

PROMOTING ACTIVE AGEING IN ROMANIA. FROM SOCIAL POLICIES TO LABOUR MARKET REGULATIONS¹

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Abstract: *The starting point of this paper is that, according to the statistics of the European Bureau of Statistics - Eurostat, by 2060 there will be only two older workers (15-64 years old) in the European Union per person aged over 65, compared to one a four to one report, today. The strongest change in this direction has begun starting with 2015 and till 2035, when children born in the two decades after World War II (the "baby-boomers") have begun to retire. In the first part of the paper we are presenting and analyzing the main European regulations in the field of increasing active ageing in Europe and how they are transposed into Romanian social legislation and policy. In our country, the elderly population is characterized by a low and falling employment rate (as a consequences, Romania is 10% below the European average, very far from developed countries such as Great Britain, Germany, Sweden). The second part of the paper is the result of an analysis of secondary data, at European and national level, the analysis by which we try to answer to the question whether the measures for extending the retirement age in the European states, can be applied also in Romania.*

Key words: *active ageing; social protection; social exclusion; employment; retirement*

1. Context: elderly as a vulnerable category of population

The elderly represent a distinct socio-demographic category in the total population by old age (60 years and over), characterized by irreversible morpho-physiological changes of the body, low level of activity, needs, interests, specific material and cultural aspirations (Joyce and Loe, 2020; Cernescu, 2004: 18; Fontaine: 2008; Caradec, 2001: 20). Gradually, the elderly became one of the most vulnerable social categories, being subjected especially to violence "by omission", i.e. almost total neglect by other members of society, which can lead them even to depression (Breaz, 2019). In his studies on the concept of generation, Pierre Bourdieu meant in this regard that "the border between youth and old age is in all societies a challenge of struggle" (Bourdieu, 1984: 143). Moreover, he stated that "One is always somebody's senior or junior. That is why the divisions, whether into age-groups or into generations, are entirely variable and subject to manipulation. ... My point is simply that youth and age are not self-evident data but are socially constructed, in the struggle between the young and the old" (Bourdieu, 1993: 95)

In the last two decades, in all contemporary societies there have been transformations at the level of the most important subsystems of the social system:

- at the *family level* - the dissolution of the extended family, the development of single-parent families; breaking family ties, as a result of the external migration of some of its members (Otovescu, 2013; Ilie-Goga, 2020) etc.

- at the *demographic level*: increasing life expectancy (especially in developed countries); decrease in the birth rate (which led to a decrease in the share of young people in the total population, in the depopulation of some areas, especially rural areas (Otovescu and Otovescu, 2019)

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- at *the social level*: the emancipation of women (which led to an increase in the age of marriage and a decrease in fertility, caused by the postponement of the first child); the development of poverty in marginalized communities, such as rural communities (Pricină, 2019: 34-35) etc.

In this context, old age has come to mean, most often, “helplessness, incapacity, illness, conservatism, lack of discernment, irritability and dependence on others, the elderly being considered, for the most part, a burden on society. The shift from the well-known syntagma *Seniores priores* to the [...] appreciation that the *Elderly is superfluous because it is a burden on society*, reflects not only a change of mentality, but especially the changes that have taken place in the family and society and, implicitly, in the status of the elderly” (Rădulescu, 1994: 112).

Many traditional societies are dominated by mentalities and stereotypes according to which the elderly is that helpless, sickly, helpless person who must enjoy a special regime in the community in which he lives (Donizzetti, 2019: 1329; Dionigi, 2015). What has favoured the proliferation of the mentality that the elderly no longer have a role in society (and has implicitly led to the loss of their status as “active person” in society) is the social change produced in the contemporary world, and which brings the focus of youth and children. Therefore, it is easy to see that contemporary society places more emphasis on the specific values of youth than on those characteristic of older age groups (concerned, first and foremost, with the protection of health), which gives rise, not infrequently, to ageism in many areas of social life (Donizzetti, 2019). Ageism also results in inequality and social exclusion, reducing social cohesion and well-being (Abrams and Swift, 2012). In fact, one of the conclusions of a 2018 report of the Institute for Research on Quality of Life (ICCV), a report focused on the quality of life in the European context highlighted the fact that “feelings of social exclusion are experienced by a significant part of the population, being more prominent in vulnerable groups (poor, people with low education, in some cases the elderly)” (ICCV, 2018: 73). What is really a challenge for social policy research is to identify the factors that lead to vulnerability and to influence them in order to reduce disability, institutionalization and death. Studies are showing that these factors that lead to vulnerability are biological, psychological and social (Muresean, 2012: 43).

2. European responses to an ageing society. An overview of public regulations

According to recent studies (Eurostat, 2019; United Nations, 2020), the member states of the European Union are facing a more or less pronounced demographic decline, but it is certain that Europe's population is getting older. Globally, since 1960, life expectancy has increased by 8 years, and demographic projections foresee an additional 5-year increase over the next 40 years. It is estimated that Europe has already reached a critical stage: after a century of natural population growth, the outlook for this century is, on the contrary, a natural decline and an aging population: “many Eastern European countries are already experiencing demographic decline and many Western countries will experience it in the near future”. (Otovescu, 2009: 301). In the same time, demographic ageing of developing countries is highlighted by massive migration to already economically developed countries (Ilie-Goga, 2013).

The process of reversing the age pyramid, in which older people are gradually marginalizing the economic, social, political aspects of young adults and their families, will lead to extremely cross-cutting pressure on marital behavior and fertility, announcing -a low level of fertility in the first 5 decades of the 21st century. The findings of the UN study also show that the elderly population around the world now

stands at about 500 million people compared to 200 million who existed globally in the middle of the twentieth century (before the outbreak of the World War II there were less than 100 million elderly people). It is expected that in 2025 the elderly around the world will reach 1 billion, which will double the current number of elderly (Stanciu, 2014: 14). There is also a sharp increase in the number of citizens over the age of 60 in the region and their forthcoming exit from the active labor market, which may lead to a threat to the functioning of the market due to the low value of the possibility of replacement (Kaleynska, 2020:168).

When giving responses (implicit or explicit) at European level, in terms of public policy, national regulations they focus on the analysis of the following statistical indicators:

- *The coefficient of population ageing*: the number of people aged 60 and over, per 100 inhabitants;
- *The rate of total age dependence*: the ratio between the sum of persons aged less than 15 years and persons aged 65 or over and the working age population;
- *Age dependency ratio*: the ratio of people aged 65 or over and the working age population.

In terms of European responses and public policy, among the most important European regulations are: a) *The Madrid International Plan of Action on Ageing* (UN, Madrid, 2008); b) *Council declaration on the European Year for Active Ageing and Solidarity between Generations* (2012); c) *Europe 2020 strategy* (European Commission, 2010); d) *Common Strategic Framework for Cohesion Policy 2014-2020* (2014) etc.

The Madrid International Plan of Action on Ageing pursues three priority directions:

a) *Elderly and development*: reducing the poverty of the elderly, easier access to the labour market and to knowledge, education and training, their continuing education to keep abreast of new technologies and labour regulations, solidarity between generations, rural development, active participation in society, social protection and security;

b) *Health and well-being of elders*: equal access to health services, adequate training of carers and health and social protection professionals, people with mental or physical disabilities, promotion of well-being and health during life;

c) *Ensuring a supportive environment*: the image of the elderly in society, living environment, preventing neglect, violence and abuse. In fact, abuse represents “a source of concern today related to human rights, gender equality, domestic violence and aging population” (Sorescu, 2011: 55). This is a major concern for an important category of elderly, while for other category, they may “arrive in residential centres, in the absence of the caregivers who care for them and take care of them” (Breaz, 2020).

Regarding the Europe 2020 Strategy, two of its objectives are: sustainable growth and inclusive growth. However, each of these two objectives involves, among other things, the implementation of effective social policy measures for the elderly. Firstly, sustainable growth involves helping citizens to age in good health and actively to avoid overloading public services. Secondly, inclusive growth involves providing opportunities and a good quality of life for older people, whose numbers are steadily growing.

Thus, the central objective of public policy and social protection measures is to ensure a minimum level of well-being for the entire population, to guarantee access to basic goods and services and to redistribute income in order to reduce poverty and social inequality. To this objective is added that of preventing the living standards of

people at risk of illness, disability, old age, the death of the supporter or unemployment from falling too high (Molnar and Poenaru, 2008: 20).

Combating social exclusion and systematizing social protection measures are objectives that are promoted at European level and undertaken at national level. It is necessary to highlight here both the articles of the Treaty of Nice and the Treaty of Amsterdam (Ilie (Motoi) and Pricină, 2014: 39-40), the models of good practices identified in the Member States, the national features, but also the multiple common phenomena such as: aging population, labour market fluctuations, demographic and family dynamics. Moreover, the Lisbon European Council (2000) recommended that social protection systems be reformed in such a way as to provide quality health services, and the Gothenburg Council (2001) called for a preliminary report on the guidelines to be adopted in the field of health care and care for the elderly

At the same time, social services are structural components of the social assistance system, contributing together with social benefits to the social inclusion of disadvantaged, vulnerable groups, to increasing the quality of life, to reducing poverty and last but not least to social and economic development. (Buzducea, 2009; Otovescu, Calotă and Cioacă, 2019). From the analysis of European documents, social risks are found in disabilities, illness, unemployment, old age-retirement, dependency that is caused by old age, loss of autonomy of the person caring for a frail elderly. Theoretically, by providing social protection, developed and developing countries aim to ensure that lack of resources does not lead to poverty or limit the access of vulnerable people to services necessary to preserve human dignity (Sorescu, 2010).

The concept of active ageing was inspired by *Robert Havighurst's* work: the welfare of the elderly is based on the fact that they remain active even after retirement; from this point of view, active retention is the key to successful ageing (Havighurst, 1968; Havighurst, 2019:341-348). Thus, active ageing means keeping people responsible for their own lives for as long as they grow older and, where possible, contribute to the economy and society. According to the definition of WHO, active ageing is "a process to optimize health, participation and security opportunities to improve the quality of life of old people. Being active refers here to the social, economic, cultural and spiritual involvement of the citizen, not necessarily to the ability to be physically active, to participate in actions that require physical activity" (WHO, 2002).

The definition of "active ageing" proposed by the OECD refers to "the ability of ageing people to lead productive lives in society and the economy for the benefit of both the individual and the community" (2006, p. 84). Active ageing is not only about the participation of older workers in the labour market, it is about also of: their active contribution to society through voluntary work, especially as family carers; the possibility of living independently.

This process is developed on 6 stages: (1) availability and use of health and social services (e.g., health promotion and prevention; continuous care); (2) behavioural determinants (e.g., exercise and physical activity; drinking and smoking habits; feeding; medication); (3) personal determinants (biology, genetics, and psychological characteristics); (4) physical environment (e.g., safety houses, low pollution levels); (5) social determinants (e.g., education, social care), and (6) economic determinants (e.g., wage, social security) (WHO, 2002).

3. Population decline as an important problem for Romania's demography and key topic for social policies for elderly

The socio-economic situation of many European countries, including Romania, has led to situations in which the elderly population faces a sharp decline in living

standards, pensions and low incomes, with limited access to certain medicines, to some care and health services. According to the latest census in Romania, carried out in 2011, the persons aged 65 and over represent 16.1% of the total population. (INS, 2012). Older women are more affected by poverty than men: in 2016, 31.8% of men aged over 65 were at risk of poverty or social exclusion, compared with 39% of women. Elderly population is characterized by an employment rate too low and falling. In the same time, Romania is 10% below the European average, very far from developed countries such as Great Britain, Germany, and Sweden.

According to the National Institute of Statistics, in 2019, the share of the population aged 0-14 in the total population remained at the value determined for January 1, 2018 (15.6%), while the share of the population aged 65 and over in the total population recorded an increase of 0.3 percentage points (from 18.2% in 2018 to 18.5% on January 1, 2019) (INS, 2019). Even the numbers changed, we may find the same age structure also in 2020, which is presented in the Table below:

Table 1: Population by age group in Romania (2020)

Age group	Number
65+ years	3.71 million
25-64 years	10.55 million
15-24 years	2.00 million
5-14 years	2.05 million
Under 5 years	936,606.0
Total	19,24 million

Source: data calculated from United Nations, Population Division, Interactive Database, 2019

According to UN forecasts, the share of the active population aged 25 to 64 will fall below the 30% threshold by 2060, representing the sharpest decline among European countries. The decline of the active population and the ageing of the workforce is another major trend, which characterizes the demographic developments of Europe, posing particular economic and social problems. The reduction of the working age population can have, as consequences, structural problems on the labour market. The demographic transition will progressively reduce the availability of human resources (*labour supply*) on the labour market (Niță, 2016: 83-84).

Regarding the age dependency ratio of demographic dependence, as we have already mentioned it is defined by the number of people aged 65 or equal per 100 inhabitants aged 20-64. By 2060, the share of the population will double, putting major pressure on the pension system and of long-term care services and on social assistance services. In total, the "age dependency ratio", which is currently 53.26%, is forecast for 2060 to reach 76.81%, as shown in the figure below:

Table 2: Age dependency ratio projected from 2020 to 2100 (Romania)

	Projections
2020	53,26%
2040	65,00%
2060	76,81%
2080	77,70%
2100	80,63%

Source: data calculated from United Nations, Population Division, Interactive Database, 2019

In fact, all age groups will change significantly, according to UN projections; however, by far the most pronounced changes will be those identified in the age categories of young people (up to 15 years) and the elderly (over 65 years). The population dynamics, as illustrated by the UN forecasts, up to the level of 2100, by the three age categories are shown in the table below:

Table 3: Size of young, working-age and elderly population in Romania. Projections from 2020 to 2100

	Young (<15 years)	Working age (15-64 years)	Elderly (65+years)	Total population
2020	2.98 mil.	12.55 mil.	3.71 mil.	19.24 mil.
2040	2.45 mil.	10.62 mil.	4.40 mil.	17.46 mil.
2060	2.16 mil.	8.62 mil.	4.53 mil.	15.31 mil.
2080	1.93 mil.	7.48 mil.	3.98 mil.	13.39 mil.
2100	1.72 mil.	6.68 mil.	3.38 mil.	12.08 mil.

Source: data calculated from United Nations, Population Division, Interactive Database, 2019

4. An overview of Romania's national regulations on improving elderly's status on labour market and their active ageing

As early as two decades ago, EU member states have already begun to take public and social policy measures (Walker, 2002: 121; Walker and Deacon, 2003: 2-3), to take measures to increase the retirement age, focuses on delaying the time of retirement, by reducing work bans after a certain age, the emphasis is on attracting the elderly in activities with a reduced work schedule with the aim of compensating part of the pension received with earnings (Bodogai, 2009: 22). For example, in France, the age at which private employers can send a retired worker without his consent has increased, from 65 to 70 years (Laroque, 2020). Many pension schemes include incentives to continue working after retirement age, including higher rates of retirement benefits, or higher retirement pensions (e.g. Denmark, France or Finland).

In Romania, since 1976, the rights of the elderly have been imposed, which unfortunately, sometimes, are ignored. Summarizing them, they are: "the right to medical care; the right to religion; the right to addiction prevention; the right to protection by qualified personnel; the right to legal protection; the right to choose the place and way of life; the right to family and community support and, last but not least, the right to palliative care" (Neamțu, 2011: 912)

Regarding the situation of the elderly in Romania on the labour market, a report prepared at European level in 2019 highlighted the following main conclusions: the share of people aged 55 to 64 who were employed was 50.0%, while only 15% of people aged 65 to 74 were still active in the labour market (Eurostat, 2019: 80). Of those, more than half had part-time employment contracts, a specific phenomenon, at the European labour market for this age group. Nearly three-quarters of the people who had the status of *self-employed* were "elderly farmers who continued to work, often on very small, family-based, subsistence farms" (Eurostat, 2019: 81).

In fact, maintaining an active life after the age of 65 is an objective that national regulatory documents take into account in this regard. The ones we could mention in this context are:

The *National Employment Strategy 2014-2020*. In this strategy, the proposed measures to support the prolongation of active life are essential for generating change in work and retirement practices in Romania, aiming at the application of employment

schemes for the elderly, the development of initiatives to transfer knowledge and work expertise from the part of older workers to young employees (mentoring programs, coaching type), studies showing that a successful organizational model is the multi-generational type, based on an integration in the workplace of the skills of different generations (National Employment Strategy, 2014: 45)

The *National Strategy on Social Inclusion and Poverty Reduction (2014-2020)*. It is a regulative document that provided, for example, "financial support for the implementation of active aging measures, e.g. for the employment of the elderly in social enterprises" (*National Strategy on Social Inclusion and Poverty Reduction*, 2014: 39)

The *National Strategy for Promoting Active Ageing and Protection of the Elderly 2015-2020*. Thus, improving the quality of life of the elderly was the main element of the National Strategy for the Promotion of Active Aging and Protection of the Elderly for the period 2015-2020, this document being approved in 2015 by the Romanian Government. The document pursues three major objectives: promoting participation in social life, prolonging the active life of the elderly and achieving a greater degree of safety and independence of the elderly. This strategy is in line with the agenda of active aging policy in Romania. Following a society in which the elderly are supported and helped to continue to lead a dignified, participatory and healthy life (*National Strategy for Promoting Active Ageing and Protection of the Elderly 2015-2020*, 2015: 36-47) .

5. Conclusions

Not all the policies and programs that are implemented in other countries can be implemented also in Romania, because there are big differences in terms of quality of life for elderly. First of all, we must take into consideration the risk of poverty and social exclusion is higher for the older people who are alone (Jehoel-Gijsbers, Vrooman, 2008). Then we must analyse also the statistical reports which are concluding, for example, that one in three people in this age group is covered by this risk. Across the EU Member States, the risk of in work poverty was particularly high for older people in Romania, as almost half (48.2 %) of all older people still in-work were at risk of poverty in 2017; this may be linked to a high share of the workforce being composed of subsistence farmers (Eurostat, 2019: 114). Also, in Romania elderly are characterized by a low employment rate. Too many of them are employed in agriculture. Romania has a high concentration of employment (60% of the total) in the primary sector (agriculture) and secondary (industry, construction, and mining) well above the European average (EU 28). And the most important fact, which should be taken into consideration when writing public policies or social policies for elderly, is their permanent risk of their social exclusion.

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