2022a; Sekulová and Rogoz, 2018).

Considering the increased care needs of older or people with disabilities, the shortage of staff in the care sector, the limited availability of home-based care services, and the migration of informal carers, most care services are provided by family members. In this context, the discussion on work-life balance is becoming more and more present due to the difficulties in combining work and care responsibilities.





2. METHODOLOGY

The methodology used for the collection of the data includes multiples methods to analyse the complexity of the gender gaps in long-term care, especially in caring for older adults, in Romania. The methods for data collection were desk review, policy analysis, secondary data analysis and co-creation workshops.

Policy analysis considered the European Directive on Work-Life Balance (**Directive (EU) 2019/1158**) and its transposition at the national level, as well as policies adopted at national level to regulate long-term care (e.g. laws, national strategies).

Secondary analysis of data related to the number of people with disabilities, long-term care services provided, informal carers were included in the Romanian report. The data are at national level and are provided by the Ministry of Labour or the National Authority for People with Disabilities.

Co-creation workshops were organised with informal carers (13 participants) and employers and managers, human resources personnel, HR specialists, and representatives of public authorities, social partners, and other relevant stakeholders (16 participants).

3. DESK RESEARCH RESULTS

3a. Work-Life Balance Directive and Employment Rights

In 2019, The European Parliament and the Council adopted **Directive (EU) 2019/1158 on work-life balance for parents and carers**, which establishes minimal requirements designed to achieve gender equality in the labour market, with respect to employment opportunities and treatment at work, and proposes to facilitate reconciliation of professional and personal life for workers who are parents or carers. The directive is a result of EU's concern with addressing the underrepresentation of women in the labour market and reflects its objective to promote a more equitable sharing of care responsibilities between men and women (European Union, 2019; European Commission, n.d.).

Member States were required to transpose the Directive into national law by August 2022, with an extended deadline until August 2024. Among the key measures introduced by the Directive, we mention the establishment of at least 10 working days of paternity leave, compensated at least at the level of sick pay; the strengthening of parental leave by making two out of four months non-transferable from one parent to another and subject to national compensation rules; the introduction of five days per year or carer's leave for workers who provide personal care or support to a relative or person living in the same household; and the extension of the right to request flexible working arrangements to all working parents of children up to at least 8 years old, as well as to all carers (European Parliament and Council of the European Union, 2019).

In Romania, the Directive was transposed into national legislation through **Law No. 283/2022**, which amended the Labour Code to include provisions on paternity leave, carer's leave, and flexible working arrangements (Government of Romania, 2022a). At the same time, the OUG No. 117/2022 introduces several changes regarding the paternity leave, amending the Law No. 2010/1999. (Government of Romania, 2022b)

- **Paternity leave:** Employer-paid paternity leave increased from five working days to 10 working days. Male employees who complete a child-care training (puericulture course) are entitled to five additional days of paid paternity leave. Through OUG no. 117/2022, the right to paternity leave is extended to other categories of workers, not just employees with standard labour contracts (including athletes with sports activity contracts, people with individual work arrangements, directors with mandate contracts, person with management contracts, public officials). At the same time, the dismissal of an employee in paternity leave is prohibited, except in cases of judicial reorganisation or bankruptcy (Government of Romania, 2022b).
- **Carer's leave:** The employee has the right to a maximum of 5 working days per calendar year to provide personal care or support to a relative up to the second degree inclusive (i.e. mother, father, child, spouse, sibling, grandparent, grandchild, mother-in-law, father-in-law) or person who lives in the same household and who requires substantial care or support due to a serious medical condition. Romania complies with the provisions of the Work-Life Balance Directive regarding the minimum duration of carer's leave and the fact that it is an individual right.
- **Family emergency leave:** As of October 2022, Romania has implemented provisions for "force majeure leave" in alignment with the Work-Life Balance Directive. In order to take care of urgent family matters, related to illnesses or accidents requiring the employee's immediate presence, the employee is entitled to a maximum of 10 working days per calendar year, paid by the employer.
- **Flexible working schedule:** Based on their personal needs, employees can request individualized working schedules for a short or a long period of time, agreed with the employer. These arrangements can include remote work, flexible schedule or part-time work. In the case of a refusal, the employer must communicate in writing the reasons behind its decision within 5 working days of receiving the request. With respect to flexible working arrangements, Law 241/2023 introduced a new article to the Labour Code, according to which employees with children up to 11 years old are entitled to 4 days per month of home/telework to care for them, provided their job does not require on-site presence. In families where both parents are employees, the parent requesting to work-from-home or telework must provide their employer with a declaration from the other parent stating that they have not made a similar request for the same period (Government of Romania, 2023a). Through the aforementioned laws, Romania aligns with the Work-Life Balance Directive.

Regarding **parental leave**, the Work-Life Balance Directive establishes a minimum duration of four months per parent. In order to encourage both parents to be involved in childcare, two out of the four months are non-transferable – they cannot be transferred to the other parent. Romania provides a very generous duration of parental leave: up to two years (or three years in the case of children with disabilities). Parental leave can be granted to any parent who has earned income for at least 12 months in the 2 years prior to the child's birth. As of 2023, Romania has amended the legislation to align with the Work-Life Balance Directive, the main change being the introduction of the two non-transferable months of parental leave for each parent. If one of the parents does not take the two months, that portion of leave is forfeited and cannot be transferred to the other parent. During the parental leave, the parents receive a monthly allowance. Although the Work-Life Balance Directive stipulates that Member States must ensure that workers have the right to request parental leave on a part-time basis or in alternating periods, Romania is one of the four EU countries that do not provide workers the

possibility to take parental leave in this manner: In Romania, the parental leave must be taken as a continuous block (European Commission, 2022).

The duration associated with these types of leaves counts towards the calculation of employee's length of service and is taken into account when calculating annual leave entitlement. Dismissal of employees during these leaves is prohibited, as well as any less favourable treatment applied to employees because they have benefited from any of these types of leave. The administrative fines for employers who do not comply with these rules range from 4,000 RON to 8,000 RON (approximately 800 – 1,600 euro).

Table 1. Transposition of the Work-Life Balance Directive in Romania: Comparative Table by Leave Type

Type of leave/ Right	WLB Directive	Romanian Legislation
Paternity leave	Minim of 10 working days at the birth of a child	<ul style="list-style-type: none"> - 10 working days, plus 5 additional days if a childcare course is completed - Extended to other categories of workers - Paid.
Carer's leave	Minimum of 5 days/year to care for a relative or household member.	<ul style="list-style-type: none"> - 5 days/year to care for a 2nd degree relative or household member, introduced via Law 283/2022. - Paid.
Leave for force majeure / family emergency leave	Right to time off for unforeseeable family emergencies.	<ul style="list-style-type: none"> - Up to 10 working days/year, introduced by Law 283/2022. - Paid.
Parental leave	Minimum 4 months per parent, 2 months non-transferable and paid.	<ul style="list-style-type: none"> - Up to 2 years (or 3 years for children with disabilities) - 2 months non-transferable (since 2023) - Paid.
Flexible working arrangements	Right to request flexible working arrangements for parents and carers.	<ul style="list-style-type: none"> - Employees can request flexible schedules (remote work, flexible schedule, part-time work). - Parents of children under 11 can request 4 telework days/month (Law 241/2023).

Source: Tabel created by the authors based on the European Union (2019), European Commission (2022), and national legislation (Government of Romania 2022a, 2022b, 2023a)

Romania's commitment to reducing gender disparities and enhancing women's participation on the labour market is also reflected in several strategies. The **National Strategy on Social Inclusion and Poverty Reduction 2022-2027** also includes measures aimed at supporting women's participation in the labour market and reducing gender disparities in informal care. The strategy calls for the development and diversification of social services that provide care for dependent persons, such as the elderly and children, in order to support work-life-balance, especially for women, who are often the primary caregivers in the family. At the same time, the strategy encourages the development of social entrepreneurship and the social economy, to create employment opportunities for women, including in personal care services (Ministry of Labour and Social Protection, 2021a).

Provision of better employment opportunities for women, along with reducing discrimination, is also an objective of the **National Strategy for Promoting Equal Opportunities and Treatment between Women and Men and for Preventing and Combating Domestic Violence for the period 2021–2027**, which aims to reduce the risk of poverty and social exclusion among women. One of the key focuses of the strategy is the provision of services for all active workers in order to achieve a better work-life balance, including



the development of childcare services (National Agency for Equal Opportunities between Women and Men, 2021).

The **National Strategy for Employment 2021–2027** aims to increase quality employment, in a sustainable manner by activating inactive persons (e.g. the unemployed, young people, including NEETs) and creating new opportunities. Under Specific Objective 1, Action Direction 4 – Reducing gender disparities in employment, the main measures include: (1) promoting atypical forms of employment (e.g. temporary work, part-time work) to allow for caregiving responsibilities for dependent persons, while supporting work-life balance; (2) providing support services for individuals who are the sole breadwinners in single parent families and/or individuals with children under the age of 12, especially those from rural areas; (3) providing support to employers to create spaces dedicated to the care of children of ante-preschool age, in order to support work-life balance for employed women (Ministry of Labour and Social Protection, 2021b).

The implementation and enforcement of rights related to paternity leave, parental leave, carer's leave, family emergency leave, and flexible working arrangements are supported by several national institutions, who play an essential role in ensuring compliance with labour legislation and aligning national practices with EU directives, particularly the Work-Life Balance Directive (2019/1158/EU). Among these institutions we mention:

- **The Labour Inspectorate** – the main institution responsible for supervising the enforcement of labour laws in Romania, operating under the authority of Ministry of Labour and Social Solidarity. The institution plays an essential role in monitoring the application of relevant legal acts, including Law no. 283/2022, OUG 117/2022, and Law no 241/2023. The Inspectorate conducts inspections, investigates complaints and can apply sanctions to employers who do not respect the legal provisions regarding the types of leaves mentioned above, or who apply unfair treatments to their employees for taking such leave.
- **The Ministry of Labour, Family, Youth and Social Solidarity** plays a strategic and monitoring role. It is responsible for drafting and coordinating national strategies in areas such as employment, gender equality, family policy and for monitoring the implementation of employment legislation and compliance with EU regulations. The Ministry also publishes official reports and statistics on employment and coordinates with National Agency for Equal Opportunities between Women and Men (ANES) on gender-sensitive issues. It is also responsible for the National Strategy for Social Inclusion and Poverty Reduction and the National Strategy for Promoting Equal Opportunities between Women and Men.

While Romania has made significant progress in transposing the Work-Life Balance Directive into national legislation, ensuring compliance with most of its key provisions, in practice certain challenges persist. Although, according to the Directive the parental leave can be taken in flexible formats (such as part-time or split periods), Romania remains one of the few EU Member States that still require parental leave to be taken as a continuous block, which limits flexibility for working parents. Additionally, although rights are formally guaranteed, gaps still exist in the effective enforcement and awareness of these provisions, particularly in rural areas and among non-standard workers, who may face barriers in accessing their entitlements. Since labour inspection may not always reach smaller or informal workplaces, monitoring and implementation mechanisms need strengthening. Moreover, the uptake of leave by men —especially parental and carer's leave—remains limited due to existing gender norms, insufficient public campaigns, or employer incentives. Addressing these implementation gaps is



essential to fully achieve the Directive's objectives of promoting gender equality and improving work-life balance.

3b. (Informal) Long-Term Care, Especially in Caring for Older Adults

This section examines the gaps in formal care services, the societal gender stereotypes that perpetuate care inequities in Romania, as well as the specific policy frameworks addressing long-term care for older adults. Long-term care encompasses a wide range of services and support systems provided to individuals who require assistance due to chronic illnesses, disabilities, or age-related conditions. In Romania, long-term care, particularly for older adults, is an area that demands significant attention and development.

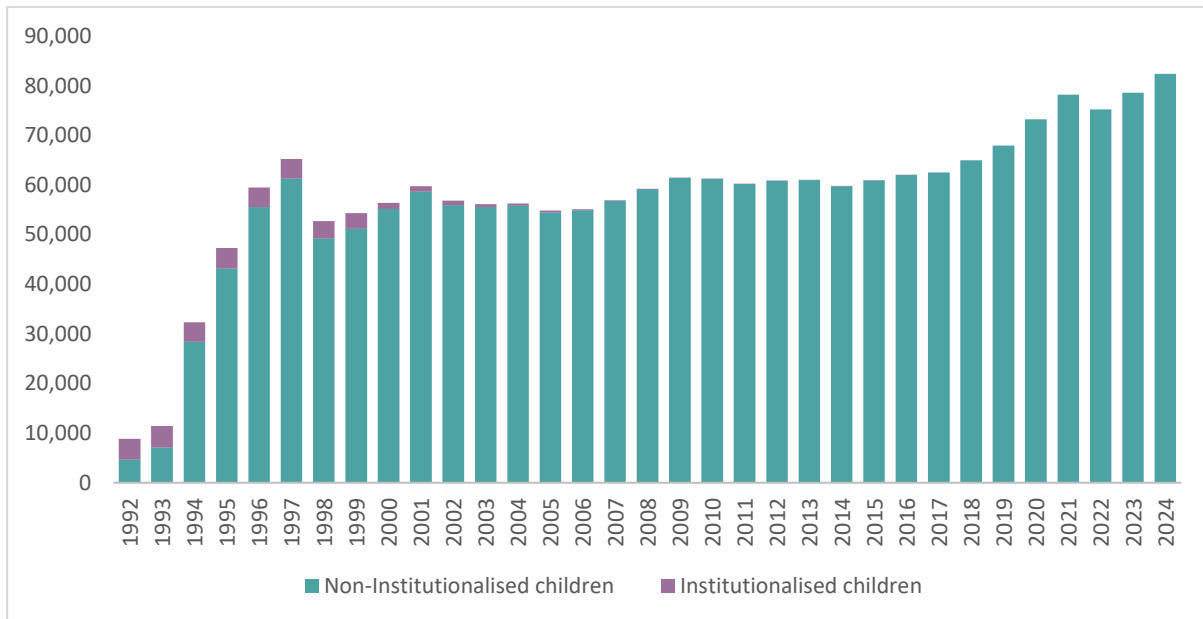
Romania faces significant challenges in addressing the gender gap in long-term care (LTC), particularly in the context of caring for older adults. With a total of almost 4 million people aged 65+ in 2024 (18% of the total residing population), demographic ageing was accentuated during the last decades. The population aged 65-79 has increased during 2001-2024 by 34.4% while the same age group increased at EU27 by 25%. The age group aged 80 years and more has the second highest increase at EU level, respectively 144.4% compared to 79.4% for EU27 (Eurostat, 2024). The increase in the older population, particularly in the age group over 80 years, increases the need for long-term care. This overburdens the social assistance services sector, both public and private, which results in queuing of potential beneficiaries or lowering the standards of the provided services which sometimes leads to extreme cases of neglect or abuse.

Children with disabilities are another group at risk from the perspective of long-term care. Romania was known in 1990 for its unacceptable standards of care in institutions for children with disabilities. While the child protection reform prior to Romania's integration into the EU (in 2007) prioritised de-institutionalisation and improving the care for institutionalised children with disabilities – as well as reforming the standards for disability assessment-, this has been reflected in a systematic increase in the number of children with disabilities over the last decades, even though the total number of children in Romania has decreased almost by half during the same period. Since 2017, official administrative data on the number of children with disabilities no longer includes the number of children in institutional care. However, analysis of the difference between the number of children with disabilities not institutionalised (provided by the National Authority for the Protection of the Rights of Persons with Disabilities) and data on the total number of children with disabilities (provided by the National Authority for the Protection of the Rights of Children and Adoption) indicates that there were 3,808 institutionalised children with disabilities in 2024. Of the total number of children with disabilities not in institutional care, 24,931 (30%) had a personal assistant and 34,561 (42%) received allowances for parents or guardians. These children who have personal assistants or receive allowances are those with severe disabilities. The rest of the children with severe, moderate, or mild disabilities do not receive these benefits, and their families or relatives are responsible for their care.

A notable achievement of the Romanian child protection sector is that it has managed to close all big size institutions for children with disabilities, who are now provided with alternative care. At the same time, the number of families with children with disabilities providing informal or formal care has significantly increased. The care of the child with disability demands a significant effort from all family members, but particularly for those who are the primary caregivers.



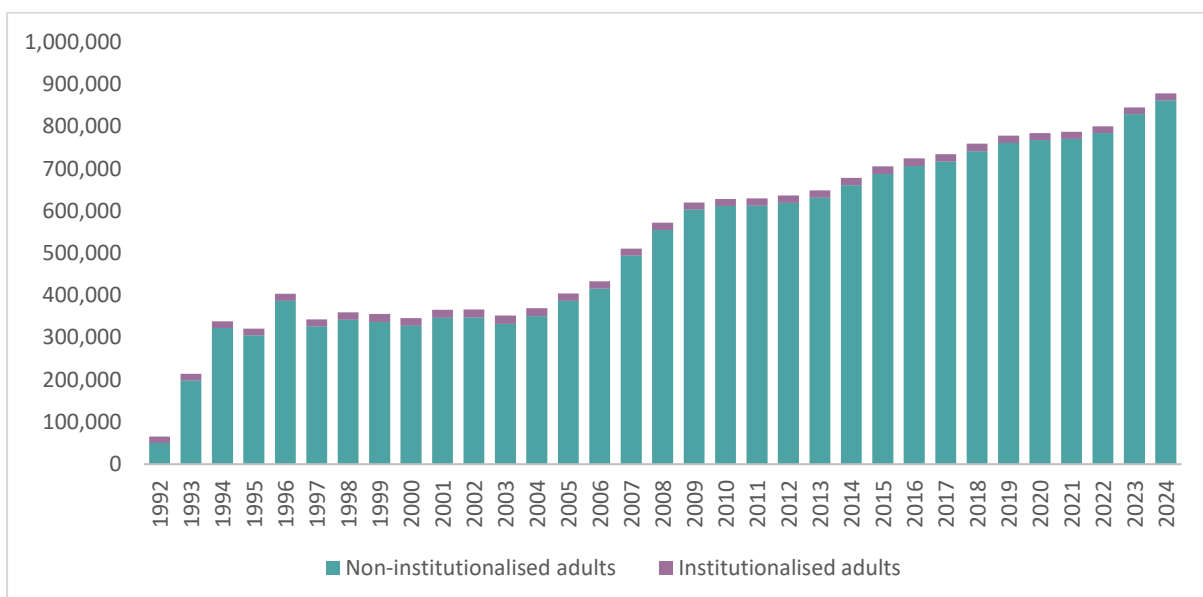
Figure 1. Number of Children with Disabilities, 1992-2024



Source: National Authority for the Protection of the Rights of Persons with Disabilities, 2024

There has been a significant increase in the number of non-institutionalised adults with disability during the last three decades. While the number of institutionalised adults remained almost unchanged, the number of non-institutionalized adults has increased over 17 times, almost the same as for the children. The most significant difference between the two categories is the availability of community services, much more accessible for children than for the adults.

Figure 2. Number of Adults with Disabilities, 1992-2024



Source: National Authority for the Protection of the Rights of Persons with Disabilities, 2024

Among adults with disabilities, 50% (422584) are older people (65+), 99% receive care from their families and 0.6% are in care institutions (Source: National Authority for the Protection of the Rights of

Persons with Disabilities, 2023). Out of the elderly with disabilities, 31% are in the fourth age group (80+) and 99.5% are cared by their families or remain at home. Considering these facts, it can be observed that most of the care services for older people with disabilities are provided by informal carers (e.g. family members, other relatives or informal carers).

Care Services for Older People

The welfare state model in Romania provides for a mix of welfare services provided by public and private institutions, complemented by those provided by the family and community. Given the low level of public funding for social services and social protection in Romania, and the social needs of the most vulnerable groups, the family plays an important role in providing the necessary care.

Social services, whether provided by public institutions or private organisations (for-profit or NGO), are unevenly distributed at the national level, both between regions and counties, and especially between rural and urban areas. As a result, there are major imbalances between development regions and between rural and urban areas, which create problems for beneficiaries in accessing these services. Social services for children are the most developed in Romania, with the exception of services for children with disabilities, where progress has been made but much work remains to be done. In the case of adults with disabilities or the elderly, the development of social services started later, and Romania is undergoing a comprehensive process of reforming existing services and creating new ones to meet current needs.

Over the past 15 years, as the Romanian population has aged, there has been a growing interest in social services for older people. While initial interest focused on the creation of residential services for older people, as needs diversified and deinstitutionalisation and the creation of community-based social services became a priority, home care and day care services began to be developed. In the private sector (for-profit entities), the focus was on creating residential services, given the potential profits that could be made. For the public sector and NGOs, the focus was on developing home-based services, day centres, or social centres.

Official data show that in Romania on May 1, 2025, there were 800 residential centres licensed for elderly people. Out of these, 787 were residential centres (119 public and 668 private), 3 were respite/ crisis centres and 10 were protected houses (Table 2). As mentioned before, more private residential centres have been developed in the last 15 years, with a capacity of 26,614 beneficiaries (three times greater than the capacity of licensed public residential centres). The respite/ crisis centres are a new type of social service developed and financed in the last four years based on the needs of elderly people and their families. This need was mentioned in the Romanian strategic documents on active ageing and long-term care (Ministry of Labour and Social Security, 2022a) and on persons with disabilities (Ministry of Labour and Social Security, 2022b)

Table 2. Residential Care Services for Older Adults

Residential centres for elderly						
	Residential centres		Respite Centres/ Crisis Centres		Protected houses	
Type	Public	Private	Public	Private	Public	Private
Number of centres	119	668	3	0	3	7
Capacity (number of beneficiaries)	9463	26614	Data unavailable			

Source: Ministry of Labor, Family, Youth, and Social Solidarity, 1 May 2025¹

Although the need for residential centres with social and medical services is quite high, their cost is much higher, so many are developed by the public sector. Palliative care is provided by hospitals or private social and medical service providers. In Romania there are 63 residential care and medico- social assistance centres (59 public and 4 private) and 6 palliative care centres (all private) (Table 3). Although there is a need for such palliative or social and medical services and demand for these centres is high, their capacity is limited. In addition, they are located in only a few areas of Romania. As a result, some of these care services are provided by family members or informal carers.

Table 3. Residential Care and Medico-social Assistance Centres for Older Adults

Residential care and medico-social assistance centres			
Residential care and medico-social assistance centres		Residential palliative care centres	
Public	Private	Public	Private
59	4	0	6

Source: Ministry of Labor, Family, Youth, and Social Solidarity, 1 May 2025²

Non-residential social services for older people focus on the provision of community-based services so that older people do not need to be institutionalised. Following the COVID-19 pandemic, a particular focus in the development of social services for the elderly has been on the provision of services in the community, with support for the establishment of home care services or community centres (including through funding from national programmes or European funds). Day centres have also been set up for rehabilitation and support, as many older people have health problems (and mobility ones), and for socialisation, as loneliness is one of the main problems faced by older people. The community centres should provide integrated services – social and medical ones – and were developed mostly in rural areas or in small towns. At the same time these community centres provide services for all the people in need, not only for elderly ones. In Romania, there are 191 day-care centres (47 day-care and rehabilitation centres and 144 day centres for socialising and leisure activities), 324 home care units (115 public and 209 private) and 301 community centres (142 public and 159 private) (Table 4).

Table 4. Non-Residential Care for Older Adults

Day care centres				Home care services		Community centres (not only for elderly)	
Day care and rehabilitation centres		Day centres for socializing and leisure activities		Home care units			
Public	Private	Public	Private	Public	Private	Public	Private
26	21	106	38	115	209	142	159

Source: Ministry of Labor, Family, Youth, and Social Solidarity, 1 May 2025³

¹<https://mmuncii.ro/j33/index.php/ro/2014-domenii/familie/politici-familiale-incluziune-si-asistenta-sociala/acredita-furnizori-si-servicii-sociale/5925-analize-grafice-%C8%99i-cartografice-furnizori-de-servicii-sociale-acredita%C8%99i-servicii-sociale>

²<https://mmuncii.ro/j33/index.php/ro/2014-domenii/familie/politici-familiale-incluziune-si-asistenta-sociala/acredita-furnizori-si-servicii-sociale/5925-analize-grafice-%C8%99i-cartografice-furnizori-de-servicii-sociale-acredita%C8%99i-servicii-sociale>

³<https://mmuncii.ro/j33/index.php/ro/2014-domenii/familie/politici-familiale-incluziune-si-asistenta-sociala/acredita-furnizori-si-servicii-sociale/5925-analize-grafice-%C8%99i-cartografice-furnizori-de-servicii-sociale-acredita%C8%99i-servicii-sociale>

Evidence shows that in 2024, 2,662 elderly people with disabilities benefited from the residential care services and 946 from non-residential care services provided by public institutions (Table 5). In the public sector, non-residential care services for elderly with disabilities include day care centres, outpatient neuromotor recovery service centres, assistance and support services, mobile team and home care (Table 6). Considering that 256,277 elderly with disabilities receive care from their families or from informal carers, this sector of non-residential services should be more developed in the next years.

Table 5. Number of Older People with Disabilities Using Public Services, 2023 - 2024

Public services	Year	Age groups (years)					Total
		65-69	70-74	75-79	80-84	85+	
Residential care	2023	954	722	440	326	334	2776
	2024	905	681	462	292	322	2662
Non-residential care	2023	349	265	127	64	31	836
	2024	394	283	158	67	44	946

Source: National Authority for the Protection of the Rights of Persons with Disabilities, 2023 and 2024

Table 6. Number of Older People with Disabilities Using Non-Residential Public Services, 2023 - 2024

Non-residential care - public services	Year	Age groups (years)				
		65-69	70-74	75-79	80-84	85+
Day care centre	2023	62	38	36	14	8
	2024	68	40	25	15	7
Outpatient neuromotor recovery service centres	2023	260	182	63	34	10
	2024	261	167	75	18	12
Assistance and support services	2023	6	8	4	1	4
	2024	47	40	30	19	14
Mobile team	2023	5	7	3	3	0
	2024	5	8	7	4	2
Home care	2023	16	30	21	12	9
	2024	13	28	21	11	9

Source: National Authority for the Protection of the Rights of Persons with Disabilities, 2023 and 2024

Legal and Institutional Framework on (Informal) Care

Romania's legal frameworks and policies governing long-term care are designed to ensure that individuals receive the necessary support while maintaining their dignity and quality of life. These guidelines and regulations outline the standards for care providers, the rights of care recipients, and the responsibilities of governmental and non-governmental organizations involved in long-term care. Formal long-term care services in Romania include institutional care, such as nursing homes and assisted living facilities, as well as home-based care provided by professional caregivers. While these services are available, they often face limitations in terms of accessibility, affordability, and quality. The demand for formal long-term care services continues to grow, highlighting the need for improvements and expansions in this sector.

The Social Assistance Law 292/2011 (Government of Romania, 2011) delineates the principles, eligibility criteria, and institutional responsibilities in the care sector. It also prioritises family-based care, reflecting cultural norms that view care as a “family duty.”



Romania transposed the EU Work-Life Balance Directive (2019/1158) through Law 283/2022, introducing carers' leave (5 days/year) and flexible work arrangements (e.g., telework).

The Social Assistance for Older People Law 17/2000 (Government of Romania, 2000) ensures the framework for services and social benefits to which older people (aged 65+) are entitled.

The National Strategy on Long-Term Care and Active Ageing for the period 2023-2030 (Ministry of Social Solidarity, 2022a), approved in 2022, highlights the need to develop long-term care services in Romania and proposes a series of measures, such as improving the legislative framework, updating quality standards and developing cost standards, increasing the capacity of long-term care services, and creating support mechanisms for informal carers. Starting from the acute shortage of staff and skills in providing long-term care for older people, the strategy proposes developing support mechanisms for informal carers, including legislative updates, training opportunities, and preferential access to subsidized respite services. It also aims to review the existing legislation to clarify the definition of an informal carer and introduce rights for them, both in cash and in kind. Similarly, the National Strategy for Preventing the Institutionalisation of Adults with Disabilities and Accelerating the Deinstitutionalisation Process for 2022-2030 (Ministry of Social Solidarity, 2022b) provides for the regulation of the legal framework governing the work of informal carers and the development of a package of measures to support informal carers employed in the labour market, including (a) legislative changes aimed at flexible working conditions for families caring for persons with disabilities; (b) the development of a guide for employers on flexible working conditions for informal carers; and (c) regular information and consultation meetings with the main trade unions and employers' organisations in Romania to address labour market inequalities affecting families of persons with disabilities.

Alternative care mechanisms play a crucial role in addressing the gaps left by formal long-term care services. These mechanisms include informal care provided by family members, community-based support programs, and volunteer initiatives. Such alternatives are essential for ensuring that individuals who cannot access formal services still receive the care they need.

The gender care gap is a significant issue in Romania, with women disproportionately bearing the responsibility of providing long-term care. This imbalance impacts women's employment opportunities, social lives, and overall well-being. A World Bank report (2022a) shows that the severe shortages in community-based care (e.g., home care, day centres) and respite services for elderly explain the overreliance on informal long-term care. About 71% of older people with severe long-term care needs have received support from informal caregivers, mostly women.

The shortage in institutionalised or community elderly care services shortage, as well as a predominant cultural model which stigmatises institutionalised care as a familial abandonment of the elderly, exacerbate reliance on informal LTC, predominantly provided by women, thus hindering economic and social equity. Rural areas face acute shortages, where only 12% of institutional care facilities are located (World Bank, 2022a) forcing reliance on informal care. Romania is among the countries with the highest share of population involved in informal long-term care to individuals in need of assistance with daily activities⁴ with 31.2% of women and 25.7% men, while at EU27 there are 22% of women and 21.7% of men involved (EIGE, 2022). A 2023 World Bank study (World Bank, 2023) shows that the scarcity of the

⁴ The informal long-term care indicator refers to an range of supportive services and medical assistance provided to individuals who require extended or ongoing help with activities of daily living, for a minimum of three months, due to mental, physical frailty, disability, or old age.



formal care for children and older people in Romania compared to the other countries in the region impacts the employability of the women and reduces the female economic opportunities since they are seen as primary caregivers. Rural women are disproportionately affected due to limited childcare and eldercare infrastructure.

The most recent analysis of the existing policies and measures reveals several needs and gaps in Romania's long-term care system. These include inadequate funding, lack of training for caregivers, insufficient support for informal caregivers, and a shortage of quality care facilities. Addressing these needs and gaps is crucial for developing a comprehensive and effective long-term care system that meets the needs of older adults.

Romania's LTC system remains unsustainable without addressing the gendered nature of care. Prioritizing policy enforcement, infrastructure investment, and cultural change can alleviate women's burdens and foster equitable aging support. Immediate action is critical to align with EU social standards and ensure dignity for those receiving care, particularly for older adults and adults and children with disabilities.

3c. Facts and Figures on Gender Stereotypes and the Gender Care Gap

Gender inequality in Romania remains pronounced, whether we refer to income distribution and the labour market, women's access to leadership and decision-making positions in politics, or the sphere of family life (Guga and Şindreştean, 2021). Although a series of steps have been taken to reduce these gaps—mainly through the establishment of institutions and the adoption of legal frameworks aimed at promoting gender equality—these measures have not succeeded in producing consistent results across all areas of activity. Their impact is more visible in the economic sphere and significantly weaker in the domain of private life, where gender stereotypes and biases related to traditional roles assigned to women continue to be deeply rooted.

According to the latest data from the European Institute for Gender Equality (EIGE), Romania ranks last in the EU Gender Equality Index (GEI), with a score of 57.5 out of 100. In 2024, Romania's GEI score was 13.5 points below the EU average (European Institute for Gender Equality, 2024), highlighting persistent disparities across key domains such as work, money, knowledge, time, power, and health. This ranking underscores the challenges Romania continues to face in ensuring equal opportunities and outcomes for women and men. Since 2010, Romania's score has slightly increased (by 5.3 points), mainly due to improvements in the domain of time (+18.6 points), which measures the allocation of time to care, domestic responsibilities, and social activities. These improvements suggest modest progress in sharing care duties between genders, although the gap remains substantial.

Despite some positive developments—such as a decrease in the gender gap in employment rates, a reduction in the risk of poverty for women, and an increase in the share of female tertiary graduates—several key issues remain critical and deeply rooted. For example, access to leadership positions and decision-making roles remains highly unequal, with women underrepresented in political and economic leadership. Furthermore, the wage gap persists, particularly in sectors dominated by female workers, where salaries are typically lower.

According to EIGE, there is a significant gap between women and men in long-term informal care activities: 52% of women and 40% of men report being involved daily in care activities, such as caring for children or grandchildren, elderly family members, or individuals with disabilities. This unequal distribution of unpaid care work has a direct impact on women's availability for formal employment, career progression, and financial independence. It also contributes to higher stress levels and limits opportunities for personal development and social engagement.

Gender stereotypes in Romania are deeply rooted in early education, especially in the education children receive within their families, and are more strongly held in traditional communities and among older generations (World Bank, 2023). These stereotypes are often reinforced through social norms, cultural expectations, and even school curricula, shaping children's perceptions of gender roles from a very young age. The data compiled by UNDP in the Gender Social Norms Index reveals that 85% of Romanians agree with at least one gender-related stereotype (at least one bias), while 62% of citizens adhere to at least two such stereotypes. These figures are similar to those recorded in countries of the former socialist bloc in Central and Eastern Europe but are significantly higher compared to the levels observed in Western European countries (UNDP, 2023).

Long-term care responsibilities imposed by traditional gender roles significantly affect women's work-life balance, particularly in families with children (Guga and Şindreşan, 20210). Many women experience difficulty in reconciling professional ambitions with household obligations. According to data from the National Institute of Statistics (2024), the employment rate among women aged 15–64 has been significantly lower in recent years compared to men in the same age group (54% compared to 71%). This difference is partially explained by caregiving roles within families, which are traditionally assigned to women to a much greater extent than to men (World Bank, 2022b; Guga and Şindreşan, 2021). This trend is particularly pronounced in rural areas, where childcare services are limited or non-existent, and where social support networks are weaker.

In the traditional model, women are often seen as having the primary role in family and childcare, while their professional lives are considered secondary. In more than 90% of cases, when a child is born, the mother is the one who takes parental leave, which further delays their career advancement and affects income over the long term. In some situations, women with children take a complete break from their careers, dedicating their full time to childcare—decisions that often stem from social pressure, economic constraints, or lack of alternatives.

Alongside traditional stereotypes, other structural and institutional factors contribute to this situation: an inadequate number of nursery schools and kindergartens, a lack of childcare facilities in rural and underserved areas, rigid work schedules, insufficient parental leave options for fathers, and limited support from extended families. These barriers collectively discourage women from re-entering the workforce after maternity leave or pursuing full-time employment. Addressing these challenges requires an integrated policy approach that combines investment in childcare infrastructure, the promotion of shared parental responsibilities, and widespread gender-sensitive education.

3d. Good Practices, Tools, and Resources

Work flexibility and telework in general, and work-from home in particular, were considered strategies to make work more adaptable and increase the work-life balance even before the COVID-19 pandemic. However, the implementation of telework and work-from home was significantly accelerated by the



pandemic, whereas previously, their adoption had been relatively slow. Today, flexible working schedules are one of the most adopted measures by Romanian companies to ensure a better work-life balance for their employees, alongside additional days off, medical subscriptions, psychological support and counselling, as well as access to wellness programs and gym memberships.

According to a study conducted by MedLife and NN Romania, in collaboration with eJobs, medical subscriptions are the second most common extra-salary benefit provided by companies (34%), following meal tickets (64%). Other frequently offered benefits include flexible working hours (21%), remote work options (20%), and medical insurance (18%) (MedLife n.d.). One example is KPMG Romania, which in 2023 implemented a pilot program in its Audit department, through which the company provided to its employees between 5 to 7 additional paid days off to support their work-life balance. The company also provides days off for various occasions (such as employees' birthdays or exam days), although these measures are not directly related to caregiving responsibilities (KPMG, 2023).

In this respect, one measure adopted by Romanian employers to support work-life balance and help their employees manage their caring responsibilities, is by facilitating access to childcare- either through sponsoring or establishing daycares and kindergartens, or by offering tax benefits to cover related costs. In Romania, companies, usually large ones – among which we mention only a few, such as E.ON Business Services, Continental Romania and Gameloft- provide financial support to kindergartens and daycares for their employee's children (Nicolaescu, S., 2018).

Starting from January 2024, according to the OUG 115/2023, employers can offer working parents a tax-free benefit of up to 1,500 lei per month per child to help cover expenses with daycare or kindergarten, provided that the total value of the benefits does not exceed 33% of the employee's gross base salary. This amount is non-taxable for the employee, and it can be paid directly to the educational unit or reimbursed based on the invoice. This facility is optional, and it is only available to employers that pay profit tax (Stănescu, A., 2024).

Also, as part of a national programme for the construction of daycare centres, financed through the state budget and the National Recovery and Resilience Plan (PNRR), the National Investment Company (CNI) is planning to build 80 daycare centres in 80 localities across Romania. Each facility will be modern and designed to accommodate up to 40 children (Ionescu, M., 2024; MonitorPNRR, n.d.).

The National plan for the Gradual Development of Home Care is a national initiative launched by the Romanian Ministry of Health within the National Program for the Development of Palliative Care Services in Healthcare Facilities, Outpatient, and Home Settings. It aims to improve access to palliative and home care services. Designed as a patient-centred, integrated care model, it addresses gaps in Romania's healthcare system, particularly for chronic and terminal patients in rural and marginalised areas. The program focuses on four core objectives: expanding service coverage nationally, training multidisciplinary care teams, integrating home care into primary healthcare, and reducing stigma through public awareness campaigns. Key components include mobile home care units, telehealth support, and strengthening the partnerships with NGOs providing palliative care (Ministry of Health, 2023, Ion et al, 2023).



4. SUMMARY ANALYSIS OF THE CO-CREATION WORKSHOPS

4a. Key Findings from the Workshop with Employers, Managers, HR Personnel, etc.

The workshop was held on 14 April with 21 participants, 5 from Romanian partner organisations (3 from RIQL, 2 from CCIR) and 16 participants representing target groups from different sectors and field activities. The diversity of the participant's profile (representatives of county branches of CCIR, employers, employees in private and public sector, the head of a local social assistance directorate, representatives of local NGOs and a union leader) ensured different and valuable insights on the topics discussed.

The discussion highlighted the ongoing challenges faced by professionals in balancing their work and personal lives, and participants shared their personal experiences and insights, emphasising the need for systemic changes to address these issues.

Work-Life Balance and Flexible Work Arrangements

The discussion on this topic highlighted the ongoing challenges faced by employees in balancing their work and personal lives, particularly in the public sector, as well as the private sector where limits and constraints prevent the flexibility in scheduling the physical presence of the employee. While some private companies (e.g., IT) can offer hybrid work, some sectors like healthcare or optics require physical presence and are not able to provide the same flexible format. Participants shared their personal experiences and insights, emphasising the need for systemic changes to address these issues. Participants highlighted the lack of formal policies supporting employees with caregiving responsibilities. Many employers (especially in SMEs) allow flexible schedules ad hoc (e.g., leaving early to care for children or elderly parents), but these are not standardised or legally protected. Another key aspect was that employees often face bureaucratic hurdles (e.g., permission slips for absences), particularly in the public sector, where rigid schedules make it difficult to adapt the schedule to the employees who are involved in providing informal care for children or for dependent adults.

„We have colleagues in our institution who have small children and colleagues who have parents they care for. Informally, we manage to adapt and regulate the challenges related to the need for a flexible schedule. Officially and legally, there is no flexible schedule.”
(representative of a public institution)

It was also pointed out that the emotional toll of direct work with people often spills into personal time, leading to burnout. The burden of caregiving disproportionately falls on women, reflecting broader societal norms.

Legal and Policy Gaps

The workshop participants discussed the gap between Romanian legislative frameworks and their practical application. For instance, laws supporting informal caregivers for children or the elderly exist but are rarely implemented due to funding shortages and employer resistance. It was mentioned that the law allows five days of leave for family emergencies, but its impracticality renders it ineffective. It was also added that bureaucratic hurdles discourage both employers and employees from utilising available benefits, such as vouchers for childcare or eldercare.



Romania has a law for "informal caregivers" (e.g., reduced work hours for caregiving), but these legislative provisions are poorly implemented due to lack of funding and awareness. Subsidies for childcare or elderly care exist but are underused due to complex bureaucracy (e.g., means-testing requirements). The EU Work-Life Balance Directive was mentioned, but most participants were unaware of its provisions or national implementation.

Another weak aspect related to the policy gaps was that Romania outperforms in producing strategic documents but lacks effectiveness in delivering feasible and actionable measures to support those individuals providing informal care, particularly when they are employees.

Gender Disparities in Caregiving

The discussion touched on gender disparities in caregiving. It was observed that caregiving roles are predominantly filled by women, a trend rooted in cultural and traditional norms, which contributes to perpetuating workplace inequalities (e.g., reduced career advancement).

"Informal care is a societal issue. Without formal support, caregivers, especially women, pay the price in their careers and well-being." (representative of an NGO)

Although the legal system is gender neutral and does not explicitly discriminate, societal norms reinforce the expectation that women handle caregiving. The traditional gender roles and lack of male involvement in caregiving were cited as barriers. The younger generations show slight progress toward more equitable sharing of caregiving responsibilities, but stereotypes persist.

Lack of Support Services and Groups Left Behind

The workshop participants identified three critical areas where support services are severely underdeveloped: elderly care, childcare and disability care. These gaps disproportionately affect caregivers, particularly women, and exacerbate work-life balance challenges.

For the elderly, community services (e.g., day centres, home care) are insufficient and concentrated in urban areas. Rural regions face acute shortages, leaving elderly individuals and their families with few options beyond informal care. On the other hand, many elderly individuals prefer to remain at home due to cultural stigma associated with nursing homes or a desire to maintain independence. However, this often leads to social isolation and unmet medical or emotional needs. Romania relies heavily on long-term residential institutions, while alternatives like respite care, adult daycare, or community nursing are rare. This forces families to shoulder the burden alone.

For children, while kindergartens are available, after-school care is limited, forcing parents (usually mothers) to adjust work schedules. Parents, especially mothers, must leave work early or rely on informal networks (e.g., grandparents). Private childcare is expensive, and public options often have long waiting lists. Subsidies exist but are hindered by bureaucratic hurdles. Rural areas lack even basic childcare infrastructure, forcing parents to commute long distances or abandon employment.

People with disabilities, particularly those in need of permanent support, lack access to affordable and quality services. Public programs are underfunded, and NGOs cannot meet the demand. Specialised therapies (e.g., physiotherapy, speech therapy) are concentrated in urban centres, leaving rural families without options. Children and adults with disabilities often face social isolation due to inadequate community integration programs. Schools and workplaces lack accommodations, perpetuating dependency on family caregivers.



Solutions Proposed by Participants

The participants suggested improvements and changes in four key areas: policy reform, employer practices, awareness and cross sector collaboration.

The policy reform should focus on simplifying access to caregiver subsidies (e.g., tax incentives for employers offering flexible work) and providing better funding for public care services, as well as on developing alternative services to the long-term care institutions, like day centres for the elderly, which are supposed to reduce the burden on informal care individuals and their families. Caring for the elderly emerged as a particularly challenging issue. It was explained that many elderly individuals resist institutional support, preferring to remain at home despite isolation. It was also pointed out that there is a high demand for eldercare services provided by NGOs (Caritas was mentioned as a particular example), which struggle with staffing shortages. Collaboration between NGOs and government institutions was deemed essential to address these gaps. Another recommended solution was psychological counselling services in workplaces to help employees manage stress.

The employers might also adopt supportive practices like formalising flexible work policies (e.g., compressed workweeks, remote options) and partnering with NGOs to provide workplace caregiving support (e.g., on-site childcare).

The awareness campaigns could contribute by educating employers and employees about existing legal rights and reducing gender stereotypes.

Encouraging cross-sector collaboration would be beneficial for those involved as caregivers. The participants provided some examples like the Chambers of Commerce lobbying the Ministry of Labor for better caregiving policies and public-private partnerships to expand care services (e.g., corporate-funded daycare).

The workshop participants underscored the urgent need for systemic changes to support caregivers, particularly women, in balancing work and family duties, as well as for actionable policies, employer flexibility, and cultural shifts to support professionals in balancing their work and caregiving responsibilities. Low-income families are hardest hit, as they cannot afford private alternatives. While informal solutions exist, legal frameworks, employer policies, and cultural shifts are essential to reduce inequality. The participants also called for a collective effort from employers, policymakers, and society to foster a healthier work-life balance for all.

4b. Key Findings from the Workshop with Men and Women Providing Informal Care

Context

The workshop dedicated to the participation of women and men involved in providing informal care was held on April 9, 2025, via the Zoom platform. The discussion was attended by 13 participants and 3 members of the Care Divide project team – Bridging the gender divide in informal long-term care. Of the 13 participants, 12 were women, aged between 30 and 70. In terms of the type of care they provide, half of the participants care for children with autism spectrum disorders or various forms of physical or mental disabilities, while a quarter care for elderly dependents with physical disabilities. In addition to these two categories, some mothers caring for young children also took part in the workshop.



Providing long-term care for dependents, especially when it involves children or adults with disabilities, represents a major challenge for any family facing such a situation. The emotional vulnerability is compounded by financial stress and time management difficulties, leading to a radical change in the lives of caregivers. These circumstances often lead to a reorganization of roles and responsibilities within the family, with caregiving tasks most frequently falling to women (mothers, sisters, daughters). In the face of such challenges, particularly when caring for children or adults with disabilities or chronic illnesses, informal caregivers are often forced to give up or deprioritize their careers and professional lives, dedicating a significant portion of their time to caregiving activities.

Key Findings

Long-Term Informal Care

The Romanian legal framework grants certain rights to caregivers of dependent individuals. In the case of employed individuals caring for dependents, the legislation allows them to request 5 additional days off.

“They were understanding at work, and thanks to this law I was able to take five days off for my father, because he depends on an oxygen concentrator... (...) Of course, those five days won’t be enough, so I’ll have to use some of my holiday leave. I’ll need a lot more days.”
(woman caring for a chronically ill older person)

However, in some cases, these legal provisions are neither known nor applied by employers, due to a lack of awareness or the absence of efficient mechanisms for monitoring and penalizing non-compliance.

“My husband submitted a request for the 5 days he is entitled to, but it was not approved. Many institutions don’t know the laws, and if they do, they choose to ignore them. Children with special educational needs are entitled to food allowances, and those with disabilities should receive double that amount. I had to sue the kindergarten, and I won, but when we changed schools, I had to sue again. I brought the request, the law, but they didn’t want to listen.” (mother of a child with disabilities)

Participants highlighted the lack of support mechanisms from central authorities through policies and programs, and from local authorities through services. The current programs and services are insufficient and fail to provide sustained support to families in need. Implementing regulations that theoretically support dependent individuals, without ensuring the effective operation of public institutions and services, cannot form the basis of real progress in this area. In fact, the lack of real institutional support in managing caregiving tasks was identified by participants as a critical issue.

“No one helped me. Everything I know, I learned on my own. I asked other mothers, or I talked to therapists who had more experience. I only received support when I submitted the application file.” (mother of a child with disabilities)

Significant issues also exist regarding access to mainstream education for dependent children, even though legislation promotes equal access to education in accordance with each child's disability and educational needs. In many cases, parents of children with special educational needs who could be integrated into mainstream education face resistance from teachers or other parents and are directed toward special education institutions.

"The worst was when I took my child to school. At CJRAE, they told me that if I found a place in a kindergarten, we could keep him there for two years to catch up. I went to all the kindergartens in our city (four in total), and they all said they had no available spots. When I mentioned he had autism, they asked, 'What are we supposed to do with him here?' I had to transfer my child to a special school, where, fortunately, things are going well. I didn't understand the attitude of the teachers." (mother of a child with disabilities)

"If I hadn't shouted loudly that he has the right to education, we would've ended up in a special school too. They can't see past that label. They don't look at the child, at what the child can do. No one cares. I shouted that he has the right to sit at a school desk. My child is not a monster, even if he walks slowly and sometimes loses balance. I was waiting in front of the school, even though he never needed me—he manages just fine on his own." (mother of a child with disabilities)

However, there are also positive experiences, in which not only are children included in mainstream education, but they also benefit from a supportive and nurturing environment that allows for individual progress. These successes are mainly due to the dedicated efforts of teachers and indicate the potential for meaningful progress in this area.

"We were lucky. At school, the teacher understood the situation very well. She also has a son with autism. Both the teachers and the classmates behave wonderfully, but it's all thanks to the teacher. If the teacher doesn't know how to interact with children with autism, nothing good will happen." (mother of a child with disabilities)

Day centres, where they exist and operate, provide real support to families caring for children or adults who require long-term care.

"My child goes to a day centre, where he feels amazing, where he is helped and receives counselling. There he finds everything we can't provide at home. Their program runs from 10 AM to 6 PM. He goes every day and stays for 5-6 hours each day." (mother of a child with disabilities)

"My little boy also goes to the centre. He has ADHD and stays for shorter periods, 3-4 hours. That way, we get a bit of a break too and can get some things done around the house." (mother of a child with disabilities)

However, the capacity of these centres is insufficient compared to the actual need. At the same time, there is a significant territorial gap in the distribution of day centres at the national level in Romania. Most of them are located in county capital cities, while small towns and rural areas remain underserved.

"I'm also from Târgu Jiu, but we don't go to a centre. I didn't even know one existed." (mother of a child with disabilities)

"We need more support from ABA centres, physical therapy, counselling. Here in Motru, we have to look for everything ourselves and pay out of our own pockets. What we really need is a centre that provides these services and where access is free. Think about the parents who can't afford all of this. As parents, we have to educate ourselves, learn how to behave, learn how to manage in these situations." (mother of a child with disabilities)

Gender Disparities in Caregiving

Typically, in situations that require long-term care—whether for a child or an adult—caregiving responsibilities are shared among family members. When possible, multiple individuals take on

caregiving roles simultaneously, complementing each other and working together. However, there are frequent gender differences observed in many families facing such circumstances. The first of these differences is that, generally, women are more intensively involved in providing hands-on care, while men usually play a secondary, substitute role, stepping in when the women are unable to provide care for various periods of time.

"My husband has always been by my side. We've always complemented each other. We managed without needing too much outside help." (mother of a child with disabilities)

"My father is divorced, and my sister lives in Italy. So, I was the only one who could take care of him. I even asked some neighbours to help us with a few things. When something like this happens, your whole life gets turned upside down." (woman caring for a chronically ill older person)

A second differentiation stems from the way roles are divided within the family. Usually, in severe situations that require constant presence with the dependent person, women choose to reduce their professional activity, and in many cases, give up their job entirely. Meanwhile, men take on the role of providing the necessary income for the family.

"My husband and I made this decision together. He went to Norway to support us financially. It was our choice because we had no one to leave the child with so that I could go to work. The whole process of diagnosis and dealing with the school was stressful and demanding. What mattered was that I accepted my child had a problem. I came out of denial and took the necessary steps. I also met a few moms along the way who helped me here and there. So, this was our decision as a family." (mother of a child with disabilities)

"My husband and I agreed that I would be the one to take care of the child." (mother of a child with disabilities)

"I was in my master's program and was planning to pursue a PhD when my son was diagnosed. I gave everything up, but I don't regret it. I got to the point where I knew all the laws related to my child's condition. They would ask if I came to make a fuss. I just wanted to get my child's rights." (mother of a child with disabilities)

"I quit my job right away, and I didn't even know if there was a law that allowed reduced working hours. You have to fight to find things out; no one informs you. Parents go through incredibly difficult moments when they get the diagnosis—they should be advised, counselled." (mother of a child with disabilities)

5. CONCLUSIONS AND RECOMMENDATIONS

Romania has taken significant steps to transpose the Work-Life Balance Directive into national legislation, particularly through Law No. 283/2022, OUG No. 117/2022 and Law No. 241/2023. Important progress has been made in recognising workers' rights to work-life balance, especially for parents and carers. Key improvements include the extension and protection of paternity leave, the introduction of carer's leave and force majeure/ family emergency leave, as well as the right to request flexible work arrangements. Romania has also aligned with the Directive's requirements for non-transferable parental leave by granting each parent two individual months that cannot be transferred. However, a gap still exists in the lack of flexibility regarding how parental leave can be taken, with



Romania being one of the four EU countries that require it to be used as a continuous block, which does not align with the Directive's recommendations to allow part-time or split use.

Romania has also shown its commitment to reducing gender disparities and improving work-life balance through a range of national strategies focused on employment, social inclusion, and gender equality. These strategies include objectives such as expanding social services for dependent care, promoting flexible and atypical forms of employment, supporting the participation of women in the labour market – especially in rural areas- and developing childcare and care-related employment opportunities.

The need for long-term care has significantly increased over the last few decades. The population aged 65+ is growing, while the rising number of non-institutionalised adults and children with disabilities deepens the lack of alternatives to informal care, which is primarily provided by women. The lack of legal protection for informal caregivers leaves them vulnerable to financial instability, social isolation, and burnout, which contributes to the widening gender gaps.

Given the large number of people with disabilities or chronic illnesses who need care services and the limited capacity of existing social care services (both in terms of quantity and quality), many of these services are provided by family members, which affects both their professional life (career opportunities, ability to concentrate, work schedule, etc.) and personal life (time spent with family, time spent on personal care, etc.).

Inadequate funding, lack of caregiver training, and insufficient support for informal carers increase the risks of providing inadequate care or may lead to abuse.

There is limited capacity and an uneven distribution of residential/non-residential services, especially in rural areas, which are facing acute shortages of services. Budget constraints and workforce shortages undermine the capacity of the local authorities in rural areas to develop quality care services.

The cultural stigma against institutional care persists, particularly regarding the care of older people, reinforcing reliance on family-based care.

Considering the impact of informal care on work-life balance, it is necessary to develop care services, by creating new services- especially in rural areas or where they are absent or scarce- and by diversifying them according to existing needs and improving their quality. Improving the quality of care-services requires better monitoring of compliance with existing quality standards (especially in residential centres for people with disabilities or the elderly), as well as additional qualified staff to provide these services.

It is important to develop respite centres or crisis centres that allow those who care for people with disabilities or chronic illnesses to take a few days off or attend to personal matters. Caring for people with disabilities or chronic illnesses is often a full-time or even 24-hour job. These people who provide informal care to family members need respite periods that they cannot access without specialized services. Developing public-private partnerships to co-fund respite care programs and community-based care hubs could both benefit those in need of care and their caregivers. While respite care centres are available for children with disabilities, this type of services should be extended to dependent elderly and adults with disabilities.



Home care services should also be extended to people with disabilities, not just the elderly. In addition, they should be developed in as many localities as possible and expanded to meet a broader range of needs (e.g. neuro-motor recovery, home care, socialization, etc.).

At the same time, measures need to be taken to introduce flexible working arrangements for employees who care for vulnerable individuals. These measures may include incentives/fiscal facilities, or subsidies for employers to encourage them to hire and retain caregivers, as well as to support flexible arrangements regarding work schedule for employees with caregiving responsibilities.

In the managers/ HR staff/ public authorities, NGOs workshop participants highlighted that informal solutions are insufficient and lack legal protection, leaving informal caregivers vulnerable. Critical gaps exist in elderly care, childcare, and disability services, especially in rural areas. This underscores the urgent need for formal policies and legal frameworks to support work-life balance, particularly through standardised, flexible work arrangements. Additionally, caregiving responsibilities disproportionately fall on women due to entrenched cultural norms, perpetuating workplace inequalities and hindering their career advancement. The overreliance on informal care leads to burnout, social isolation, and unmet medical and emotional needs. Public alternatives are underdeveloped, and existing national legislative provisions are poorly enforced due to funding shortages, bureaucratic complexity, and employer resistance, while awareness of the EU Work-Life Balance Directive remains low.

Addressing these challenges requires coordinated efforts from policymakers, employers, NGOs, and society to reduce inequality and ensure equitable access to support services, particularly for low-income families. In the short term, the public sector could simplify access to subsidies, fund public care services, and support employers in formalising flexible work policies. In summary, the workshop participants underscored that systemic reforms, cultural shifts, and multi-stakeholder collaboration are essential to alleviate the burden on caregivers and achieve a sustainable work-life balance.

The workshop attended by individuals providing long-term care services highlighted both the material and psychological challenges they face in their daily activities, as well as the limited access to social and medical services available to dependent persons. Access to services provided through day centres and rehabilitation units is, in many cases, restricted, which places additional pressure on those offering informal care within the family setting. In the majority of cases, caregivers are women responsible for a dependent family member—either a child or an adult. The discussions facilitated by the workshop revealed that informal care services are shaped by prevailing stereotypes and traditional models regarding gender roles and the distribution of responsibilities within the household, which disproportionately assign caregiving tasks to women.

Beyond the material challenges and the provision of essential needs for dependent individuals, informal caregivers face acute psychological difficulties, which may have serious long-term repercussions. Regarding the support provided through public policies and programs, workshop participants emphasized the insufficient progress made in ensuring access to treatment and services, as well as in promoting the active participation of long-term caregivers in public life. This includes facilitating labour market inclusion through flexible work arrangements and the reduction of workload for those caring for dependent individuals.

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