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THE RESIDENTIAL CENTRES FOR THE ELDERLY IN ROMANIA AFTER 1990

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Abstract

In this paper, I present aspects of development of residential social service provision system for elderly people dependent on care, as it evolved in Romania after the fall of the communist regime. The ageing population and migration of young people to Western European countries has created a need for elderly care services. Under the pressure of this need, the public administration has been faced and as a reaction at the social level, in order to provide a rapid response to this need, services have been developed privately, first through non-governmental organizations and then through commercial companies. The research shows that the private sector has been slow to develop and that as its offer has grown, the public sector has slowed down the rhythm of setting up new residential homes for elderly.

Keywords

Romanian social protection, residential center for elderly, public provider, private provider, care homes.

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1. Introduction

Recognized as a global problem, the phenomenon of population ageing is of concern to all countries. Influenced mainly by mortality and birthrates and less by migration, the latter playing a role within geographical sub-regions (Fernandes *et al.*, 2023), this phenomenon raises other issues, not only of a demographic nature. One of these is related to the care of the elderly. The reliance on residential home may be an effect of the absence of alternative care in the community and sometimes the only way to provide care, especially for the chronically ill, as shown in a study in Ireland (Browne, 2016).

In addition to the public sector as a service provider, the private sector, consisting of not-for-profit organizations or for-profit-companies, has developed. A study conducted by Eurofound in 2017 shows that in 2011 residential services were provided on private for-profit basis in varying proportions across Europe by Austria (22%), Belgium - Wallonia (32%), Belgium - Flanders (12%), Estonia (80%), France (17%), Germany (34%), Ireland (65%), Italy (22%), Norway (4%), Spain (27%), UK - England (76%), UK - Scotland (75%) and private non-profit by Austria (29%), Belgium - Wallonia (29%), Belgium - Flanders (49%), France (28%), Ireland (9%), Italy (43%), Netherlands (100%), Norway (6%), Romania (17%), Spain (27%), UK - England (16%), UK - Scotland (11%). The contribution of the public sector to long-term residential services differed across

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Europe, with Sweden having the most developed public system among the countries analyzed, followed by Slovakia, Czech Republic and Austria (with a share of more than 50% in each country). At the opposite pole were Netherlands with no public provision, then Germany and the United Kingdom with very little public provision (Eurofound, 2017).

The Eurofound study shows that in 2011 Romania did not appear in the statistics with private for-profit services, private providers being non-governmental (non-profit) organizations. They complemented the public offer. Subsequently, the non-governmental sector developed and the private for-profit sector came with social care provision. Demand for private services is increasing, with the Eurofound report showing that in 2014 demand for private services was higher than for public services (Eurofound, 2017).

Romania's population size follows the European trend of natural decline and excessive ageing (NSI, 2022) and correlates with the need for residential social services for the elderly population. To this phenomenon is added the migration of Romanians to Eastern European countries, one of the consequences being the isolation of the elderly. The aspect of loneliness is investigated by E. Schröder-Butterfill on the elderly Saxon population (an Germans ethnic group in the Transylvanian region) after the emigration of ethnic Germans to Germany - they are supported by the community, church volunteers, at home and when necessary, they are transferred to a nursing home (Schröder-Butterfill, 2021). Another aspect of migration specific to Romania is that of internal migration encouraged during the communist period, which led to young people settling in places other than their birthplace, where their parents remained. For some of them (the lonely and the helpless), alternative solutions to family care are needed.

The social phenomena that mark the Romanian society of recent years has led to an increased demand for assistance to the elderly, vulnerable by increasing the risk of dependence and social exclusion (Bugnariu, 2017). From this perspective, the question arises: how are the care needs of this category of people to the end of their life resolved? Romanian society, under the pressure of the demand for services for the care of the elderly had to provide solutions and one of them is the development of residential services.

Based on these findings, the present study aims at describing and analyzing the evolution of the social protection system in Romania, in particular the residential protection system for elderly people, in relation to the phenomenon of population ageing and the increasing demand for residential services. In order to achieve this aim, the objectives are: (1) to show the statistical evolution of the phenomenon of ageing in Romania; (2) to show the statistical evolution of residential care facilities for the elderly; (3) to show how the public and private system have evolved to meet the demand for residential services.

The research methodology involves the analysis of statistical documents. The main source is the statistical data managed by the National Institute of Statistic (acronym NIS), in particular the Tempo online database and the public data of the Ministry of Labour and Social Security (acronym MLSS). The period investigated is from 1990 to 2023.

2. The Romanian context – the phenomenon of ageing in Romania

Romania's ageing population is part of the global phenomenon of an ageing population. The index of population ageing in Romania shows that in 2020, for every 100 elderly people there were 121 young people, compared to 43 elderly people for 100 young people in 1990 (Gabor *et al.*, 2023). The average age of the resident population in

Romania, as reported by NIS, was 40.8 years in 2012, 41.8 years in 2017 and reaches 42.4 years in 2022. The female population has a higher average age, which in 2022 will be 44.1 years; that of men will be 40.6 years. Following the data released by the NIS, for a population of 19051662 persons at the end on 2023, the population aged 65-85 years and over was 3761716 persons (representing 30,36% of the population aged 25-85 years over) and the population aged 75-85 years and over was 1459194 (representing 10,45% of the population aged 25-85 years and over).

Romania is expected to be among the European countries that will see an increase in the rate of dependence of the elderly on young people, along with Portugal, Spain, Malta, Lithuania, Luxembourg, Slovakia and Poland. This old-age dependency ratio (the ratio of contributors to recipients) at European level has increased, reaching 34% in 2019 and is expected to rise to 59% in 2070, i.e. from almost 3 (2.9) people of working age for one pensioner, to less than 2 (1.7) (European Commission, 2020).

The paradigm of care has changed in Romania. Whereas before 1990 care for the elderly was mainly provided in the family, often large, multi-generational families (especially in the villages) - descendants cared for their parents and in their absence other members provided care (Schröder-Butterfill, 2021), especially women (wives and daughters), many of whom were old (Popa, 2010) there were few centers for the elderly, with the migration of young people to other countries, various institution emerged (Schröder-Butterfill, 2021), both public and private. The public system also had to change paradigm residential care by diversifying services - for example, there was a lack of palliative residential services (Popa, 2021), provision of social and long-term care benefits and services, sustainable care networks, etc. (Vicol, 2009).

Since 1990, Romania has been rethinking social intervention and implicitly the legislative framework so as to ensure a social protection system for the elderly that meets their needs. A significant step was taken in 2000 with the issuing of Loe No.17 regulating social assistance for the elderly, which among other social protection measures, also provides community services such as temporary or permanent care at home, temporary or permanent care in a home for the elderly and care in day centres, clubs for elderly, temporary care homes and social housing or similar. Another important step is the publication of the H.G. No.867/2015 for the approval of the Nomenclature of Social Services, as well as the Framework Regulations for the organization and functioning of social services, which allows the identification of social services. This establishes the services intended for different social categories, including those intended for the elderly, with accommodation, namely: residential care and medico-social assistance centres for the elderly, the chronically terminally ill (which include: medico-social residential centres and residential palliative care centres) and residential care and assistance centres for the elderly (which include: homes for the elderly, respite centres/crisis centres, sheltered housing). Another important moment is the development of quality standards, initially in 2005, and then they were revised and applied from 2019, namely Order No.29/2019 for the approval of the Minimum Quality Standards for the accreditation of social services - Annex 1 of this order, contains the minimum standards for residential social services organized for the elderly and the categories of social services established are: homes for the elderly, respite-type centres, crisis centres and residential care and assistance centres for dependent persons.

The provision of the legislation governing social assistance define the providers for the elderly. Public providers of social services (public property) include local and central government structures, as well as health, education or other public institutions

developing integrated social services. Private providers (private property) include non-governmental organizations (associations and foundations), legally recognized cults, authorized natural persons, branches and subsidiaries of legally recognized international associations and foundations and profit-making economic operators (Law No.292, 2011).

3. The statistical situation regarding residential care centers for the elderly

In the first years, after the fall of the communist regime (after 1990), the care for elderly individuals who were alone (without family) or whose caregiving needs exceeded the family's capacity to provide (especially medical needs) was only possible in public institutions. There were no privately managed facilities. According to the National Institute of Statistics of Romania, only in 1998 were 12 private care homes registered. Over the course of 30 years, both the public and private systems have seen a significant increase in their numbers, as indicated in Table 1 Analyzing the data from this table, we note several aspects. There is a significant increase, starting in 2006, in privately managed facilities; facilities managed by public authorities increased in number, from 19 in 2005 to 54 in 2006. In 2006, there were 86 residential care centers nationwide (54 public and 32 private) with a total capacity of 6,094 places (4,827 places in the public system and 1,267 places in the private system). Referring to the year 2006, analyzing the ratio of places to the number of centers, we find that in the public system there were 89.6 places per center, while in the private system there were 39.6 places per center.

The establishment of new residential care centers continued its upward trend in the following years, both in the public and private sectors.

However, until the year 2014, the private sector had a smaller capacity to assume the responsibility of caring for the elderly in a residential setting, even though it numerically exceeded the public system. The accommodation capacity in private centers nationwide totaled 5,601 places, while the public system had a capacity of 7,019 places. However, starting in 2015, there is an observed increase in the capacity of the private sector to 7,778 places, surpassing the public system by 85 places. It is noteworthy that at the end of 2015, there were a significant number of pending requests, specifically 2,797. From this year onwards, the capacity of the private sector to take on the responsibility of elderly care increased, reaching a point in 2017 where it exceeded the capacity of the public system by a total of 3,659 places.

Starting in 2008, the concern of the protection system also extended to the statistical registration of care requests (requests that were not resolved by the end of the year), relevant information for the economic management of social services. By examining the values in columns (7), (8), (9) in Table 1, it is observed that the service supply does not meet the demand, with unresolved requests at the end of each year. In 2008, with a total of 123 centers and a total admission capacity of 7,614 places, at the end of the year, there were another 2,915 individuals requesting residential care, with the highest number of pending requests recorded at the end of 2013, totaling 2,936 requests. After this year, their number decreased, concurrently with the increase in the number of residential care centers.

For the upcoming period (2018-2022), the National Institute of Statistics (NIS) provides statistics on licensed social services (with legal operating permits) provided through residential care centers. The introduction of accreditation procedures as social service providers, aimed at ensuring minimum quality standards through legislation, is followed by their documentation. This allows for an objective reflection of the dynamics of residential centers dedicated to elderly individuals. Table 2 presents official statistical

data regarding the number of residential care centers, both total centers (those catering to various social categories, as well as those dedicated to the elderly) and those specifically designed for the elderly. In this statistical record, two names are used to differentiate the centers based on the issues related to the elderly (which require the provision of different services), namely Residential Care and Medical-Social Assistance Centers for the Elderly, Chronic Patients in Terminal Phase and Residential Care and Assistance Centers for the Elderly. The latter are generically referred to as Centers for the Elderly (to consolidate their total).

Table 1. The number of homes for the elderly - at the end of each year (based on the statistical data of the INS); Legend: *- missing data

Year No.	Year	Number of units		Total care homes	Capacity - number of seats		Number of pending requests
		Public care homes	Private care homes		Public care homes	Private care homes	
(1)	*(2)*	*(3)*	*(4)*	*(5)*	*(6)*	*(7)*	*(8)*
1	1995	19	*	19	2034	*	*
2	1996	19	*	19	1977	*	*
3	1997	19	*	19	1972	*	*
4	1998	20	12	31	2079	421	*
5	1999	19	16	35	2056	461	*
6	2000	19	11	30	2001	341	*
7	2001	19	13	32	1996	506	*
8	2002	19	19	38	2056	767	*
9	2003	19	17	36	2121	*	*
10	2004	20	*	20	2131	*	*
11	2005	19	*	19	2011	*	*
12	2006	54	32	86	4827	1267	*
13	2007	68	38	106	5588	1429	*
14	2008	81	42	123	6076	1538	2915
15	2009	98	51	149	6577	1690	2726
16	2010	88	63	151	6438	2160	2834
17	2011	95	80	175	6400	3061	2417
18	2012	108	95	203	7854	3730	1773
19	2013	103	126	229	6941	5075	2936
20	2014	105	141	246	7019	5601	2379
21	2015	118	194	312	7693	7778	2797
22	2016	123	246	369	7630	9659	1017
23	2017	124	281	405	7478	11137	627

Table 2. Total number of licensed social services operating at the end of the year
(data source: NIS, Tempo online)

	Form of ownership	Years					
		2017	2018	2019	2020	2021	2022
		Number of centres					
Categories of social services *Note: all residential centers are included here: for children, disabled, elderly and others*	***Total***	***3533***	***3791***	***4175***	***4792***	***5209***	***4973***
	Public property	1993	2204	2334	2656	2875	2685
	Private property	1540	1587	1841	2136	1334	2288
- from which:							
Centers for the elderly	***Total***	***422***	***451***	***589***	***730***	***798***	***805***
	Public property	180	181	181	193	202	188
	Private property	242	270	408	537	596	617
- from which:							
Residential care and medico-social assistance centers for the elderly, terminally ill chronically ill	***Total***	***56***	***56***	***58***	***66***	***80***	***76***
	Public property	49	49	50	57	67	64
	Private property	7	7	8	9	13	12
Residential care and assistance centers for the elderly	***Total***	***366***	***395***	***531***	***664***	***718***	***729***
	Public property	131	132	131	136	135	124
	Private property	235	263	400	528	583	605

It is worth noting that the differences in data for the year 2017 between Table 1 and Table 2 are a consequence of legislative changes, which have an impact on the titles of social units and the definition of services.

We observe that the share of centers for the care and assistance of the elderly has experienced growth in recent years within the total number of licensed residential care centers (regardless of the social category admitted to these centers). In both 2017 and 2018, licensed elderly care, centers represented 11.9% of the total residential social service providers. However, by the year 2022, their proportion increased to 14.23%, given the simultaneous growth in the total number of centers nationwide.

From 2017 to 2022, the number of residential care centers for the elderly has nearly doubled. While the number of centers managed by public authorities has slightly decreased (from 131 in 2017 to 124 in 2022), the number of privately managed residential care centers has almost tripled (from 235 in 2017 to 605 in 2022). This indicates a greater capacity to respond to social care needs and an increase in the population's willingness to pay for such services. This may be due to dissatisfaction with conditions in the public system or as a result of its incapacity or lack of responsiveness to organize and take on the social burden.

For the year 2023, data is available from the Ministry of Labour and Social Solidarity (MLSS), responsible for licensing centers dedicated to the elderly. Therefore, as of December 11, 2023, the statistics for residential care centers for the elderly are as follows (see Table 3):

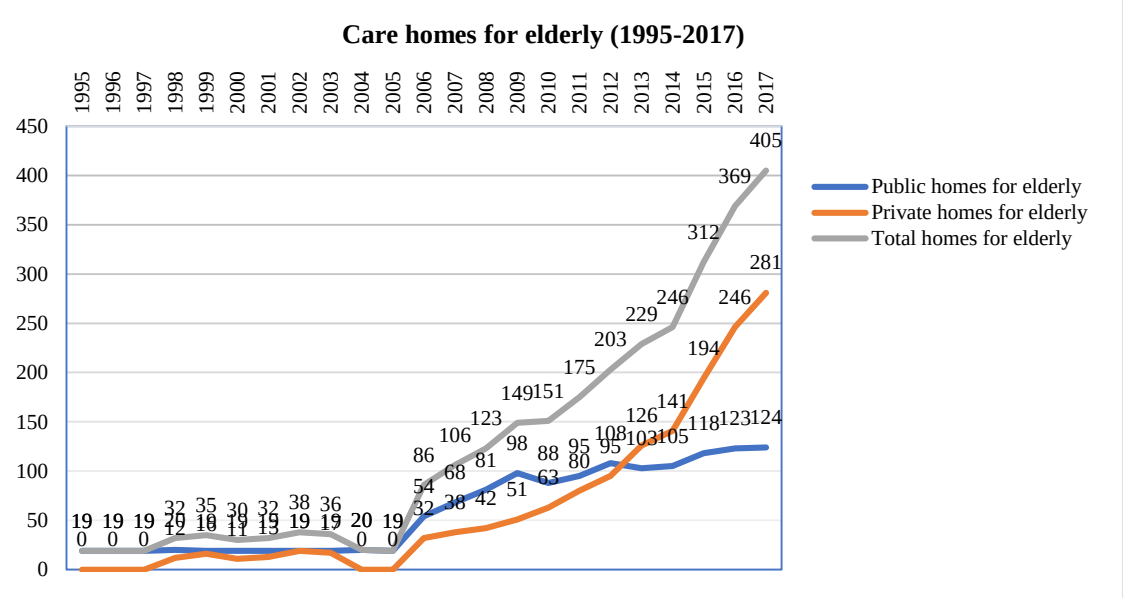
According to this statistics, the private sector continued to grow in 2023, with the licensing of 37 new centers, while the public sector saw a decrease of 5 centers. However, at the national level, there was an overall increase in the number of residential units by 32 centers.

Table 3. The situation of residential centers intended for the elderly, licensed, on 11.12.2023 - data extracted from the MLSS situation (2023)

Name of residential unit	Tip de proprietate	Nr. centre
Residential care and medico-social assistance centers for the elderly, terminally ill chronically ill	***Total***	***77***
	Public property	63
	Private property	14
Residential care and assistance centers for the elderly	***Total***	***760***
	Public property	120
	Private property	640
Total residential centers for the elderly	***Total***	***837***
	Public property	183
	Private property	654

4. The way the public and private systems have evolved to respond to the demand for residential services

In the over 30 years since the transition to a free-market economy, the evolution of the public sector has shown a slightly upward trend in the first part of the period, followed by a plateau. Meanwhile, the private sector experienced slow growth initially, and then gained momentum, notably accelerating after 2013 when it surpassed the public sector. The increase in the number of residential units is depicted in Graph 1.



Graph 1. Numerical evolution of public and private centres in Romania and period 1995-2017 (graph based on statistical data communicated by NIS on Tempo online)

Observing both Graph 1 and the figures from Table 1, we can see that the year 2013 marks the point when the private sector numerically surpassed the public sector with a surplus of 23 centers. However, in terms of capacity (number of places), the public sector had 6,941 places, while the private sector had 5,075, with 1,866 places less than the public sector. However, the population's need for residential care services is not met, as at the end of 2013, there were 2,936 pending requests.

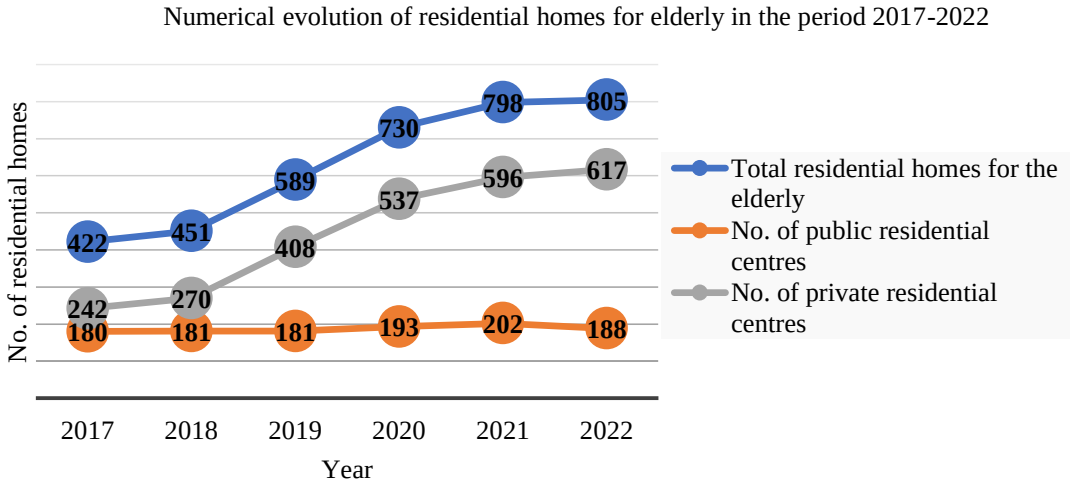
Under the pressure of the demand for elderly care services, the private sector (whether we are talking about non-governmental organizations or the economic sector addressing this need as a business - providing medical or care services for a fee) is much more dynamic and alleviates the pressure on public authorities.

Thus, in the year 2017, there were a total of 281 residential care centers managed privately, in contrast to 124 centers managed by public authorities. The private service offering was twice as large as the public one in terms of the number of care units.

The caregiving capacity showed an upward trend in the public sector, concurrently with the increase in the number of residential care units. Privately managed centers hosted a smaller number of individuals per center, a fact evident in the period from 2013 to 2015. During this time, although the private sector dominated in terms of the number of centers, it was inferior in caregiving capacity. After 2015, the situation changed, with the private system increasing its capacity to care for the elderly at a faster rate than the public sector. In 2017, the private sector reached a capacity of 11,137 places, compared to 7,476 places in the public system.

It's worth noting the decrease in the number of pending requests in the years 2016-2017 (as seen in column 8 in Table 1), which corresponds to a descending trend and a balancing of the demand and supply for residential care services. What the public statistics do not tell us is whether these requests are recorded only at the level of public authorities or also at the level of the private sector and in what proportion relative to them.

In the following period (2017-2022), the trend of accelerated growth in the private sector continued, while the public sector experienced modest growth. Graph 2 depicts the curve describing this evolution.



Graph 2. The numerical evolution of residential centers for the elderly in the period 2017-2022 by type of property (graph made on the basis of statistical data communicated by the NIS on Tempo online)

There is a significant increase in the number of residential care centers established in the private sector (whether by non-governmental organizations or as commercial enterprises), especially after 2018, with a decrease in centers managed by the public sector recorded at the end of 2022.

5. Conclusion

For a former communist country, which had lost the capacity to provide social services on the free market, the relationship between the need for care services for the elderly and the demand for them or their families was a moment of constant social and public effort. The social effort came from people in need who, while asking the authorities to provide services, found that they had little capacity to take up the demand. The public cost borne by state institution can be described as slow adaptation to new social-economic conditions, resistance to social need to take over the responsibilities of families overwhelmed by the complexity of care. One way of responding at the societal level is the intervention of the non-profit sector and more recently, the economic sector (business). At the same time, the public system has reformed itself, shaped its care paradigm, improved the legal framework for the operation of elderly homes and reorganized the social protection system. After a number of years of "educating" social involvement, of exercises in setting up non-governmental organizations and training specialized public institutions, Romanian society reached a stage of adequate intervention and private initiative generating social services for elderly care only after 2005. Since the not-for-profit sector, to which the economic sector has been added, has come up with offers of residential centers, taking over demand for social care services (care and assistance for the elderly), the public sector has slowed down the pace of setting up new residential centers. We now have three times as many private sector providers of social services as the public sector in terms of the number of residential units. It has taken Romanian society almost thirty years to react economically, not only socially, to solve its own needs. Needs that will continue to exist as the ageing process continues. In the next twenty years, the generations born after 1968, with a large population, will be dependent on care and social assistance services. So both the public and private sectors will be in much greater demand.

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