

DEMOGRAPHIC CHALLENGES AND SOCIAL POLICIES IN ROMANIA

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Abstract

Several factors contributed to the current world demographic configuration: cultural, financial, and socio-economic changes specific to the globalisation process. The improvement of alimentation, the recent progresses in the field of medicine, along with mass immunization, the information and education of the population in the fields of health and care for each stage of life, and practicing mass-sports contributed, as well. From the demographic viewpoint, the main responsible factors are the decreases of the birth rate, increased life expectancy, the migration phenomenon, and population ageing. This latter aspect is the subject of the present paper. The first part reviews the definition of old age from a general and demographic point of view. The second part analyses comprehensively the social vulnerability of this period of life. The third part is dedicated to the impact population ageing has on the configuration of social policies. From the methodological viewpoint, the paper relies on analysing the specialised literature dedicated to demographic ageing. The paper concludes that demographic ageing is analysed by the Romanian literature predominantly during the past two decades of the post-communist period. The phenomenon has impact on the social insurances system (pensions), medical services and social assistance system (social services dedicated to long-term care).

Keywords: elderly, demographic aging, social policy, social assistance

Résumé

Plusieurs facteurs ont contribué à la configuration démographique mondiale actuelle: changements culturels, financiers et socio-économiques spécifiques au processus de mondialisation. L'amélioration de l'alimentation, les progrès récents dans le domaine de la médecine, l'immunisation de masse, l'information et l'éducation de la population dans les domaines de la santé et des soins pour chaque étape de la vie, ainsi que la pratique de sports de masse ont également contribué. Du point de vue démographique, les principaux facteurs responsables sont la diminution du taux de natalité, l'augmentation de l'espérance de vie, le phénomène de migration et le vieillissement de la population. Ce dernier aspect fait l'objet du présent document. La première partie examine la définition de la vieillesse d'un point de vue général et démographique. La deuxième partie analyse de manière exhaustive la vulnérabilité sociale de cette période de la vie. La troisième partie est consacrée à l'impact du vieillissement de la population sur la configuration des politiques sociales. Du point de vue méthodologique, le document s'appuie sur l'analyse de la littérature spécialisée consacrée au vieillissement démographique. Le document conclut que la littérature roumaine analyse principalement le vieillissement démographique au cours des deux dernières décennies de

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la période post-communiste. Le phénomène a un impact sur le système d'assurance sociale (pensions), les services médicaux et le système d'assistance sociale (services sociaux dédiés aux soins de longue durée).

Mots-clés: personne âgée, vieillissement démographique, politique sociale, assistance sociale

Rezumat

Există numeroși factori care au contribuit la actuala configurație demografică mondială: schimburile culturale, financiare și socio-economice specifice procesului globalizării; îmbunătățirea alimentației; progresele recente din domeniul medicinei; vaccinările în masă; informarea și educarea populației în domeniile sănătății și prevenirea îmbolnăvirilor; alocarea și specializarea resurselor umane dedicate îngrijirii pentru fiecare etapă a vieții și practicarea sportului de masă. Din punct de vedere demografic, principalii factori responsabili sunt: scăderea natalității, creșterea speranței de viață, fenomenul migrației și îmbătrânirea populației. Acest ultim aspect reprezintă obiectul prezentului articol. Prima parte trece în revistă definirea bătrâneții din punct de vedere general dar și demografic. A doua parte analizează în detaliu vulnerabilitatea socială a acestei perioade a vieții. Cea de a treia parte este dedicată impactului pe care îmbătrânirea populației o are asupra configurației politicilor sociale. Din punct de vedere metodologic, articolul se bazează pe analiza literaturii de specialitate dedicată îmbătrânirii demografice. Articolul concluzionează că îmbătrânirea demografică este analizată în literatura română cu precădere în ultimele două decenii din perioada postcomunistă. Fenomenul are impact asupra sistemului asigurărilor sociale (pensiile), serviciilor medicale și a sistemului de asistență socială (serviciile sociale dedicate îngrijirii pe termen lung).

Cuvinte cheie: persoane vârstnice, îmbătrânire demografică, politică socială, asistență socială

1. What is ageing?

At what age is a person considered old? In the current social context, there are elderly who feel much younger than their biological age, but also adults that feel old ahead of time. For the past years, debates have circled around young elderly and old elderly individuals.

In the international specialised literature, the term “third age” emerged in the seventies (Segalen 2011, 224). Likewise, the specialised literature from Romania reviews definitions of old age (Curaj 2010, 281-290; Sorescu 2010, 327-329, Bucur and Bucur 2011, 1046-1053). As opposed to the chronic pathology, the ageing process is universal, intrinsic, progressive, and deteriorating (Curaj 2010, 282). Nevertheless, population ageing as inevitable process is still indefinite (Rotariu 2017, 301).

Taking into account the end of the Second World War, the well-known Decree regarding the abortions’ prohibition from 1966, and the legalisation of abortion after 1989, three segments of population were identified: “the

generation of instating and strengthening communism” (born in the period 1945-1966), “the Decree-children generation” (1967-1989) and the transition generation (1990 up to now) (Preda 2009, 305-306). The first generation enjoyed various opportunities regarding education, entering the labour market and obtaining a house. On pensioning, this segment of the population owned long-term goods doubled by various privileges at the time of pensioning (special pensions, or anticipated pensioning, or other types of compensatory payments) dictated by the access to decision during the first years of democracy. The “Decree-children” generation represented a “buffer” for the definitive migration after 1989 (Preda 2009, 306; Stanciu 2015, 375). The pensioning of the “Decree-children” brings with it: an increase in the numbers of pensioners, the possible decrease of the average pension, and the emergence of the persons without pensions, or just with a social pension. The main challenge of the third generation will be represented by the contribution to support financially the pensions’ system of the “Decree-children” (Preda 2009, 306-309, 312).

From the statistical point of view, not that far back, people were quantified in the elderly category as of 60 and over. Currently, the statistical threshold was changed to 65 years of age and over, but without the review of the preceding national statistic centralisations from this perspective (Rotariu 2017). The ageing of the elderly population, or of the “fourth age” population (80 years and over) (Ghetau 2009, 285; Curaj 2010, 294; Stanciu 2015, 374) is due to the “trend of families to have less children (...), and to the fact that people live longer” (Giddens 2010, 177).

Ageing might be regarded from three complementary perspectives: biological, psychological, and social. The sociological explanations of ageing are based on three theory generations: functionalism, the theory of stratification on ages, and the theory of the life course, as well as on the theory of political economy. The first category of theories emphasises the adjustment of individuals “to the social roles as they age, and on the way in which these role were useful to the society”, and supported the disengagement of elderly from society (Giddens 2010, 180). The second generation of theories was based on “the role and influence of social structures, such as the pensioning policy, on the process of individual ageing, and on the extended stratification of elderly within the society (the theory of stratification on ages). Thus, ageing was considered a «stage of life, configured by historical, social, economic, and life environment factors that occur during the first stages of the life course»” (*Ibidem*, 181-182).

Population ageing derives from the huge drop in the modern developed societies (Ghetau 2009, 283) and indicates, “An assembly of changes occurring towards the end of the maturity period, and last up to the life end” (Stanciu 2015, 373). These are of physical nature (mobility decrease, incidence of specific illnesses), social ones (participation to social, voluntary activities), along with the economic (decrease in incomes because of pensioning), and psychic in nature (the subjective perception about the quality of life, senility, depression).

Demographic ageing refers to the increased weight of old population (over 65 years) in total population (Rotaru 1993, 319; Rotariu 2000, 199; Rotariu 2010, 105). It is characterised by increased weight of elderly population, respectively decrease in the share of the young population (Staiculescu 2002, 398). As profile, Romania’s demographic transition began somewhat later than in other countries, but the demographic ageing “began later than in the other European countries, and had a lower intensity, characterised by slow growth rates” (Radulescu 1998, 120).

The demographic evolutions after 1989 in our country might be characterised by:

1. “Rapid and massive decrease in the birth rate (...);
2. Deterioration of the health state of the population and drop in the life expectancy at birth between the years 1991-1996;
3. Decrease in mortality on ages and the constant increase in life expectancy at birth after 1996 (...);
4. Negative natural population growth emergence (as of 1992) (...);
5. Restructuring of internal migration flows between urban and rural (...);
6. Veritable boom of external migration” (Ghetau 2009, 277-278).

If in 1930, in Romania young individuals under 15 years of age represented 33.5% from total population, and persons over 60 years of age 7.4%, in the year 2010 youths represent 15% and elderly 20% (Rotariu and Mezei 2012, 33). According to 2001 data, the slow ageing of the population from Romania, placed the share of persons aged 65 years and over under the average of other member-states (Nicolae 2003, 41).

In the period 2000-2010, the life expectancy of the persons aged 65 years and over increased while as of Romania’s accession to the EU in 2007, the healthy life expectancy began to be computed also in our country (Stanciu 2015, 376). The rapid increase in elderly population in our country is rather the “effect of fertility drop and not of extended life expectancy at old age” (Rotariu 2000, 200).

2. Social vulnerability among elderly

Elderly, depending on the actual situation they face at a given time, might be included into the vulnerable groups defined as “categories of population exposed to the risk of poverty, marginalisation or social exclusion, lacking own resources to whom the access to their fundamental rights is restricted” (Negut 2015, 125). Among the factors of vulnerability for the elderly are counted: physical and psychical health state, the dependency situation, the economic situation, housing, discrimination, declining status, loneliness and social isolation, as well as abuse (Radulescu 1998, 115-116; Sorescu 2010, 352-358). This does not mean that all elderly are vulnerable. Technological progresses, the personal care for a healthy lifestyle and access to quality medical services allow to an increasingly larger number of people to stay healthy, independent, and active even at advanced old age.

Compared with other periods of life, “old age is the most vulnerable against economic pressures and constraints” (Radulescu 1998, 115). General mortality increases on age groups almost exponentially (Botezat et al. 2016, 3). In the year 2016, the main reasons of death were illnesses of the circulatory system, tumours and respiratory system illnesses (*Ibidem*, 3-5). Regarding the death reasons on age groups, in Romania the causes are the same like in other member-states of the European Union, but the differences in share are high. According to 2010 data, in our case “more than three times more people die” (Alexandrescu and Istrate 2012, 121).

The main reason of economic vulnerability is the decrease in incomes because of pensioning. Even though for the past years increasingly more emphasis is laid on fructifying the professional experience of the seniors, these are counted amongst the vulnerable groups in relation to their stay on the labour market. In the year 2010, the employment degree of the population over 65 years of age was by 13%, respectively 22.4% in the rural area, and 1.3% in the urban area. The differences originate especially from the involvement in subsistence agricultural activities (Voineagu and Pisciă 2012, 66). At the level of the year 2017, according to the households' distribution after the occupational status and age of the household head, among individuals aged 65 years and over, the status of pensioner was dominant (74.2%) followed by the one of farmers (5%), self-employed (1.1%) and employees (0.3%) (Ghentea 2018, 123). The successful implementation of the international recommendation towards ensuring active life for seniors imposes both creating employment opportunities after achieving the legal

pensioning age, and creating favourable voluntary activity opportunities for them (Bodogai 2013, 152).

According to the subjective estimates regarding social exclusions, a share of 27% from the persons aged 65 years and over from Romania declared that “their life became so complicated, that they cannot see their way clear anymore” in 2016 (Mihalache and Petrescu 2018, 66).

However, who are the vulnerable elderly in Romania? First, the lonely and helpless ones (Zamfir 1993, 61; Popescu 2002, 248; Stanciu 2015, 374). The family remains a primordial element in managing issues related to old age, both from the viewpoint of nuclear family, but also from the one of the extended one. According to the data from the Quality of Life Diagnosis (Institute for Quality of Life Research) for the years 1990-1999, 2003 and 2006, the satisfaction with family life was high in our country (Popescu 2010, 9). The Romanian family is adjusted to contemporary times representing “the most important landmark in the life of the Romanians” (*Ibidem*, 181). 2011 and 2016 data of the European Quality of Life Survey emphasised increased involvement of women in unpaid care of children and grandchildren as well as care for elderly or disabled relatives (Eurofound 2016, 43). According to the data of a 2007 survey, the first three important conditions for a happy marriage were considered by individuals aged 55 years and over love, good housing conditions, and mutual support. Individuals aged over 65 years considered that the main divorce reasons were violence, alcoholism, and infidelity (Popescu 2010, 15-16). Pensioning brings with it also conjugal adjustments of the couple that spends more time together. At the same time, adjusting to contemporary challenges triggers new trends among the elderly generations such as financial comfort because both partners have pensions, an active sexual life, and the use of new technologies, or the possible return to the native country for immigrant pensioners (Segalen 2011, 226-228). The loss of the life partner represents a turning point in the lifestyle of an elderly.

Regarding the extended family, 2012 World Values Study data focus on solidarity between generations that were analysed from three perspectives: family structure related indicators, value orientation, and socioeconomic indicators. “The most important predictors (...) appear to be the education, the work status, and the marital status”. Persons tending to be more solidary with elderly are educated persons, employed, and married or living together. “In Romania a solidary attitude is not a question of density or opportunity but rather a question of family type (Rusu 2016, 142).

In the context of massive migration abroad, we face not only the phenomenon of migrants' children remaining at home, but also with the increase in the numbers of households consisting of lonely elderly individuals, especially in the rural area (Ghetau 2009, 285; Sandu and Alexandru 2009, 299). The lack of support for elderly parents remaining at home is worrying, but no data are available for estimating the amplitude of this phenomenon (Sandu and Alexandru 2009, 298).

The low level of the elderly population's incomes affects their quality of life (Radulescu 1998; Pasa et al. 2009, 48). A particular case is the one of pensioner farmers (Stanciu 2015, 388). Nevertheless, the risk of poverty decreases together with growing older, especially in the case of elderly after the year 2000, who manage to be above the threshold poverty due to the reforms in the pensions' system and to increases in the social insurances' budget (Stănescu and Dumitru 2015, 9-10). Elderly avail themselves of long-term consumption goods and real estate, especially houses in which they are protected, compared with younger generations.

Another category of elderly is represented by those without pension and health insurance (Preda 2009, 312). We mention here the elderly unschooled Roma generations (Duminica and Cace 2007, 45), or persons whose employment contracts were lost due to historical events after the Second World War. Yet, another category is the one of persons who went into anticipated pensioning, or for medical reasons (Preoteasa 2018, 38-39; Zamfir 2018, 233). As opposed to other countries, Romania experimented a different type of anticipated pension in the second half of the nineties that "attempted to avoid social revolt as possible reaction of the population to mass layoffs determined by economic restructuring" (Ilie 2002, 507). Other categories include homeless persons, the ones with disabilities, or chronic illnesses.

The social isolation of elderly in Romania is due to the relatively low frequency of informal socialisation instances, as well. According to the data regarding the Quality of Life Diagnosis, realised in 2006 by the Institute for Quality of Life Research, only a share of 11% from the persons with ages between 60 and 69 years attend gatherings of parties with friends and relatives, against just 3% from the persons aged over 70 years (Voicu 2008, 129). Another place where elderly meet is the church. As shown by the statistical data for 1990-2018, in Romania, the "religious practice increases, though from one generation to the other the same is on decrease" (Voicu and Manea, 2018). From this point of view, public and private social services are organised as day care centres, or pensioners' clubs are desirable. Pensioners' enrolment to mutuals, next to the financial aspects, might also

provide for opportunities of spending free time by accessing social services provided to its beneficiaries by the mutual.

3. Impact of demographic ageing on social policies

Population projections are based on statistics regarding the decreasing trend of mortality, the increase of the birth rate just like in other western countries, and migration (Rotariu and Mezei 2012, 25). According to demographic projections, and the data provided by the National Institute of Statistics the population aged 65 years and over will represent by 2050 a 30% weight from total population. The dependency ratio (persons aged 65 years and over in 100 persons aged 20-64 years) will be of 54 persons (Ghetau 2009, 285).

A core objective of the social policies is represented by ensuring decent living regarding the quality of life, this representing for the individual “the significance of his life, the outcome of global evaluation, from the viewpoint of the human being regarding own life” (Zamfir 1993, 79). The quality of satisfaction with life “unites the individual concerns for achieving happiness with the political objectives of a society based on the accountability of the authorities against the citizen” (Bălătescu 2007, 86). Measuring the quality of life for elderly extended from the traditional indicators regarding the health state to “indicators regarding the independence (...), financial resources, social relations with the family members, friends and neighbours (...), the social roles (...), to activities in which they are involved, mobility (...) psychic well-being, spending free time, practiced hobbies, including housing and neighbourhood” (Petrescu 2015, 56-57). The voice of the elderly became increasingly louder first by means of the mutuals for pensioners that represented their interests, and subsequently by means of the National Council for Elderly set up in the year 2000. In acknowledgment of the importance of the issue in the framework of social policies, not that long ago, the name of the corresponding ministry was the Ministry of Labour, Family, and Elderly.

The adoption of the European Pillar of Social Rights by November 2017 opened a new era within concentrated efforts in providing a better quality of life for EU citizens. The proclaimed 20 key principles are organized in three categories: equal opportunities and access to the labour market, fair working conditions, and social protection and inclusion. Among these, we selected the ones relevant for the topic of elderly: old age income and pensions (Everyone in old age has the right to resources that ensure living in dignity),

and long-term care (Everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services)¹. Romania's monitored performances after one year of implementation are listed below:

- Equal opportunities and access to the labour market
 - Early leavers from education and training (2016) – critical situation
 - Gender employment gap (2016) – critical situation
 - Income inequality (2016) – weak but improving
 - People at risk of poverty or social exclusion (2016) – critical situation
 - Young people not in employment, education or training (NEETs) (2016) – critical situation
- Real gross household disposable income
 - Employment rate (2016) – to watch
 - Unemployment rate (2016) – better than average
 - GDH per capita growth (2015) – best performers
- Public support / social protection and inclusion
 - Impact of social transfers on poverty reduction (2016) – critical situations
 - Children aged less than 3 years in formal childcare (2015) – weak but improving
 - Self-reported unmet need for medical care (2015) – critical situations
 - Individual's level of digital skills (2017) – critical situations (European Commission 2018, 2-4).

In the context of the second demographic transition, and of the increased autonomy of elderly against the extended family (Stanciu 2015, 373) the issue of adjusting social policies aimed to this population segment to the new demographic realities becomes increasingly stringent. Among the measures required in the context of decreasing birth rates and increased life expectancy, we mention “recalibrating the schooling and pre-schooling system (...), rethinking the system of institutions for social assistance of elderly (...). Moreover, changing the housing room and functionalities (...), redirecting *leisure (loisir)* services (...), moving the emphasis in the health care system (...), and restructuring the pensions' system” (Rotariu and Mezei 2012, 39). As it might be noticed, these measures are not aimed exclusively

¹ https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights/european-pillar-social-rights-20-principles_en

to elderly, but rather to the intergenerational support within the complex link regarding the efficient functioning of the society.

The socioeconomic consequences are shown preponderantly within the social insurance and medical systems (Ghetau 2009, 283-284), but also inside those included in the non-contributory system of social assistance. The public policy measures dedicated to elderly represented both by the ones who paid taxes to the social insurance system throughout their life, and the social cases will ensure the payment of pensions and provide for specific medical services. At the same time, the services dedicated to the long-term care of elderly become increasingly costly in relation to the available budgets, especially for poorer countries (Giddens 2010, 195). Compared with the other countries in transition, the social policy profile from Romania was characterised by rather modest efforts for financing social activities and the decreased effort for ensuring social protection for vulnerable groups (Zamfir 1999, 108-109). For the last years, the general trend of decreasing public expenditures “aimed reducing the effort of the state to support the vulnerable social categories” (Arpinte 2015, 101). Worrying is the fact that the public system of social services “is characterised rather by strategic confusion and chronic underdevelopment” (Zamfir 2018, 226). Just as example, it is found that even though the total number of public and private care houses for elderly increased for the period 2011-2016, the number of applications on the waiting list remains considerably high (Ghentea 2018, 131). The current context requires labour market participation from both members of the family, while specific care needs have to be met for which the family members are not trained. To this is added the fact that public and private services’ supply for elderly are increasingly diversified and thus we assist to an increase in the institutionalisation of elderly “even in cases when they could benefit from direct family support” (Popescu 2002, 248). It is necessary to continue efforts of social policy towards ensuring decent conditions for institutionalised elderly in parallel with intensifying efforts towards keeping the elderly in their households by providing home care services, especially for those who are alone, and for those in the rural area. The families of those requiring care have also need of counselling and support, especially in case of palliative care.

Currently, restructuring the pensions’ systems *pay-as-you-go* is a social policy direction in many states. Nonetheless, the differences between the elderly population and pensioners, but also between the adult and employed population substantiate the idea according to which shifting to a private pension system cannot be justified integrally by population ageing, as it

represents rather a political neoliberal option (Rotariu and Mezei 2012, 41). The basic issue of the public pensions' system is not related to demographic issues, but to the lacking strategic vision, and proper information among the young individuals about their role of future supporters of the system. (Stanciu and Mihailescu 2018, 359). The forecast regarding the collapse of the pensions' system is not justified, but to the contrary, due to the current opportunities given by mixing the three pillars, respectively the public pension system (pillar I), the private pension system (pillar II) and the optional private pensions (pillar III) (Rotariu 2010, 108-110; Marginean 2015, 589; Stanciu 2015, 376). Nor in the event of the health insurance system collapse is a pessimist scenario substantiated (Rotariu 2009, 96-101).

The complex needs of elderly had impact also on the personnel involved in care. If, not long ago, only physicians were involved “the eco-systemic vision makes reference to a multidisciplinary team” (Bucur and Bucur, 2011, 1081). Such a team would include the “social worker, physicians, geriatric assistance, nurses/home carer, housekeeping help, dietician, psychological therapist, legal advisor, and proximity policeman”. To these would be added in the houses for elderly care “occupational therapist, kineto-therapist, experts in hearing and speech disturbances, dentist” (Sorescu 2010, 377). Among the members of these teams, the social worker (a profession re-implemented in Romania after 1989) has not only the role of supporting the solving of the various issues faced by vulnerable groups, but also to act proactively in the context of current challenges (Zamfir 1993, 72-73). The regress in social assistance services changes the role of the social worker of integrating vulnerable groups in the one of bureaucratic verification regarding the fulfilment of eligibility criteria and into the “«inspector» who checks harshly the social assistance beneficiaries, and ensures their discouragement in accessing unworked money” (Arpinte 2015, 102). With respect to social workers, this implies the guidance and training of personnel, their promotion but also the performances' evaluation based on the supervision process. Supervision, in its turn, fulfils managerial and educational functions, but also ones of supporting or empowering the personnel. The dimensions of evaluation are aimed at the professional, personal, and procedural performance (Neamtu 2015, 101-109). One of the current challenges is the relatively low number, and even lacking social workers in the rural area (Lazar 2015, 71-87), even though studies show that the numbers of elderly (especially alone ones) is on increase in the rural areas, and the social policies dedicated to them are lacking (Stanciu 2015, 424).

Less studied, publicised, and approached by social policies, the forms of abuse against the elderly cover “from neglect to violence and even murder” (Bogdan 2000, 779). These acts occur in family, outside the family, and even in long-term care institutions. The reasons pertain to age, biological health state, incapacity of self-care, and “care needs that exceed the capacities of the carer”, respectively relatives (other persons assuming the care), and who have concomitantly material and moral deficiencies, associated with lacking or insufficient protective legislation” (*Ibidem*, 779-780). The violence forms are psychological reflected in behavioural abuse, verbal violence, high level of language under the pretext of deafness), institutional violence, improper gestures, social violence (disregard, deprivation of social roles because of age), and therapeutic violence (*Ibidem*, 783-785). The difficulties in preventing and eliminating abuses and the forms of violence against elderly are generated both by the “law of silence”, “a self-protection approach instituted both by aggressor and aggressed” (Bogdan 2000, 786), but also by the various stereotypes shared by persons involved in care and the insufficient education and training in the field.

Regarding the long-term design of the health system, this must take into account the impact of the current migration abroad of medical staff, both physicians and nurses (Voicu and Deliu, 2018). The sustainability of long-term care services depends also on the education of the current and future beneficiaries (Șoitu 2018, 13). In this respect, one of the recommendations for managing the current demographic trends is “training specialised personnel for elderly” by implementing some specialisations within the medical (tertiary and secondary) education, and within the social assistance education (Ghetau 2009, 287).

The impact of population ageing on social policies will be felt at the level of the pensions’ system, and both at the one of social assistance, and medical system. In this context, “a radical restructuring of the pensions’, social and medical system might avoid the occurrence of imbalances with incontrovertible social risk potential” (Ghetau 2009, 284). Still, the main challenge is owed rather to society’s inadequacy to these changes than to the changes in the structure on ages (Rotariu and Mezei 2012, 39). A future imperative is the intensifying of gerontology research in Romania (Bodogai 2013, 152) that would allow for the scientific substantiation of social policy decisions.

4. Conclusions

Population ageing is a demographic phenomenon increasingly more felt in Romania in the context of birth-rate decrease, increasing life expectancy, and massive migration.

Population ageing has impact both on the configuration of social policies, and on the economic life especially from the perspective of the social assistance system, and of the social assistance one. The requirement of supporting economically the pensions for a longer time is shown in parallel with the increasing need for long-term care services. At the same time, the paper reviewed some groups of vulnerable elderly from the social viewpoint for whom additional social protection measures are necessary adequate to the needs, but also to available resources. Failing to solve promptly these social issues will lead to their increase and aggravation with higher social and economic costs in time, especially from the quality of life viewpoint.

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