

INSTITUTIONAL AND ADMINISTRATIVE ANSWERS TO THE
PHENOMENON OF DEMOGRAPHIC AGING:
(RE)CONFIGURATION OF THE SOCIAL SERVICES
INFRASTRUCTURE

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Abstract

The study analyses the types of services for elderly people. The analysis made on this subject aims at pointing out the features of the current pattern of services, the responsibilities of the public authorities and the predictions on keeping, improving or even assuming another pattern. The types of social services dedicated to elderly people belong to a medical paradigm. A new paradigm referring to the infrastructure of services for elderly people does not intend to revolutionize the system. It is not necessary to invent activities to fill in the elderly people's time but, on the contrary, to create conditions for the manifestation of the real needs which are not only the medical ones. For the creation of a new paradigm it is necessary to take into account indicators about the vital minimum and the symbolic meaning of consumption. In this way, there must be a stressed receptivity at the level of institutions that deliver the tasks, and the existing resources should be redistributed for actions and services based not only upon the matter of the demand but on the type of problems that engender the demands.

Keywords: ageing, social services, vital minimum, welfare.

1. The aging phenomenon and the need for services

The fact that the human needs are socially fulfilled (nobody produces everything he needs and has to use what others are producing), determines their social fulfillment. When the living conditions cannot be provided only by individual action, the state intervenes by means of actions of social policy. These refer to legal actions, decisions, administrative guidelines; programs and projects to implement social policies – from the setting up of the resources to social intervention programs by redistributing income, to financing, producing and providing goods and services (Mărginean, 2004, p. 32).

Although it is stated that everything related to the government or the public area is social and once the social problem is defined, a collective action is needed to solve it (Morris, *apud* Preoteasa, 2009, p. 15), there are also opinions according to which there is no specific way to allow define what is useful for people. Due to the diversity of requirements we tried a division into two categories: the first one to provide the necessary minimum

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for individuals (food, housing) and the second one represents the expenses considered unproductive (luxury goods, performances, etc). Actually, this approach leads us to discuss about two notions:

1. the vital minimum and
2. the symbolic meaning of consumption (Profiroiu, 2001, p. 115).

The purpose of services is to provide the necessary economic, social or cultural living conditions, continuously. There are activities with a strong social characteristic – a system of utilities in which the beneficiary buys or uses not a product but a certain utility which offers some advantages (in most cases they do not mean material goods) intended to fulfill some personal or social needs. A large part of social consumption funds is distributed by means of these services.

Without going into academic debates concerning the definition of social services, we just point out that through this type of services, a community (town, association, etc.) provides them totally or partially, for all its members or for special segments that show an increased need for such services (Zamfir & Vlăsceanu, 1993, p. 551). The last mention "for special segments that show an increased need for such services" has a double meaning, it refers to welfare and the public protection and, at the same time, makes it easier to leave individual narrow spaces. For example, the army, the police, the school and the road network, the town hall or the cultural institutions serve all people and are meant for persons not as different individuals but for the totality of them (Simmel, 2000, p. 343). The orientation towards specific segments emphasizes the protective character of some services, compared to the fulfillment of a general need at the level of the local collectivity, and this is a specific feature of public services in general. These services with protective characteristics do not exclude people from the benefits of general services. They are complementary services that constitute a system of economical, legal, social and organizational initiatives on the part of the state in order to ensure an adequate standard of living for the vulnerable social strata in society. This system is based on two basic components that are mutually completed:

1. social insurance and
2. social services.

The first constitutive part – social insurance provides compensation if a person loses his/her job due to ill health, staff shortage, advanced age, confinement leave or work accident. The social insurance relies on contributions paid by employers and employees. The second constitutive part – the social services – represents a set of medical, social, etc. services provided to families in need, elderly or disabled people. The main purpose of the social insurance is to partially compensate for the income losses, and the main purpose of the social welfare programs is to reduce poverty.

The amplification of demographic aging with all its effects, as well as other phenomena - whether we are considering ageism [1] or the Romanian term "vârstnicism" translated as aging [2] introduced by Septimiu Chelcea, create considerable pressure on the public administration, especially the local one, responsible for organising and providing social services. The pressure is given by the increase and variety of needs associated with age, as well as by a change in the social image of old age, an image ranging from „rejection and ignorance to assumption and involvement" (Vrasti, 2012, p. 2). On this point, we can mention empirical studies of gerontological and geriatric nature that have led to the emergence of concepts of aging as a passage involving imbalances, but also new balances (Zani, 2003, p. 347). When we speak about age-related needs, we do not only consider the needs arising as a result of physical degradation and the gradual limitation of adaptation capacities. The third stage of life, as defined by the Larousse Dictionary (Sillamy, 1998, p. 43), implies biological, psychological and also social changes. From a social point of view, old age is equivalent to disengagement from active social roles, withdrawal from work life and the adoption of other roles, among which some have a passive character of dependence, and others have an active-compensatory character (Bonchiş & Secui, 2004, p. 381). Thus, the elderly, according to the chronological and biological data, actually correspond to a new model of adult- perhaps even with very different features - because, besides the creative, engaged behaviors and in addition to the ability to establish relationships and the intellectual vivacity, also possess that kind of wisdom that derives from the full experience of their age. There are elderly people who keep working part-time, embarking upon volunteering activities, who are a strong support for the families of their descendants, taking care of their grandchildren. They are old people who participate substantially in cultural activities, who study, who keep themselves active, producing important quantities of goods for self-consumption. For example, in Italy, local authorities register many requests from the elderly for activities such as gymnastics, swimming, motion activities, there are some other old people attending social centers for an active and interesting exchange with either their own generation or other generations (Zani, 2003, p. 347). Taking into account these aspects, the public policies aiming at the third age must be designed and implemented by pursuing two types of support - social and medical services (Ros, 2012, p. 85), paying special attention not only to non-self-sufficient people but also to elderly in the full vigour, active and useful to society.

2. Institutional and administrative answers: with respect to needs vs. welfare providers

The natural question is: *what kind of services is necessary to deal with these challenges?* How can local authorities efficiently act to solve problems such as those mentioned, when "the individual is a gear wheel and the laws belong to the macroeconomic field?" (Zani, 2003, p. 354). The social needs of elderly are rapidly diversifying. It is therefore essential that the social services field be maintained and developed through strong public policies, which include a long-term vision and a "space for development" that allows for social innovation. The intellectual constructions representing the base upon which the social protection systems have been modeled and adjusted, illustrate three options: residual social policies, the achievement-performance model and the institutional redistributive model. The essential features of the models are given by the degree of intervention of the state. Thus, the model of residual social policies starts from the idea that the state should take action to provide the social protection for citizens only in case when the two natural institutions to meet the needs of individuals (the market and the family) are helpless. State intervention should only be temporary; the achievement-performance model implies that social needs must be met by merit, work performance and productivity, social welfare institutions having a complementary role to the economy; the institutional redistributive model refers to the social welfare as an integrated institution in society that aims to provide some social services starting from universalist principles and according to needs (Leibfried & Mau, 2008, p. 145-146). In practice, many of the current welfare regimes include elements from all three models.

Richard Titmuss appreciates that, regardless of the results he has come at, social policies are strongly anchored in the system of moral and political values, and he also noticed that political propaganda is often dissimulated under the social policy labels (apud Alcock, Glennerster, & Oakley, 2001).

The situation of elderly people raised the interest of the European Community since the 1980s. The documents drawn up under the authority of the European Commission also include the answers to the challenges of aging. The European Union's commitment to "active aging" is based on its core values, as they are defined in the agreements. The approach of active aging is based on the recognition of the rights of the elderly and on the principles of independence, participation, dignity, care and self- accomplishment. It basically moves the center of gravity from the need- based approach to the rights-based approach, which admits people's rights to equal chances and treatment as they get older. Furthermore, it supports the involvement and the empowering of elderly people to get involved in

the political process and in other aspects of the community life (Matthew, 2012, p. 6). The European Commission provides useful statistical tools and a policy framework with respect to active aging. The Active Aging Index (AAI) was created as a way to synthesize the current situation in four areas assignable to active aging in each EU member country, namely 1) involvement, 2) social participation, 3) independent, healthy and safe living and 4) ability and environment to allow active aging. Special Eurobarometer survey no. 378 on Active Aging is another useful tool developed to understand the views and attitudes of European citizens on the elderly (World Bank 2014, p. 6). [3]

For applying of the European directives, each of the EU member countries takes into account the specific tradition regarding the social protection system adopted in their own country. The way of organizing and functioning of the social protection system, the modernization and the degree of financing, the level of social services, the role of public authorities and of local partners in the development of social services, and, last but not least, the legal framework emphasize the differences between the member states.

There are countries that rely almost entirely on private provision of social services and countries that rely extensively on the public sector. Most countries have a public-private mix in providing social services. Usually, the private sector is most likely to be involved in the provision of residential type services and may have a more limited role in providing home and community care services. Countries that rely almost entirely on the private sector in the provision of social services are Germany and the Netherlands, where legal regulations have been developed in order to favor this. There are countries where the private sector is less represented in the provision of social services (Sweden, Finland, Norway) (Dima, et al. 2013, p. 21-22).

The social policies in Romania, a former communist country, do not fit into any of the "classical" models outlined above. It is believed that it would have certain characteristics of the residual model (the state intervenes when the family fails to meet the needs of the individual), but also elements specific to the corporate conservative model, given that the private insurance and the "occupational welfare" are still reduced (Dima et al. 2013, p. 15).

By signing the European Social Charter, Romania has committed itself to promoting appropriate measures for the elderly, so that they remain active in society, benefit from enough resources for a decent living and can take part in social and cultural public life. Institutional and administrative answers to the phenomenon of demographic aging show that in 2016, the care for the elderly is reflected in a broad legislative

framework: laws, government decisions, government emergency ordinances, ministerial order, 2 strategies - 2005-2008; 2015-2020. All documents are drawn in the spirit of at least 7 programmatic documents - from the revised European Social Charter to the European Social Security Code and recommendations of the Committee of Ministers and the Council of Europe.

The services for elderly people, delivered and named differently so far, are the responsibility of the local communities. Through the framework law on decentralization, the local authorities of the villages and towns, as well as those of the county, acquire exclusive authority on specialized social assistance services for the elderly. Exercising this exclusive competence involves ensuring, according to the law, the necessary framework for their provision. Decentralization has only placed the responsibility on the local authorities, involving them in a busy bureaucratic system. First, by the Social Welfare Law no. 292/2011, the third framework law of the last 15 years, the local public authorities have the obligation to set up the public social assistance service in each territorial and administrative division, in order to provide at least the minimum community assistance services (represented by the assessment of the social needs of the community, the creation of the initial intervention plan, community information and counseling services, implementation of measures to prevent social marginalization, etc). Then, to comply to the subsequent changes of the Social Welfare Law, they must be accredited as social services providers. After being accredited as providers of social services based on the provisions of Law no. 197/2004 on quality assurance in the field of social services, they will apply the requests for accreditation in order to get a functioning authorisation for the social services provided in the community. The local councils and the county councils decide upon the types of social services that will be organized and defined according to the Nomenclature of the social services: residential care and nursing centres for the elderly (care homes for older persons, "respiro" type centres/crisis centres), social services without accommodation (adult day services and recovery centres, elderly day care centres for socialising and spending free time (club type), home care services. The criteria that shape the types of social services to be contracted are developed in cooperation with the public and private providers. The division of responsibility with the central authority in the field of social services for the elderly occurs only in the case of investment and capital repairs expenditures for social assistance centres situated in disadvantaged areas, to supplement the extra-budgetary resources of care homes, when the local budget resources become insufficient and for other expenditures assigned through the annual budget laws.

Three years after the come into effect of the Social Welfare Law no. 292/2011, we notice that not all local government authorities have set up such services. The failure to comply with this legal provision is due to the lack of human resources rather than to financial shortage. The human resource is an important criterion in the accreditation procedure.

The official data does not come with an exact number of social services providers exclusively for elderly people, simply because social services rarely have a single category of beneficiaries.

In 2016, 1,186 public providers (40%) and 1,782 (60%) private providers were accredited in Romania. The public providers are:

- 1,089 specialized structures within/ subordinated to the local government authorities and the executive authorities from the territorial administrative divisions organized in the village, town, townmunicipality and Bucharest districts;
- 38 local government authorities or other institutions on their subordination or coordination which have statutory duties with respect to the provision of social services for certain types of beneficiaries;
- 59 health care facilities, educational institutions and other public institutions that develop integrated social services at the community level;

The category of private providers is represented by:

- 1,615 non-governmental organizations, namely associations and foundations;
- 131 cults recognized by law;
- 36 economic operators.

Among these, only 249 accredited social services would be exclusively intended for the elderly.

Following the debates on the subject of social services, fighting poverty and promoting social inclusion, we concluded that, given the demand for social services including from those who want and have the opportunity to pay for the services accessed, the offer of social services is insufficient [4].

A first remark on the current system points out the fact that the elderly have the right to social assistance in relation to the social and medical status and the economic resources they have. An elderly person benefits from the provisions of the Law 17/2000 if he is in one of the following situations: a) he/she has no family or is not dependent on any person or persons bound to it, according to current legal dispositions; b) he/she does not have a home nor the possibility to provide himself the living conditions by means of his own resources; c) he/she does not have an income or this is not enough to provide the necessary care; d) he/she cannot manage on his own or he requires specialised care; e) s/he is unable to meet his social and medical needs due to illness or physical or mental state.

Apparently, we witness a wide range of services provided locally but they are not enough. That is because they cover only the non-self-sufficient elderly people and when the medical aspect encounters the social one, the first one tends to „absorb” the second one which seems to accept its secondary role (Zani, 2003, p. 215). Community services for the elderly are limited to:

- A) temporary or permanent home care;
- B) temporary or permanent care in care homes for older persons;
- C) care in day care centres, clubs for the elderly.

As a result of public policies aiming at third-age people, also private welfare providers find their place into the social services market.

Private nonprofit organizations, often with the support of international organizations (such as Caritas, Diaconia, the Red Cross), are funded to provide home care and care services in residential buildings, especially in rural areas. The cooperation of public authorities in “public-private partnerships” with these organizations is strengthened by legal regulations, specifying authorization and funding mechanisms.

Predominantly administrative, the current system has high performance in the development of administrative rules, in controlling their compliance, but it has poor performance in the development of techniques and procedures, professional standards for risk prevention or recovery of those in difficulty by means of normalization/integration. It still promotes many civil servants, and although some of them prove bureaucratic precision, they are not professionals with a higher degree of training and specialized skills. Field research has often found the difference between two types of different evaluations of the system results. The persons responsible in the system estimate that things are going well and very well, that there are no problems in its functioning. And they may be right because they take into account only the enforcement of the strictly administrative rules. Instead, other observers, outside the system, tend to estimate the situation to be rather critical. They consider the results completely unsatisfactory in comparison with the status of the beneficiaries (Zamfir, 2015, p. 44). The rural local authorities fail to meet the needs of social services and at the discursive level they are even confused with the social benefits.

The opinions regarding the access of rural population to the existing social services converge to the description of an under optimal situation caused by: lack of information and education in the field, poor development of social services in the rural environment, poor collaboration between the mayors and the competent county authorities in the field, poor awareness of the rights provided by the legislation (Chiriacescu, 2013, p. 8). Commercial home care providers emerge in a large number, especially in urban areas, due to some incentives and funding opportunities encouraged by the “Intermediary Home Care Scheme”, which is funded by social health insurance and facilitates health care with home care for a maximum of 90 days. This service is free for patients and supervised by general practitioners, but in practice (based on unconfirmed information) it only covers the post-acute phase for an average not exceeding three weeks (World Bank, 2014, p. 135). Generally, we can talk about a commitment to solving problems, and the effort for synthesis is minor. This happens because this would have required more effort to develop broader, longer-term strategies and defining the conditions to make them operational. Reform in the social assistance field has been difficult. Funding, administration and responsibilities for the development of social services have been transferred at the local and county level where the funds and the human resources are very limited. Therefore, the social services currently provided are fragmented and characterized by disparity (Ministry of

Labor, Family and Social Protection, 2012, p. 12). Decentralization, as a desirable institutional principle, has turned into a bureaucratic instrument with limited local responsibilities and few responsibilities for those in need (Zamfir, 2015, p. 40), and the types of social services for the elderly belong to a clearly medical paradigm.

3. Landmarks for a new paradigm

Rethinking a new paradigm for the social services for the elderly is a challenge in the current context. The main challenge for policy makers is to guarantee that the measures that will be taken will be adequate and, on the other hand, that they will have reasonable costs (Bălașa, 2005, p. 281). In this context, the debate on a new paradigm should bring forward some important issues:

- A. *Guiding principles.* Intergenerational solidarity, aiming at long-term financing of the system, is one of the principles that gains ground in the current debates. At the same time, research in the field draws attention to the impairment of solidarity in contemporary societies. Individualisation and de-rationalisation, seen as emancipation and heterogeneity, are two possible reasons that would lead to the decline of national solidarity (Neamțu 2016). How much can you bet on this principle?
- B. *Typology of services.* The margins of manoeuvre to form a new paradigm can be more or less extensive. Many rules of public service management depend rather on laws and regulations than on inherent choices of the community. Besides, the services depend extensively on the behavior of beneficiaries and users. The “client” of public services can act in favor of developing “sales”, as well as he can lead the institution to the vicious circle of regression, through his decision of “not buying”. The availability of services in a community correlates positively with the incomes of the population, which have an important role in the use of services, somehow determining their status - services whose attendance increases at the same time with the income (libraries, theaters, cinemas, swimming pools, sports halls); services where attendance increases up to a certain point (holiday camps); services whose attendance decreases at the same time with the income (private clinics); services whose attendance does not vary according to the income. Under the current circumstances, in Romania only the availability of administrative services (the civil protection, the child welfare authority, the register office) does not vary according to the request and the income of population. We must admit that the problem that makes elderly people vulnerable is not the aging process but their ability to live in the current society with the low income they have (Bătrân, 2010, p. 50);
- C. *Services vs benefits.* The new Social Welfare Law, adopted in 2011, contains an interesting provision: the social services must take precedence over the benefits of social assistance if their cost and the impact on beneficiaries is similar. The provision has been criticized, assuming that the social assistance services cannot overlap the financial

benefits, as each of them has distinct, precisely defined objectives and own features (Zamfir, 2015, p. 136). So far in Romania there is no evidence that the welfare benefits have led to the acquiring of individual economic autonomy. On the contrary, the unintended effects of this measure are felt in Romania – an increasing number of applications for welfare benefits, generating a phenomenon of dependence on social benefits.

D. *Local priorities*. It is necessary to take into account that a social service, created in a local community, derives from:

- The desire of local government authorities to make it visible some basic prerogatives that are considered important;
- The desire to capitalize and develop a certain level of cooperation and synergy in the processes specific to the internal activity;
- The current administrative capacity.
- For a local community with limited resources, it is complicated to choose between projects on infrastructure and social services, as both of which are of major importance.

A new paradigm concerning the service infrastructure for elderly people is not meant to revolutionize the system. It is not necessary to invent activities to fill up the time of the elders but rather to create conditions for the manifestation of real needs, are these are not only the medical ones. In this regard, there must be a strong receptiveness within the institutions that distribute the tasks, because only in this way the elders potentially interested in investing in energy are perceived from the social point of view and perceive themselves as a resource (Zani, 2003, p. 354-355). A decisive stage for the positive orientation of resources and responsibilities is to clear up the relationships between whoever asks and whoever, professionally and institutionally, has to answer (if and how). Otherwise, the existing resources are exhausted on actions and services inspired by the content of the demand, and less on the nature of the problem that created it. Therefore, an administrative agenda regarding the active aging should not only follow the implicit preferences of the population but should also shape these preferences so that a lifestyle involving active aging becomes a widely accepted social norm. In fact, changing attitudes and opinions on age and aging should be considered one of the most important components of the Active Aging Strategy (World Bank, 2014, p. 28).

4. Conclusions

Legislation in the field of public administration and the one on the capitalization of local self-government indicate the competences and the responsibilities of local authorities concerning the elderly people. As a result of decentralization reforms, the local government administration has become responsible for organizing a large number of services. The extremely variable demand, often involving unexpected solutions in the administrative practice, leads to the need for innovative interventions.

However, it is necessary to note that not every need or problem becomes a demand for the social assistance system (Zamfir, 2015, p. 102). In Romania we can talk about an excessive reference to the need for social protection, neglecting the welfare providers.

Without ignoring the medical paradigm, the policies for the elderly people should be oriented towards measures that allow them to exercise their capacity to consume no more than necessary in order to overcome the poverty line and to meet basic age-related needs. For the development of social policies regarding aging and elderly we must consider all the aspects that meet the medical, legal, administrative, economic, social, and gerontological needs. Among the demands of the elderly we may not find requests about more tools of knowledge, of communication, to actively take part in the concrete aspects of everyday life in their community. The challenge and the "offer" of such requests should, still, belong to those responsible for the public policies, and on the administrative agenda we should find not only medical solutions or welfare benefits. A health education course, or a theatre lab will be a real opportunity not just an educational one. The special Eurobarometer on active aging shows that the most necessary improvements so that the local environment becomes more propitious to the elderly are: (1) more facilities for the elderly to keep in shape and healthy; (2) better public transportation; (3) better roads and better road safety; and (4) more public areas, such as parks. (World Bank, 2014, p. 27-28). It is obvious that citizens understand that the wider the set of universalist services will be, the less will be the need for social assistance services.

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Note:

[1] The word is created by Robert N. Butler, director of the National Institute on Aging (Maryland, SUA). "Ageism" refers to an ideology or a set of beliefs which affirm that people in a certain age group are inferior or have negative attributes and can be dominated and exploited due to age. See: Sullivan, Thomas J., Introduction to social problems, Tenth

edition. Pearson, 2016, p. 243.

[2] The word „vârstnicism” translated as aging is introduced by professor Septimiu Chelcea, who made a psycho-sociological analysis on the discrimination of elderly people, at the first National Conference of Social

[3] Psychology, Iași, 22- 24th of September 2006. Social Psychology Journal no.35(I)/2015, p. 63.

[4] The elements of the *Active aging indicator* put Romania on the 20th place. The best classification is for the element “Employment rates by age 55 to 59”, the most unfavorable places are for “Social participation” and “Capacity and environment that allow active aging” (World Bank, 2014, p.27).

[5] Data are taken from the official site of the Ministry of Labor http://www.mmuncii.ro/j33/images/buletin_statistic/Asistenta_2016.pdf and <https://www.omenia-advocacy.ro/document-de-pozitie-serviciile-sociale-si-importanta-lor-in-asigurarea-calitatii-vietii-persoanelor-varstnice/>