

THE EFFECTS OF MIGRATION ON ASSISTED ELDERLY PEOPLE IN RESIDENTIAL SERVICES IN IASI. CASE STUDY

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Change the place, change your luck

(S16, woman, 85 years old, resident for 14 years)

Have good will to be in luck.

(S17, woman, 75 years old, resident for 4 years)

Abstract. The issue of migration from the Romanian space has multiple approaches, sometimes dilemmatic, of the active social support potential offered by community actors. In this frame of reference, we propose a study that highlights a number of issues concerning the effects of migration on elderly people in the community of Iasi. The study is based on the focus group method, applied to a sample of twenty elderly beneficiaries of the residential services offered by *Saint Pious Paraskeva* - nursinghome for retired people owned by the City Hall of Iasi. The conclusions of the three focus groups converge on the *need to maintain the emotional balance* through constant communication, *the preservation of the proximate habitus* and *to assume the serenity condition* of the threshold peak age. Existent Romanian regulatory framework for social services for the elders requires efficient connection to the one in the European Union and

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the assumption of good practice from intra-community or extra-community countries may structure a *specific pattern*, desirable for social services development.

Key words: *migration, elderly people, social services, transnational connections*

Résumé. La question de la migration de l'espace roumain a de multiples approches, parfois dilemmatiques, par rapport au potentiel de soutien social actif offert par les acteurs de la communauté. Dans ce cadre de référence, nous proposons une étude qui met en évidence un certain nombre de questions concernant les effets de la migration sur les personnes âgées dans la communauté de la ville Iasi. L'étude est basée sur la méthode des groupes de discussion, appliquée à un échantillon de vingt personnes âgées, bénéficiaires des services résidentiels offerts par *Sainte Parascève* - maison de soins infirmiers pour les personnes retraités appartenant à la Mairie de Iasi. Les conclusions des trois groupes de discussion convergent sur la *nécessité de maintenir l'équilibre émotionnel* grâce à une communication constante, la *préservation de l'habitus proximité et d'assumer la condition de la sérénité* de l'apogée du seuil d'âge. Le cadre réglementaire roumain qui existe par rapport aux services sociaux pour les âgées nécessite une connexion efficace à celui de l'Union européenne et l'hypothèse d'une bonne pratique des pays intra-communautaires ou extracommunautaires peut aider à structurer *un modèle spécifique, souhaitable* pour le développement des services sociaux.

Mots-clés: *la migration, personnes âgées, les services sociaux, connexions transnationales*

Rezumat. Problematika migrației din spațiul românesc determină abordări multiple, uneori dilematice, ale potențialului de suport social activ oferit de actorii comunitari. În acest cadru de referință, propunem un studiu care evidențiază o serie de aspecte referitoare la efectele migrației asupra persoanelor vârstnice din comunitatea ieșeană. Studiul se fundamentează pe metoda focus groupului, aplicată pe un eșantion de douăzeci de persoane vârstnice beneficiare ale serviciilor rezidențiale oferite de Căminul de pensionari *Sfânta Cuvioasă Parascheva* al primăriei municipiului Iași. Concluziile celor trei focus groupuri converg spre nevoia de *menținere a echilibrului afectiv* prin comunicarea permanentă, de *prezervare a habitus-ului proxim*, de *asumare a condiției serenității* din pragul apogeului de vârstă. Cadrul normativ românesc existent în domeniul serviciilor sociale pentru persoane vârstnice necesită o racordare eficientă la cel din Uniunea Europeană, iar preluarea modelelor de bună practică din statele intracomunitare sau extracomunitare poate structura un *pattern specific, dezirabil*, pentru dezvoltarea serviciilor sociale.

Cuvinte cheie: *migrație, persoane vârstnice, servicii sociale, legături transnaționale*

1. Romanian migration patterns

The concept of *migration* can be defined from a general approach, relatively simple as population movement across state borders in order to establish residence (Geddes 2003, p. 7). In a rather broad sense, this movement is considered by the states receiving the population, as *immigration*, and states from which people are leaving treat this process as *emigration*. This manner of

reporting to migration involves legal classification and it's based on the mandatory condition of determining residence in the new country of destination (Vrânceanu 2015, p. 17 - 18). There are several types of migrations determined by various factors, among which we can mention: internal migration, where the movement is within the borders, or international migration, which involves crossing borders (according to the territorial aspect); permanent migration or temporary migration (according to the time factor); voluntary migration for work or forced migration for economic or natural disasters, political or religious persecution, or wars (according to the motivational factor); regulated and illegal migration (according to the used means). The year 1995 is representative for the national phenomenon of migration, because the value that was registered (about 26 000 emigrants) has not been exceeded in the years that followed. After 1998, the number of people who decided to settle in another country has oscillated at around 10 000, about 0.5 immigrants per 1 000 inhabitants. In 2011, their number has reached over 18 000 immigrants, the highest level in fourteen years. Romanian migration has increased considerably after 2010, and this phenomenon is caused by the worsening of the economic situation and the lack of financial opportunities in the country. In 2011, the main destination of Romanian immigrants was Germany, with over 97 000 people, followed by Italy with about 90 000 Romanian immigrants, Spain with about 70 000, Austria with almost 14 000 and Belgium, around 11 000 the Romanian. Most numerous Romanian communities are in Italy, with a total of over 960 000 and in Spain, with an estimated 900 000 people. In Belgium, after the wave of 2011, there are about 40 000 Romanians. In 2011, the Romanian community in Austria was around 71 000, while the number of Romanian nationals was nearly 49 000. UK was the host in 2011 for about 94 000 Romanian immigrants, both young people studying and workers or individuals looking for a job (Popa, Ungureanu and Oneasca 2013, p. 13-17).

Romanian emigrants who returned to the country fall into two categories: the majority of 63% are happy that they are back in the country, because this is their home and are together with their families and 35% are dissatisfied with this decision, because incomes are low, and employment opportunities are reduced (Popa, Ungureanu and Oneasca 2013, p. 13-17). According to the data presented by the *European Job Mobility Portal* (EURES) in early 2013, Romanians wishing to change jobs or to settle in another country had the opportunity to earn salaries between 600 and 5000 EUR net per month. The jobs in the IT and financial field are and will remain the best paid jobs in 2013 and 2014, both in Romania and in the EU.

2. Presentation of social services for elders in the *Saint Paraskeva* –nursinghome for retired people in Iasi¹

The *Saint Paraskeva*– nursing home for retired people in Iasi is a local public institution with legal personality, funded by the Local Council of Iasi. The activity of the institution is monitored and supervised by the City Council, the Department of Community Assistance Iasi, the Department of Labor and Social Security Iasi.

The main objective of the *Saint Paraskeva*– nursing home for retired people in Iasi is to value and harmonize the human factor through activities that guarantee an adequate standard of living according to the needs of elderly people, ensuring a dignified and secure aging, socialization and involvement in permanent and occasional occupational activities.

The residential unit provides accredited services of *indefinitely hosting, assistance and care, meals, medical assistance and care, support and palliative care, counseling and psychological care, spiritual and religious assistance and care, socialization and leisure time.*

The social programs implemented by the residential institution are focused on meeting a wide variety of needs of the assisted elders, namely: the need for affective protection, medical care and protection, the need for social recognition, expressions of experience and authority, the need to interact and to establish social relationships.

Specific objectives of the institution are *cognitive, emotional and motivational actionable.*

Cognitive objectives:

- Information, education and continuous training
- Awareness of the mentality regarding the third age
- Knowledge of the features of the assisted-employee relationship
- Knowledge of communication bottlenecks and unlocking means
- Knowledge and valuing the socio-professional experience through interactive methods
- Knowledge of skills by the assisted and employees

Affective Objectives:

- Individuality respect
- Equal opportunities
- Respecting the option of helping
- Empathy and tolerance
- Providing confidence of those involved in the process of the assisted – employee assistance

¹ The center is certified as required by law to provide specified service; for documentation we used public official documents and presentation material of the care unit.

- Creating a family atmosphere in the unit in order to ensure the social-affective protection of the assisted people

Objectives motivational actionable:

- Empowering skills
- Reducing the negative impact on the mentality regarding third age
- Inducing an empathic open communication between the two partners (assisted- elderly person)
- Preventing and resolving conflicts
- Facilitating the manifestation of personal behaviors

The center's capacity is of 216 seats and is equipped with 2 beds for isolation. Ensuring for elderly people a space of 8.2 sq. / person, the center is equipped with 2 bed rooms (94) and one bed room (26). To ensure the independence necessary for elderly people, the room is equipped with bathroom, toilet, shower / bathtub, wardrobe, bedside table, TV, refrigerator, telephone, personal equipment (linen, towels, etc.).

The food ensured to the assisted elders is medically appropriate and ensures an average of 3000 Kcal / day.

The medical assistance and care for the elderly involves providing curative care, prevention and hospitalization of infectious and parasitic diseases, of some chronic and epidemic diseases, health education, preventive and curative dental care.

The palliative assistance includes a range of services that provide specific care takeover, initial assessment, treatment setting, monitoring and medical supervision, education and training of the assisted, family and staff.

The psychosocial assistance for the elderly aims to encourage, maintain and promote psychological support and also degradation prevention, psycho-affective maintenance, facilitating social behaviors by keeping the family atmosphere of the assisted group and their families of origin.

Spiritual and religious assistance is provided by the priest of the institution who ensures services of spiritual counseling, prayer and specific rituals, spiritual conversations, involving and engaging elderly people in religious spiritual activities of the institution and the community.

2.1. The team of specialists of the Saint Paraskeva– nursing home for retired people from Iasi

The team of specialists of the residential unit consists of director, social worker, psychologist, doctor, occupational therapist, physical therapy teacher, nurse, priest, caregiver, psychiatrist (voluntary).

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3. Methodology. Research design

We used for this research note the focus group method which is related to the name of Paul Lazarsfeld and Robert Merton (1943, 1948) who named it focused interview, and used it to assess the effects of propaganda. The focus group method aims to obtain from the subjects the meaning and interpretation of the proposed theme, offering the frame for serious discussions within a relatively small group, focused on a particular topic. The interaction is a unique feature of the investigation method of the social environments which has the ability *to give a voice to the group*. The method provides a suitable framework for producing a *social speech* that enables communication, recalling historical information, personal experiences, but also represents a good opportunity for interaction (Singly et al, p. 119). In the group interview, participants influence one another, as happens in ordinary life. By interacting to each other, the participants get to build a common vision on the discussed issues, validating through the expression forbearance their own ideas and opinions. We use this method as an opportunity for obtaining valid information considering that “a focus group is an interview with several people who have common characteristics and provides quality information in a discussion guide, to reach the best possible understanding of the topic discussed” (Krueger and Casey 2005, pp. 21 - 28). The benefits of such research methods are related to the speed in obtaining information, depth of information, but also low costs, being efficient in shaping solutions for certain

problems in various areas, clarifying some values in order to identify lifestyles, quality of life and satisfaction of the people.

The sample of this study is built on twenty people; research is divided into three focus groups, each formed by seven assisted elders. The sample built includes downtown elderly people who have family members abroad; this is composed of women (12) and men (8). As for marital status, we can find: married (4), widowed (15) and divorced (1) people. We want to specify that the psychologist of the residential unit was also presented the meetings, his presence being considered an element of psychological comfort for the elders, maintaining the guarantee of a framework for intimate discussions.

Thematic axes of focus group are:

- Reason for admission
- Residence period in the nursing home for elderly people
- Transnational connections (people / members of emigrating family)
- Social networking and support
- Health status
- Medical assistance and care
- Social assistance

The limits of the research: research area is reduced and the sample is not representative nationally.

4. Results of the study

Most interviewed elders explained that they feel *the intergenerational fracture* caused, in their condition, especially by the physical and communicational distance. Some of the subjects invited by their children to settle down in their new countries of destination, said that they failed to adapt to the climatic conditions of the state of residence of their children (S18 and S19, aged 81 and 82, have a resident boy for 14 years in Canada). The couple visited their only son who is in Canada, failing to adapt to the social and climatic conditions, considering that the society there is formed and characterized by "cold people, neighbors who do don't say hello to each other and there was too much white." The two have strengthened their explanations by the fact that they were not were attracted by the family's invitation to settle abroad.

"Blended in, is never good" it's a *statement - motto* (S12) of a person who claims that beyond the personal habitat problems which led her to choose the solution of admission in the center, the conclusion based on the experience from short periods of time staying with their children, is that the privacy of young families must be protected. But beyond the regret that they do not get to see their children very often or that they failed to adapt to the common living conditions, the subjects finally conclude by expressing a family feeling, "*we feel like we are home.*" It is a feeling expressed and shared by most participants in the focus groups.

The reason for admission of most interviewed elders is closely related to age, health status and poor economic situation. Personal insecurity is another factor in deciding to get admitted to the center, which can be manifested by fear of loneliness, emotional state affected by widowhood, inability to administrate one's personal life. The opinions of the subjects led to the conclusion that, especially men, manage harder loneliness, having no domestic and household skills.

The residence period in the nursing home of the surveyed people is in average of about 8 years. The longest is of seventeen years, and the shortest is of two years. The extreme maximum is held by a woman (S10, 73 years old) admitted immediately after retirement, when she was 56 years old, and the minimum by a man (S1, 70 years old) and a woman (S2, 70 years old). Subjects have well praised the conditions of residential assistance, i.e. the services provided by the qualified personnel, and the environmental quality created by their psychological - individual features.

4.1. *Transnational behaviors and transgenerational connections*

The evolution of the new global economy had undeniable effects on migration and development and was in line with a relatively recent trend analysis of migration, named *transnational turning* used to study the location and integration of migrant communities in host countries (Glick Schiller, Basch and Blanc –Szanton, 1991 Castles and Miller, 2009 Faist, 2004). There was a growing recognition of the increased opportunities of migrants and their families to live and to adopt *transnational identities*.(Vertovec, 1999; Guarnizo, Portes and Haller, 2003). This fact comes in relation with the technically improved possibilities of migrants to maintain the connection with their societies of origin through various means of communication (phone, fax, television, Internet). Technical facilities more increasingly allow migrants and their families to develop a specific type of fondness, *a double devotion*, to travel between the two countries, interact with people, work and do business simultaneously in different places. It is true that migrants from the nineteenth century and late twentieth century did maintain intense transnational connections, but it seems that the evolution of new technologies has substantially increased the scope of action and communication of migrants and their families, developing more obvious *transnational behaviors*.

According to Hein de Haas (2005), this transnationalization of migrants' lives caused *assimilationist models* of integration of migrants and influenced political concepts of nation-state and citizenship. The consequence of the transnational approach is that precise dichotomies of "origin" or "destination" and categories such as "permanent", "temporary" migration and "repatriation", are increasingly difficult to sustain in a world where migrants' lives are characterized by circulation and simultaneous commitment to two or more societies and communities (De Haas, 2005). Hein de Hass believes that this has fundamental

implications for the study of migration and development, since it implies the fact that integration into host societies and commitment to the societies of origin may not necessarily be replaced, but complementary.

It was long time considered that the integration of immigrants should coincide with a gradual weakening of the connections with their societies of origin and that "permanent" migration would represent, inevitably, a "loss" (De Haas, 2005). Empirical studies have shown that migrants can maintain strong transnational ties during sustained periods and that these connections can even become transgenerational. They also show that the migrants' commitment to the countries of origin does not involvetheir return, but it can be maintained by sending money and ideas, through means of telecommunication, visits during holidays, and oscillating forms of migration.

There is a number of subjects – presented in this research note - who have decided to migrate in the communist period as a consequence of the oppressive political regime but also subjects involved in the circular migration mechanism resulting from the new context of belonging to the structure of the European Union which guarantees the right to free movement and access to the Community labor market for all European citizens.

The twenty interviewed subjects have at least one emigrant family member. Eighteen subjects have children living abroad, sons or daughters, and two of them (S1 and S15) have only migrant grandchildren. The destination countries for the relatives who are involved in the migration process are: Italy - 11 people, UK - 4 people, Canada - 3, Cyprus - 3, Germany- 2. Ireland- 1. The most extended period of residence in a host country is Cyprus and belongs to the daughter of subject S9, who has been living in this country for over 30 years. Another important destination as duration is Germany (S12's daughter, 27 years), followed by Canada (S8's son, 20 years).

According to the data collected since 1994 by the National Statistics Institute (NSI), between 1994 - 2013, 7864 people have settled down in Italy, starting from a number of 19 Romanian citizens. The main periods of increase of the statistical indicators of the Romanians migration were established in Italy in 1995, 2003 and 2008, and then another increase appeared in 2010 and a downward trend until 2012 with a slight increase in 2013 (Chart no. 1). In Germany, a number of 7499 people settled down during 1994-2013, from a total of 229, according to NSI collected data since 1994. The main periods of growth of the migration statistics indicators of Romanians migrants who settled down in Germany were 1995, 1997, 2008, and 2013 as we can see in Chart number 2.

In Canada (Chart no. 3), a number of 3.079 people settled down during 1994-2013, from a total of 12 people, according to the NSI collected data since 1994. The main periods of growth of the migration statistics indicators of Romanians who settled down in Canada were 1997, 2003, 2008, and a slight increase from 2013. The study confirms that Italy is the favorite destination

country; Romanians migrants follow the steps in order to have access to the labor market, from limited quarterly flows, followed by mandatory returns home, to the decision to establish their permanent residence there.

Most subjects are periodically visited by their children; the time of traditional holidays is an occasion for many family reunions. The supportive relationship is manifested through financial support for medical needs or for the subjects' journeys in destination countries of their children. The opposite applies to a limited number of subjects who provide from their own financial resources, money to children who have socio-economic difficulties (S1, S10). It is important to note that the segment receiving financial support is formed by the children who live in the country.

It should be noted the fact that some migrants children tried to naturalize their parents (S9 in Cyprus, S17 and S18 in Canada), but resistance to change and adapting in a profoundly different space from the one of the native subjects, determined them to return in the country and to consider Romania the place where they want to live the end of their lives. Most subjects consider that social support for elders is made through relationships established especially in the social and professional environment in which they have worked, and in the institutional micro community from the residence center.

Medical care and assistance. Health status. Most subjects are registered in the medical unit with chronic diseases such as diabetes, cardiovascular and rheumatic diseases. On the one hand, the degree of autonomy shows optimal mobility for travel and everyday activities, with the exception of one subject (S8, 93 years old). On the other hand, the emotional state shows an institutional dependency towards the residential living environment. Of the 20 subjects, only one (S8, 93 years old) require company and help for personal care and hygiene, without being included in the palliative care program. In several cases (S10, S13, S6) we can notice an emotional instability caused by weak family ties. Although some interviewed elders (S14, S15) assumed the separation from their children to preserve their family's privacy, they do manifest same emotional dependence on family members. Beyond the intrinsic and extrinsic reasons for the decision of admission, all subjects are directly involved, by virtue of their age, in preparation for the final phase of life.

The opinions of the specialized personnel converge on the idea that there aren't major differences between the two categories of assisted elders, those who have relatives abroad and those who have children in the country. Thus, both groups are deeply affected by the nature of the psycho affective relations they have with their family members. According to the psychologist, the type of relationship established with the family can be a direct effect on the fact that they feel rejected by the decision of admission in the residential center. Besides the effects of aging, institutionalization has also consequences over the elders. Psychologically and mentally, in general, most common effects are related to the

loss of identity, autonomy, involution of the elderly, who are subjects to humiliating positions, loss of roles they had before they were institutionalized. In the residential environment, the elders can be considered as a whole, therefore they may be subject to the same activities and habits, some of them feeling obliged to attend, others accepting easily the group atmosphere and accommodating to the pace of it. Old age is a stage of the life cycle and is part of human nature, this period is inevitable and undeniable and it's pretty hard to accept the idea of aging and the condition of mortals, therefore recognizing the limits of capability is one of the tasks of family members and specialists, in case the elders do not have any affiliation. From this perspective, to consider the elders as unnecessary means *humbling our own projection into the future* (Muntean and Sagebiel 2007, p. 604).

5. Romanian legal framework in the social assistance field

National Institute for Statistic from Romania offered important informations regarding elderly people and one of this refers to the assistance provided by the nursing homes from 1995 to 2012. As we can see in the chart number 4 there is an increase number of this kind of protection provided by the state which means that we are talking about an increase number of older people which are asking for this kind of social protection.

In Romania, the Law on Social Assistance regulates the national social assistance system and defines it as the set of institutions, measures and actions through which the State, represented by the authorities of public, central and local administration and civil society, who interfere to prevent, limit or remove temporary or permanent effects on situations that lead to poverty and social exclusion of the person, family, groups or communities.

The current services for protecting the elders according to Law 47/2000, republished, are day services, home care services and residential services. The main categories of social services given to elderly people, provided by the current legislation are:

- *social services which aim at the individual care*, prevention of social exclusion and support for social reintegration, legal and administrative advice, support for the payment of current services and obligations, home and household care, help for housekeeping, food preparation;
- *socio-medical services* meaning aid to do personal hygiene, adaptation of physical and mental capabilities, adaptation of the house to the needs of elderly people and engaging in economic, social and cultural activities, as well as temporary care in day centers, nursing homes for the night or other specialized centers ;
- *counseling social services*, in order to prevent social exclusion and for social integration, they are ensured by social workers without the

payment of a contribution as a fundamental right of the elderly people.

Community services for the elderly people are done with their consent and include *temporary or permanent care at home, temporary or permanent care in a nursing home for elders and care day centers, clubs for the elderly people, temporary nursing homes, apartments and social houses*. According to the legislation, social assistance care receive the elders who do not have anybody or aren't in the care of anybody, and do not have a home and neither the ability to assure the housing conditions based on their own resources, do not have income or the income is not sufficient to ensure the necessary care, cannot do the chores alone or require specialized care and is unable to secure the socio-medical needs due to illness or physical or mental condition.

In order to qualify for assistance and care services provided by a *public residential or day center for the elderly* or at home, the elders file their request at the city hall in whose jurisdiction is their home. Following the social survey that will be achieved at the home of the elderly, local public administration authorities will establish the right to social services provided in the centers under their own administration. The social survey will include data regarding the diseases of the applicant, the ability to work in the house, housing conditions, income etc.

The assessment of functional autonomy is made, usually in the person's home, by a mobile team of assessors, specialists in social work and psychology of the Public Service of Social Assistance or from the General Department of Social Assistance and Child Protection. In case of dependent elderly people, the team of specialists will be completed, necessarily, by that doctor of the person involved. The right to social assistance for the elderly people is established by respecting the criteria for classification in dependence degrees provided in the law that regulates *the national assessment grid of the needs of elderly people*². Entitlements to services and eligibility criteria for inclusion in implemented social programs are different, depending on the service requested. The average monthly maintenance cost is set annually by the local and / or county councils, where appropriate, before adopting their own budgets.

This is determined by the degree of dependence of the elderly people cared for and takes into account the maintenance costs, for food and household, inventory objects, equipment and bedding, sanitary supplies and other necessary materials. In case of services offered *in residential centers for elderly people*, in case of no income or legal guardians, the services provided in residential homes for the elderly are provided without charge contribution. If the applicant and legal guardians have insufficient income, the monthly maintenance contribution amount is determined by the local / county council. If the elderly person has

² Government Decision no. 886 of 5 October 2000 for approval of the *National assessment grid of the needs of elderly people*, published in the Official Gazette no. 507 of 16 October 2000

income, it owes a monthly maintenance contribution of 60% of the monthly personal income, without exceeding the average monthly maintenance cost approved for each home.

If this monthly maintenance contribution up to 60% from personal income monthly does not cover the full amount of the monthly contribution of maintenance, the difference is paid by the legal guardians of the elderly people, if they have a monthly income per family member higher than 600 RON. The legal guardians can cover the full monthly contribution through a payment commitment. If by applying the share of 60% the total monthly contribution is covered, the legal guardians are no longer bound by the payment of the contribution difference. The average monthly cost of maintenance in residential centers for people with disabilities is regulated by specific legislation in force³. The right to social assistance in social care institutions for elderly people is determined through the social survey and certificate of registration in a category of disabilities, as appropriate.

Discussions

An exploratory study concerning the social perception of the elderly, identified in the Romanian society, five ways of reporting to elders: *stigma, ignorance, acceptance, discrimination and integration* (Nechita 2008, p. 37-38). The first type includes people who perceive the elders as *dependent on external support from people close physically, financially and emotionally, socially useless, anxious, apathetic, non-adaptive, having a predisposition to disease*. The second type of perception includes people who, most often, consider the elderly people as *not dependent on the help of people around them, but who should give up their place to younger people who are more capable professionally*. For this category of people, the problematic of third age is not a serious problem and providing the basic needs in terms of living conditions is sufficient, being in fact, the only thing we can do for the elderly. The "acceptance" type encompasses people who think that the elderly are fragile, vulnerable people, who need assistance and financial support from those around them and who have earned the right of being cared for at old age despite the fact that can no longer be useful to society because of their poor health and dependent status.

Those who are part of the fourth type of perception believe that the elderly are *autonomous individuals who have a well-defined social role within the group to which they belong*. Elderly people are placed, usually on a lower social position, being pushed at the edge of society and their wisdom and experience potential remain asserted.

³ Order no. 467/2009 regarding the establishment of the average monthly maintenance cost in the residential centers for people with disabilities and the level of payable monthly maintenance contributions due by disabled adults assisted in centers or by their supporters.

According to the same study by Marius Nechita, the elders consider *third age* to be: a state and not a chronological stage; a new phase of life, the one for withdrawal; pretentious name for a stage of life known as old age; a new phase of life, strictly delimited by youth and social events, but the timing can register differences decades; health degradation, some of them consider disease as the main factor of aging (Nechita 2008, p. 39).

As for the micro research presented in this article, the exploratory study regarding the social perception of the elderly mentioned earlier, allows us to see that the subjects participating in the focus group were auto identified, largely with the results of the analysis made at national level. Moreover, the dialogue with specialists from the *Saint Paraskeva* – nursing home for retired people in Iasi on the perception of third parties in relation to the admitted people, shows that we find all five ways of reporting. Thus, further on, we will present a series of specific features of the target group analysis, which have resulted from the undertaken research.

A first issue relates to the reasons the family members decided to leave abroad. These are connected to pecuniary matters, family breakdown through divorce, leaving the Romanian territory under communism, easy access to the labor market for professions in desirable fields in the Western market (IT, health) and to areas less desirable (services, home care).

Second important element of the research shows that transnational ties of assisted elders in residential centers are maintained on the basis of a supportive reciprocity sustained through the transfer of practices and ethno-nationalist habits, through active communication for most subjects and through interpenetration of common spiritual experiences either in the country of origin, either in the host country. The sustainability of transnational connections is supported not only by the pecuniary part, through money sent home repeatedly, but also through transnational marriages and the involvement of migrants in social, cultural and political life of their countries of origin. Thus, the automatic interpretation of migrants' engagement to their home countries as a manifestation of a failed integration seems incorrect. As contrary, a greater involvement of migrants in host societies does not necessarily lead to a less significant commitment to their countries of origin (Snel, Engbersen and Leerkes, 2006). Ultimately, successfully *integrated* migrants have improved their financial and human resources that can allow them to make economic investments or to participate in public life in both countries, of origin and destination. Constant visits to their home country, the money sent home, transnational businesses, and also investments and political involvement in the countries of origin are expressions of the transnational nature of migrant life. The fact that migrants often maintain long term connections with the countries of origin and that their integration does not necessarily exclude, but may even encourage such a

transnational commitment, questions the statement that the departure of migrants would automatically mean a loss for the country of origin.

In this study we can notice *a first paradox of alignment of the subjects in relation to the perception they have regarding the social institution*. On the one hand they feel an inferiority complex because they are in an "asylum", on the other hand realize that in this social institution "it is very good".

Another relevant result for this study lies in what the psychologist define as *"a form of attachment"* to the need of preparing and facing the end of life in a place where they lived their life history. The spiritual connection of the subjects with the socio-cultural and identity space is embodied by local deep identifications in the Romanian space, and this goes as far as the majority of them have already purchased their resting place in a cemetery. One of the subjects (S9, woman, 80 years old) has lived for 17 years in Cyprus and was involved in the education process of her grandchildren, and still she returned home, in an institution of protection, being convinced that she belongs in a Romanian space, whose habits she shares. During the seven years she has been leaving in the center, she has continued to travel annually to her daughter, remaining convinced of her idea to stay in Romania. *The birthplace's ritual* is noted by the psychologist of the institution as a path that elderly people walk in steps of spiritual preparation of senescence.

Another interesting aspect of the study is the *association of the critical spirit to the existing situation of elderly people with the sense of helplessness in identifying some alternative solutions*. The main dissatisfactions of the assisted people, highlighted by interviewed experts, consist of disagreement regarding the use of the common housing space. As direct negative effects, some moments of socialization degeneration have been reported through intergroup communication or the triggering of "some sort of conflicts" manifested rather as small protests against some kitchen employees. Most often these complaints appear spontaneously and disappear in the same manner.

We can conclude by saying that the residential services for elderly people whose family members are abroad, and who have chosen to be beneficiaries of this type of assistance, complementary to social security schemes and health services, represent an alternative that offers this social category of population, physical and psychological safety, social support and community integration, without being subject to stigma, ignorance, non-acceptance and discrimination.

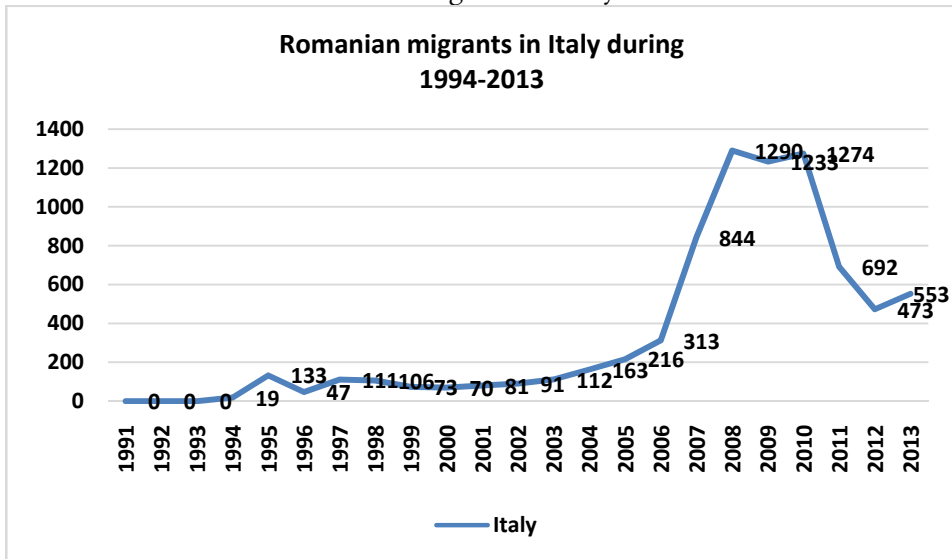
Table no. 1 Features of sample research

Code of the subject	Sexe	Age	Marital status	Years in the nursing home	Children/ relatives	Destination Country	Duration of stay
S 1	M	81 years old	Widower	2 years	1 granddaughter	Italy	4 years
S 2	F	70 years old	Widow	2 years	1 daughter	UK	2 years
S 3	F	69 years old	Widow	13 years	1 daughter	Italy	14 years
S 4	F	85 years old	Widow	11 years	1 daughter	Italy Cyprus	12 years 9 years
S 5	F	77 years old	Widow	10 years	2 sons	Irland	9 years
S 6	F	73 years old	Widow	6 years	1 daughter 1 son	Italy Italy	8 years Is leaving for an internship for 2-3 months
S 7	F	84 years old	Widow	5 years	1 daughter 1 grandson	Italy	12 years
S 8	M	93 years old	Widower	6 years	1 daughter 1 son	Italy Canada	15 years 20 years
S 9	F	80 years old	Widow	7 years	2 daughters	Cyprus	30 years 10 years
S 10	F	73 years old	Widow	17 years	1 son	Italy	3 years
S 11	M	66 years old	Widower	3 years	1 daughter	Italy	3 years
S 12	M	83 years old	Widower	3 years	1 daughter 1 son	Germany	27 years 18 years
S 13	M	63 years old	Divorced	4 years	4 sons	UK	7,5, 3 years
S 14	F	85 years old	Widow	14 years	1 daughter 1 son	Italy	3 years
S 15 *	F	75 years old	Married	4 years	2 grandsons	Germany UK	3 years 3 years
S 16 *	M	76 years old	married	4 years	2 grandsons	Germany UK	3 years 3 years
S 17 *	F	81 years old	married	14 years	1 son	Canada	15 years
S 18 *	M	82 years old	married	14 years	1 son	Canada	15 years

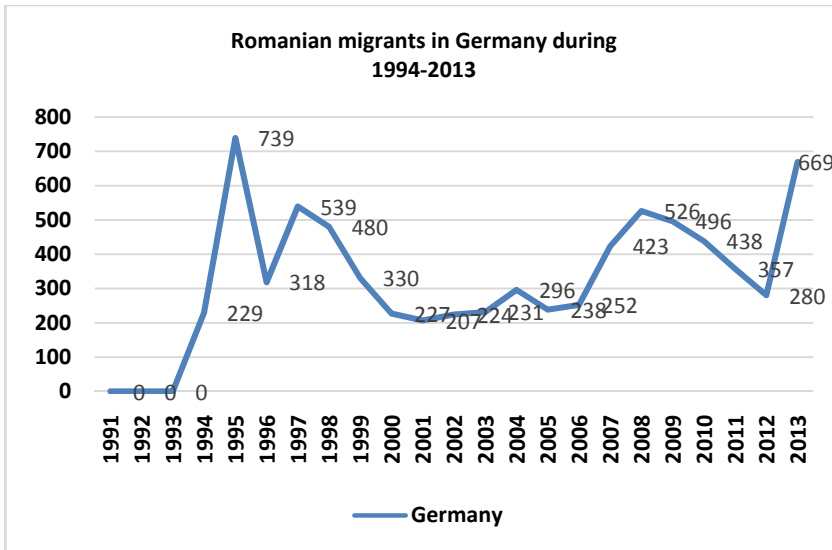
Code of the subject	Sexe	Age	Marital status	Years in the nursing home	Children/ relatives	Destination Country	Duration of stay
S 19	M	73 years old	widower	8 years	1 daughter	Germany	Temporary migration
S 20	F	76 years old	widow	7 years	1 daughter	Italy	3 years

*Subjects S15, S16 and S17, S18 are the 2 married couples in the sample.

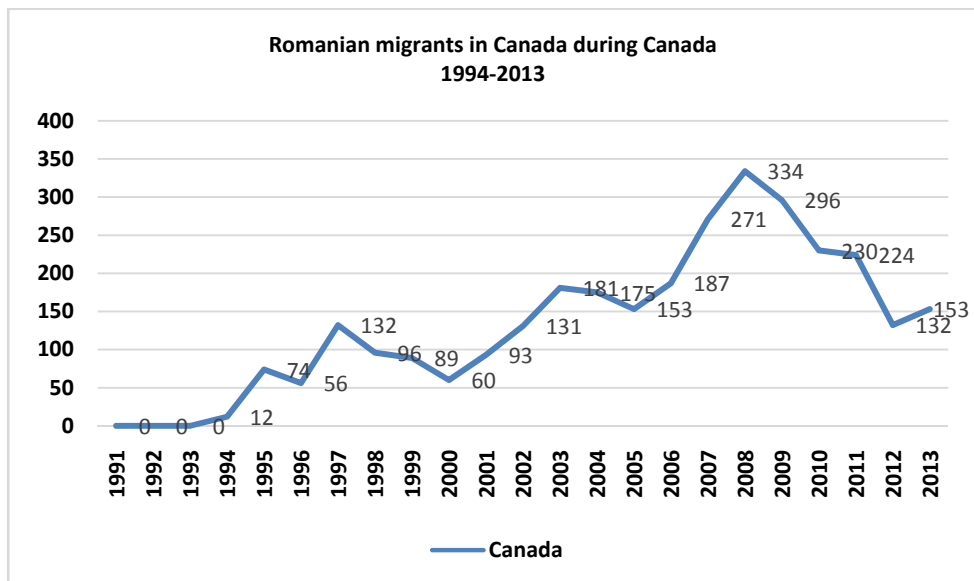
Chart no. 1. Romanian migrants in Italy from 1994 to 2013



Source: NSI, 2015

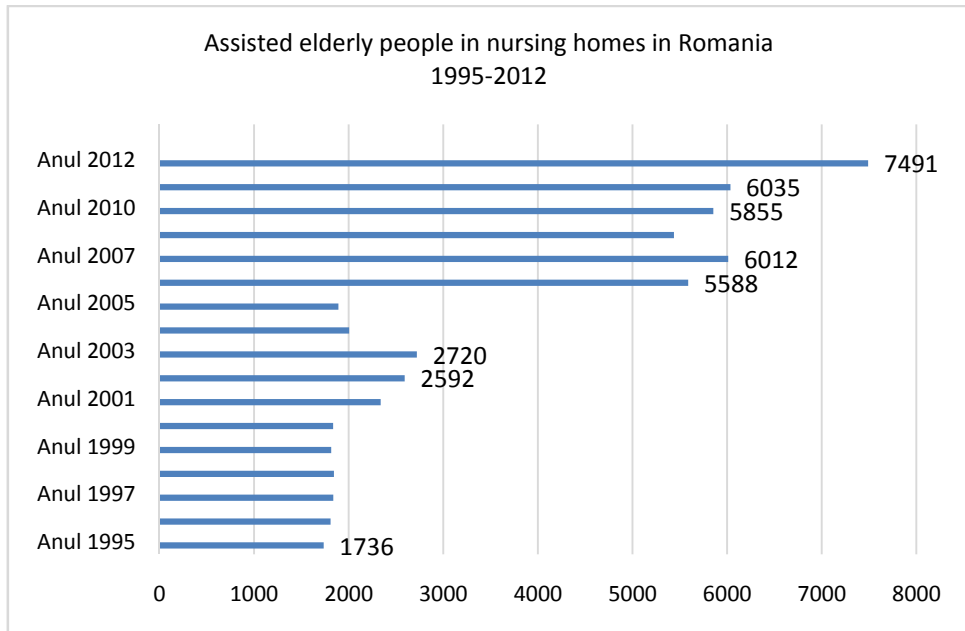
Chart no. 2 Romanian migrants in Germany during 1994-2013

Source: NSI, 2015

Chart no. 3. Romanian migrants in Canada during 1994-2013

Source: NSI, 2015

Chart no. 4 Assisted elderly people in nursing homes in Romania
1995 - 2012



Source: NSI, 2015

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References

- *The Decision no. 903 / 2014 regarding the establishment of the minimum daily allowance for food for collective consumption of public and private institutions and units of social care for adults, adults with disabilities and elders.
 - *The Government Decision no. 886 of 5 October 2000 for approval of the *National assessment grid of the needs of elderly people*, published in the Official Gazette no. 507 of 16 October 2000.
 - *The Order no. 467/2009 regarding the establishment of average monthly maintenance cost in the residential centers for people with disabilities and the level of payable monthly maintenance contributions due by disabled adults assisted in centers or by their supporters.
- Castles, S. and Miller, M. J. (2009). *The Age of Migration*. Palgrave Macmillan, New York.
- Căminul de Pensionari Sfânta Cuvioasă Parascheva. Available from: <http://www.dacia.ro/cminului-de-pensionari--sf-cuvioas-parascheva>. Accessed on: August 15, 2015
- De Haas, H. (2005) International Migration, Remittances and Development: myths and facts. *Third World Quarterly*, 26 (8), 1243 – 1258.

- Faist, T. (2004). *The Volume and Dynamics of International Migration and Transnational Social Spaces*. Oxford University Press, Oxford.
- Faist, T. (2004). Towards a political sociology of transnationalization. *European Journal of Sociology*, **45** (3), 331-366.
- Geddes, A. (2003). *The Politics of Migration and Immigration in Europe*. SAGE Publications, London.
- Glick Schiller, N., Basch L. and Blanc-Szanton C. (1991). *Towards a Transnational Perspective on Migration*. New York Academy of Sciences, New York.
- Glick Schiller, N., Basch L. and Blanc-Szanton C. (1992). Transnationalism: A new analytic Framework for Understanding Migration. In Glick Schiller, N. Basch, L. and Blanc-Szanton, C. (eds) *Toward a Transnational Perspective on Migration*. New York Academy of Sciences, New York, 1 - 24.
- Guarnizo, L., Portes A. and Haller W. (2003) Assimilation and Transnationalism: Determinants of Transnational Political Action Among Contemporary Migrants. *American Journal of Sociology*, **108** (6), 1211-1248.
- Institutul European din România, Alpha MDN, Buzău. Available from: <http://europedirectbucuresti.ier.ro/wp-content/uploads/Brosura-ED-Politica-de-migratie-a-UE.pdf>. Accessed on: July 03, 2015.
- Krueger, R. A., Casey, M. A. (2005). *Metoda focus grup: Ghid practic pentru cercetarea aplicata*, Polirom, Iași.
- Lazarsfeld, P. F., and Merton. R. K. (1943). Studies in Radio and Film Propaganda. *Transactions of the New York Academy of Sciences*, **6** (2), 58-79.
- Lazarsfeld, P. F., and Merton. R.K. (1948). Mass Communication, Popular Taste and Organized Social Action. In Bryson L. *Communication of Ideas*, Harper & Brothers, New York, 95-118.
- National Institute of Statistics, *Definitive immigrants by country of destination*. Available from: <http://statistici.insse.ro/shop/?page=tempo2&lang=ro&context=12>. Accessed on: August 20, 2015
- National Institute of Statistics, Home for the Elderly. Available from: National Institute of Statistics, <http://statistici.insse.ro/shop/index.jsp?page=tempo3&lang=ro&ind=ASS114A>. Accessed on: August 20, 2015
- Popa, M., Ungureanu, D., and Oneașcă, I. (2013). *Politica de migrație a Uniunii Europene : implicații pentru piața muncii*. Centrul de Informare Europe Direct București
- Sagebiel, J. and Muntean, A. (2007). *Practice in Social Work. Romania and Germany*. Polirom, Iași.
- Singly, F., Blanchet, A., Gotman. A., Kaufmann, J. C.(1998). *Ancheta și metodele: chestionarul, interviul de producere a datelor, interviulcomprehensiv*.Polirom, Iași.
- Snel, E., Engbersen G. and Leerkes A. (2006). Transnational Involvement and Social Integration. *Global Networks* **6** (3), 285- 308.
- Vertovec, S. (1999). Conceiving and Researching Transnationalism. *Ethnic and Racial Studies*, **22** (2), 445-462.
- Vrânceanu, E. S. (2015). *Migrație și construcție identitară. Politici și practice europene*. Tipo Moldova, Iași.