CULTURE ON PRESCRIPTION

NATIONAL REPORT
ROMANIA

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Credits

We would like to thank all the experts who kindly agreed to share their experiences with us and gave us insights into national characteristics. Their names and some of the features have been partly changed to protect their anonymity.

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2. Introduction

The Culture on Prescription project is the collaborative effort of multiple organisations from Ireland, Portugal, Belgium, Germany, Netherlands, and Romania which aims to identify current best practices in social prescribing and develop solutions combining culture and health promotion to address loneliness and isolation in older people and those with mental health concerns.

The Culture on Prescription project wants to promote their active involvement in cultural activities, strengthen their social interaction by connecting with the local community, and help to provide older people with the feeling of being more resilient in the challenges of their daily lives.

By implementing the project, we aim to:

- *Spread knowledge on a promising, evidence-based approach to addressing loneliness, isolation and mental health challenges through facts, figures and examples of good practice and provide models that can be easily adapted in parts of Europe where practical experiences with Social Prescribing schemes are limited or non-existent.*
- *Create new concepts for "Culture on Prescription" offerings combining positive impacts on health through cultural activities and learning efforts.*
- *Provide resources and practical support to facilitators in social and healthcare provision in running non-clinical offerings for persons concerned by or at risk of loneliness or social exclusion.*
- *Elaborate guidelines for decision-makers in municipalities and associations on how to adopt the approach of Social and Cultural Prescribing in their specific local and organisational setting.*
- *Create an implementation framework*.

We hope to become an example of best practices at a European and international level. We plan to develop solutions that are inclusive, sustainable and scalable. The consortium members will present the 'Culture on Prescription' offerings, the underlying methodology and project outcomes in terms of accompanying material and feedback from learners and other stakeholders in social and healthcare provision. We also want to strengthen our local, regional, national and European networks, broaden our portfolios with new and attractive offers to our primary audiences from the social and healthcare sectors, support the training of staff and volunteers, and provide the opportunity for cross-border knowledge.

Synopsis

This study has two main objectives. The first is to assess the specificity and the dimension of health promotion through cultural learning experiences and to evaluate the practice of cultural prescriptions within the activities of providing social/health services in Romania. The second objective is to recommend a minimum level of functionality for the practice of cultural prescriptions within the activities of social/health services in Romania. The methods used for the study were desk research and interviews for qualitative research. 15 websites of public and private organizations operating in the social services sector were consulted, as well as websites of public institutions in Romania and international organizations that have competences in this field (e.g., Ministry of Labour, Ministry of Health, WHO, UN, etc.).

The study shows that the situation of ageing in Romania is in line with the European demographic trend, but the Romanian elderly are much more vulnerable in the context of the emigration of its resident population and the dissolution of the extended family, which traditionally supported the transition from working life to an active retirement in the family which helped them maintain direct or indirect community links in the past.

The data presented and analysed both in the desk research as well as in interviews must be interpreted as a response to the significant need to adapt societies and the functioning of its sectors to the accelerated ageing of the population. We are still at the beginning of the decade dedicated by the UN to active ageing and by the end of it, health and social care systems, transport, housing and urban planning should become much more age-friendly.

3. Methodology

To gain an insight into current practice, best practice and literature on social and cultural prescribing, each COPE project partner carried out research at a national level to add to current knowledge and to support the development of cultural prescription in later stages of the project.

The study adopted a convergent parallel mixed methods design (Creswell, 2014) using qualitative and quantitative methods of inquiry. The study was framed by the following overarching research questions:

1. What is required to enable and facilitate social prescribing?
2. What are current behaviour and attitudes toward social and cultural prescribing?
3. What is considered best practice?

Within this research methodology, data was collected in a number of different ways from different participant cohorts:

- Project partner observations and logs, and other artefacts designed as part of the project, etc., to be retained and catalogued as data;

- The creation of a database of best practices in social prescribing across Europe to be used for analysis and open publication following the completion of the research.
- Semi-structured interviews with stakeholders involved in voluntary, health and local government sectors engaging in social prescribing practices, 8 stakeholders were interviewed in total.

The quantitative and qualitative data were analysed with equal priority. The qualitative data was analysed following a data-led approach (Braun & Clarke, 2006) and six phases of thematic analysis. Following the analysis of the qualitative and quantitative data sets, they were then compared using a side-by-side comparison approach (Creswell, 2014).

As there are a variety of levels at which social and/or cultural prescribing is being offered and delivered at a local and national level across Culture on Prescription partner countries a two-pronged approach was developed for this research.

For partners in countries with social/cultural prescribing already established, their key focus was:

a. Identify current social/cultural prescribing
b. Identify best practice
c. Identify weaknesses/challenges/concerns
d. Identify future potential/trends/recommendations

For partners in countries that recognise the potential of social/cultural prescribing and who are exploring options of how to develop and facilitate cultural prescribing, their key focus was:

e. Identify the need for social/cultural prescribing
f. Identify existing projects that could align with cultural prescribing and which demonstrate the potential to adapt to applying it in a social/cultural prescribing context.
g. Identify new opportunities for cultural prescribing
h. If they exist, identify current forms of social/cultural prescribing

For the desk research, a review of literature and information relating to services, benefits and engagement of social and cultural prescribing was carried out. This included but was not limited to:

- a formal structured process or through an unofficial, organic structure
- community and health services provided events to engage and encourage participation in social and cultural activities in the communities.
- health programmes such as smoking cessation, healthy eating or promoting cultural or social activities
- examples of best practices, and innovations in this emerging area.

The results of this research for Romania are in the following chapters. For information on

other national reports developed as part of the Culture on Prescription project and for other project publications, please visit culture-on-prescription.eu.

Stage I – desk research

The desk research assessed the frequency of practice of cultural prescription in public and private social services for the elderly. The primary sources of information have been assessed for the following dimensions:

- the concept and nature of the social prescription of cultural experiences;
- the frequency of cultural prescription practices among providers of social/health services;
- activities dedicated to the elderly,
- cultural learning experiences among providers and beneficiaries.

The websites of the main NGOs that provide social services or bring together social service providers (ONPHR, FDSC, Pact Foundation) were monitored as well as the websites of organizations nominated by respondents. In addition, the author monitored websites or documented information about actions of public and private retirement homes in which cultural actions are organized to alleviate loneliness and integration in a community (old people's homes and residential centres were identified in each county), the website of The Romanian National Society of Family Medicine (SNMF).

As far as legislation is concerned the following laws have been analysed: the updated version of Law no. 95/2006 (14th of April 2006) on health reform and the Order of the Minister of Health no. 323/2011 (18th of April 2011) regarding the "Minimum standards for classifying hospitals according to competence".

Stage II – qualitative research – analysis of data from interviews

The activity consisted of the analysis of the data collected based on the interviews. In-depth interviews are a qualitative research method based on the sociologist's interpretation in relation to the applied interview grid. In this case, the interview grid was semi-structured. Thus, two filters have been applied to the data: the first applied by the researcher or the expert who took the interview, and the second is the filter of the sociologist who listens, synthesizes, interprets the data and formulates the results. So, qualitative research does not have the attribute of objectivity like quantitative research (for example, sociological research through the opinion survey technique). As researchers contribute more to the attribution of sociological meaning, triangulation of research methods is recommended to increase the degree of objectivity. Therefore, the second stage consisted of desk research on the object of the study - the situation of health promotion through cultural learning experiences and the evaluation of the practice of cultural prescriptions on the territory of Romania.

The sampling of the interviews was done by stratified random sampling with simple non-random selection in a start according to the stratification criterion represented by the field

of professional activity – working with the elderly. The method of selecting respondents for the interview was therefore based on the need for non-probability sampling starting with one or more persons represented by the source of the data relevant to the objectives of the study (the source being considered the institution or organization they represent, in the field of working with the elderly). As non-probability sampling was used, the representativity of the research was limited as it was impossible to generalize the study's findings across the country. However, the specificity of qualitative research is not about making inductive generalizations on the subject of the research, but to obtain qualitative information by accessing the inner universe of the object of the research and understanding the nature, depth and extent of the phenomenon studied, the causes, the variables and explanations for the behavioral changes of certain groups relevant to the research (in this case, the socially isolated elderly).

Unlike focus-group, the interview technique has the advantage that the interviewees are not influenced by the participation of other respondents. Therefore, the analysis could follow a complex topic of discussion as perceived by the respondent, and, in order to minimize the influence of the interviewer on the respondent, but also to structure the discussion in relation to the subject of the study, a structured or semi-structured interview grid was used. A limitation of this research was the experience of respondents themselves, which can be limited to only one or a few aspects of the phenomenon studied.

Taking the above into consideration and given the complexity of the study, it is recommended that the beneficiaries interpret the results in correlation with the results obtained in the desk research.

4. Brief National Overview of ageing in Romania

Structure of the elderly population in Romania (January 2022):

1. 65-69 years old - 1.213.410
2. 70-74 years old - 960.817
3. 75-79 years old – 605.485
4. 80-84 years old – 514.037
5. 85 years old and over - 411.247

In 2022, Romania had a total population of 21,98 million by residence of which XXX were elderly of 65 years and older, representing 20% more than 0-14 year-. The figures confirm the demographic ageing shift and a decrease in birth rates. In comparison, in 1990 Romania had a population of about 23,2 million people, having Romania's population decrease by 1,3 million inhabitants due to XXX.

The adult population in Romania is decreasing with 166.000 people compared to the beginning of 2020. In the adult population (15-64 years) representing 64,9%, the elderly population group (65 years and over) increased from 18,9% to 19,3% (+43.200 people). The

young population group (0-14 years) decreased by 4400 people, representing 15,8% of the total resident population. The correlation of these data suggests the deepening of demographic ageing, as seen in its two statistical dimensions: **the reduction of the young population and the increase of the elderly population.**

Romania fits into the general trend of Europe and North America regarding demographic dynamics. Thus, it is a slow but continuous process, which was felt after 2000, when the elderly population outnumbered the young population. Demographic dynamics in Europe and North America suggest that these regions (including Romania) will reach peak population size in the late 2030s, followed by population decline as a result of sustained low fertility levels, which have been below 2 births per woman since the mid the 1970s and, in some countries such as Romania, high emigration rates.

5. Overview of lonely/isolated older people in Romania

5.1 Context – loneliness, social isolation and ageing in Romania

Loneliness and ageing have been analysed as social problems in line with the classical ones in sociology such as the theory of social change or the theory of social deviance as they negatively affect the dynamics of the social system.

The most prominent problems Romanian citizens are facing in the 21st century are alcoholism, drug use, poverty, organized crime, demographic change and social movements such as street protests or occupy movements. Since they affect a substantial number of individuals and have the potential to deteriorate social relations as well as the functionality of social institutions, it is considered that both, senescence as well as social loneliness/isolation, require intervention measures. This is to be achieved mainly by correcting or eliminating negative implications, first, on the lives of the subjects, secondly, on the family, nearby groups and finally, on the community. Ageing and social isolation correlate strongly, in the sense that the former largely explains the latter, since the highest frequency of social isolation is found among the elderly. A number of studies[1] have shown that loneliness and social isolation affect the mental and physical health of the people concerned negatively, and in the medium and long term, social cohesion and community trust can also be negatively affected. For this reason, both loneliness and social isolation are recognized as “critical public health problems”[2] that worsened during the COVID-19 pandemic and need to be addressed with appropriate and effective intervention strategies. It is therefore a matter of public

[1] BAARCK Julia; BALAHUR-DOBRESCU Alexandra; CASSIO Laura Giulia; D'HOMBRES Beatrice; PASZTOR Zsuzsanna; TINTORI Guido, Loneliness in the EU. Insights from surveys and online media data (2021), *Publications Office of the European Union*

[2] *Social Isolation and Loneliness in Older Adults. Opportunities for the Health Care System, National Academies of Sciences*, Engineering, and Medicine (NASEM)

interest to find solutions for this social problem.

Loneliness is a subjective state, felt in the form of an inner conflict between the individual's expectations of the social relationships he/she has and the actual amount/quality of relationships. Viewed from the outside, loneliness is usually explained by a deficit of social relations that the ageing individual can no longer maintain due to withdrawal from the community or professional activity, or as a negative effect of medical problems. This situation is worsened by a society that does not provide tools and institutions to help older people stay active in society by encouraging social, civic and cultural practices.

From a statistical and sociologically point of view, an elderly person is somebody 65-year-old and above[3]. From

a legal point of view, however, an elderly person, according to Article 1 of Romanian (Social?) Law no.17/2000[4], is a person who has reached the legal retirement age of xxx years. Being eligible to receive social assistance regulated by Law no. 17/2000 through social services provided either at home, in residential institutions, day centres, clubs for the elderly, apartments and social housing.

The World Health Organization commits a significant part of its resources to the ageing process, seen as healthy ageing and a long and healthy life. Since 1988, the World Health Organization has included ageing among the top five priority health problems of the population, alongside cardiovascular disease, cancer, AIDS and alcoholism.

At the European Union level, several papers issued by EU institutions on healthy ageing throughout the life cycle have been published. Thus, in the conclusions of the preparatory work for the European Innovation Partnership on active ageing (9th of March 2011), the Council concludes that one way to achieve the European goal of active ageing in an ageing Europe is to promote health-enhancing physical activity in the framework of the European Union Work Plan for Sport for 2011-2014[5] and the principles on the contribution of physical activity to active ageing developed in this context. The plan aims to explore ways to promote health-friendly physical activity and participation in sports activities for all. In Romania, the Ministry of Sport is the organizer and provider of public services to support the national programme "Sport for all". There is no public data on the elderly beneficiaries of this programme.

5.2 The residence environment of the elderly

In 2022, the majority of Romanians live in urban areas, 56,3% of the total (12,3 million, down

[3] Institutul Național de Statictică, Romania's population by localities, https://insse.ro/cms/sites/default/files/field/publicatii/populatia_romaniei_pe_localitati_la_1ianuarie2016_0.pdf, ISSN: 2066-2181, p.8, accesed on 20.08.2022.

[4] https://legislatie.just.ro/Public/DetaliiDocumentAfis/196545

[5] https://eur-lex.europa.eu/EN/legal-content/summary/work-plan-for-sport-2011-2014.html.

from 2021). 9,6 million people live in rural areas, a slight decrease compared to January 1, 2021 (0,5%). The female population represents just over half of the total, 51,2% and 11,2 million people respectively, down 0,6%, while the male population decreased by 0,7%). 10,296 million people live in urban areas, representing more than half of the country's resident population (53,6%).

In relation to the structure of the resident population, there is a marked ageing process that is explained by the decrease in birth rate, the maintenance of a negative natural increase (the constant decrease in the number of births), the immigration/emigration ratio and the increase of the average age of birth of the first child or voluntary childlessness. It should be noted that the changes in demographic behaviour of couples lead to a decrease in fertility and, implicitly, in the demographic increase and the change in population structure by age groups.

As far as the population structure is concerned, on January 1st, 2021, the North-East Development Region[6] has the largest number of inhabitants, with a share of 16,5% in the resident population of the country. At the opposite pole, we have the West Development Region[7] with a share of only 9,2% of the resident population of the country. The Bucharest-Ilfov Development Region is the most urbanized. The population living in municipalities and cities represents 88,1% of the total population of the region.

Thus, in Romania, the average age of the resident population is increasing, having reached 42,3 years in 2021. There is an accelerated increase in the demographic ageing process from year to year, which is highlighted by the constant maintenance of the share of people in the age group 0-14 years, while the elderly population (65 years and over) is constantly increasing. The elderly population increased from 81,0 (in2005) to 122,4 elderly people per 100 young people (in 2021). Thus, the change in structure by large groups over 65 years of age has occurred since 2000.

Eurostat[8] estimates that Romania's elderly resident population (aged 65 and over) will reach 3,88 million people by 2030 and over 4,68 million people by 2060, compared to 3,70 million people in 2021.

Romania is in line with the general trend of Europe and North America[9] on demographic dynamics. We are witnessing a slow but continuous process, which became obvious after 2000 when the elderly population outnumbered the young population. Demographic dynamics in Europe and North America suggest that these regions will reach their maximum population by the end of 2030, followed by population decline due to sustained low fertility levels, which have been under 2 births per woman since the mid-1970s and, in some countries

[6] with the following counties: Bacau, Botosani, Iași, Neamt, Suceava

[7] made up of counties: Arad, Caraș-Severin, Hunedoara, Timis

[8] https://ec.europa.eu/eurostat/documents/10186/10990320/RO-RO.pdf, accessed on 28.08.2022

[9] World Population Prospects, 2022, United Nations Department of Economic and Social Affairs, Population Division, p. 8.

like Romania, high rates of emigration.

The regions with the highest share of the elderly population are, in order,

- Europe and North America (22% in 2030 and 26,9% in 2050);
- East and South East Asia (16,3% in 2030 and 25,7% in 2030);
- Australia and New Zealand respectively (19,4% in 2030 and 23,7% in 2050).

Therefore, the situation in Romania is in line with the European demographic trend, but the ageing population is more dramatic in the context of the emigration in European countries of the resident population, where no we can talk about a new generation of Romanian origin born in the host countries.

Thus, we can observe a significant change in the structure of the global population and, implicitly, the need to adapt societies and the way they work. The UN shows the need to adjust health and social care systems, transport, housing and urban planning.[10] One of the priorities of the decade for the social systems will be to become more age-friendly, as the demographic evolution forecast shows, especially in developed regions and countries. The decade 2022-2031 is already dedicated to active ageing efforts.

5.3 The situation of elderly living alone or being abandoned in Romania

As for the distribution of older people by regions are:

- South-Muntenia and South-West Oltenia (with 21% of the total),
- followed by South-East (20,1%),
- Center and West (18,6%)
- North-East (18,3%),
- North-West (17,6%)
- and Bucharest-Ilfov region (16,6%).

Most of the elderly are in Teleorman County, with a percentage of 27,1. In addition, the category of older men over 80 years of age represents 4,8% of the population (2020), with 34,8% being men and 65,2% being women. The other extreme is represented by the "youngest" county: Ilfov with a share of 13,8.

In 2020, Romania's population aged 65 and over was 3.664.411, representing 19% of the country's resident population (19.317.984). Of these, 1.482.258 were men (15,7% of the total resident men in Romania of 9.445.697 persons) and 2.182.153 women (22,1% of the

[10] The United Nations, Decade of Healthy Ageing 2020-2030 – Why we need concerted, sustained action: https://cdn.who.int/media/docs/default-source/decade-of-healthy-ageing/final-decade-proposal/decade-proposal-final-apr2020-en.pdf?sfvrsn=b4b75ebc_25&download=true, p. 1.

total resident women in Romania of 9.872.287 persons).

These figures follow a global trend with more women than men being 65 years and older. In 2022, women accounted for 55,7% of people aged 65 or older. Of all regions, in 2022, the share of women in the population aged 65 or older is the lowest in Oceania (excluding Australia and New Zealand) (50,6%) and the highest in Europe and North America (57,5%).

However. as a result of advances in health, survival rates and life expectancy, more men already are will continue to reach older ages. Thus, the share of women in the elderly population is estimated to fall to 54,5% by 2050 globally.

In Romania, the exact number of people abandoned or living alone is not known. The only indicator is the number and type of social services and their capacity. In the reports[11] of the Ministry of Labour, the lack of infrastructure for the provision of long-term care is frequently highlighted. The public system seems to be overwhelmed by this need, which manifests itself on numerous occasions – for example, an indicator is the waiting lists for residential and alternative care units, which showed a deficit of about 2600 seats in the public system, at the level of 2012[12]. This data also suggests the priorities of the national system in recent years[13].

In other words, the Ministry of Labour has the relevant data about the beneficiaries of these public or private social services, but as far as individuals, who are not institutionalized or beneficiaries of healthcare services, very little is known about their loneliness, lack of support network or social isolation.

Social services for the elderly in Romania	**PUBLIC**	**PRIVATE**	**TOTAL SERVICES**
Homes for the elderly	114	387	501
Social canteen (soup kitchen)	60	66	126

[11]World Bank report for Ministry of Labour, Romania, "Long Life, active and strong. Promoting active aging in Romania", http://www.mmuncii.ro/j33/images/Documente/Familie/DGAS/IA-RO/Raport_Active_Aging_RO.pdf, Chapter 5.

[12] Residential care facilities according to the types of suppliers, based on the latest data available at the Ministry of Labour:

http://www.mmuncii.ro/j33/images/Documente/Familie/DGAS/IA-RO/Raport_Active_Ageing_RO.pdf, p.

[13] For example, the programme of national interest with a budget of 100 million RON to develop the "national network of homes for the elderly".

Home care services	57	190	247
Medical-social Centres	50	3	53
Community support services	23	90	113
Palliative care Centres	5	5	5
Sheltered housing	14	8	22
Daycare centres for socializing and leisure	52	30	82
Respiro/crisis centres	3	2	5
Daycare and recovery centres	25	24	49

The decade 2021-2030, dedicated by the UN to healthy ageing supports 4 major directions of intervention[14]:

- Strengthening leadership and capacity for the Decade of Healthy Ageing[15]: brings together governments, civil society, international agencies, professionals, academia, the media, and the private sector to improve the lives of older people, their families, and the communities in which they live.
- Enabling diverse voices and meaningful engagement of older people in community life and influencing local and government decisions according to the Decade of Healthy Ageing
- Reducing social isolation and loneliness among older people by developing guidance on how to implement and scale up effective interventions to reduce social isolation and loneliness, improving research and strengthening the evidence for what works and creating a global coalition to increase the political priority of social isolation and loneliness among older people.
- Creating age-friendly cities and communities with a key role in enabling people to live longer and healthier lives while fostering fairer and more sustainable societies.

The UN also devotes important resources to the situation of the elderly in the context of COVID-19. Together with its partners, the UN published a series of materials and infographics

[14] https://www.who.int/initiatives/decade-of-healthy-ageing

[15] https://www.who.int/initiatives/decade-of-healthy-ageing

providing guidance and advice during the COVID-19 pandemic for elderly people isolated at home, health workers, social workers and local authorities and community groups.

5.4 Loneliness and social isolation as a social problem not covered by the social sector

The current age distribution of Romania's population will have a major impact on future demographic trends, as an implicit effect of the "population impulse" phenomenon. This phenomenon reveals the ratio of the dynamics of the young population vs. the elderly as a variable indicating the mortality rate and the relative youth of the present population and it is a predictor of the number of women of reproductive age that will continue to grow for years and even decades.

The UN estimates that two-thirds of the world population's expected growth between 2022 and 2050 and, implicitly Romania's, will be determined by the current age distribution of the global population. However, over a longer period, the influence of today's age structure will fade, and population growth will increasingly depend on the future course of mortality and, especially, fertility. In other words, the higher the level of fertility, the greater the impact on the population. A low fertility rate suggests increased demographic dependency and indicates a growing number of beneficiaries of public services: social, health and pension systems. This will require higher taxes and contributions to ensure stable and sufficient services. These services will have to be reframed to be friendly to beneficiaries in the short and medium term and sustainable in the long term.

The industrialization has produced changes in the structure of the social system over the last century. As a result of urbanization and migration, family structures have changed. The place of the extended family, characterized by strong ties with its members – which gave them predictability, safety and stability was taken by the nuclear family (the family formed by the 2 parents and their children) – whose members have independence but no longer have security and stability. The effect of this change in the form and nature of the family is felt deeply by the elderly. If in the extended family (the parents, their children and their children's' family) they remained in the originary nuclear family, nowadays they remain isolated, alone, even abandoned or institutionalized.

In addition, thanks to the progress in the health system that contributes to the increase in life expectancy, a new age group is emerging at the level of the population structure in Romania – the "fourth age" represented by the oldest of the old people.

Eurostat data showed since 2012 that, although about 20% of Romania's elderly need home care, only 0.23% benefit from these services. Thus, we can estimate the share of older people in isolation, but not of older people who do not need assistance, monitoring or care, but feel loneliness as a subjective state.

Compared to the above data, we can say that there are no comprehensive but only partial data on socially isolated elderly people or elderly living alone. They are not necessarily those who benefit from or need the social services offered above. Loneliness or isolation

are social factors that marginalize the elderly or exclude them from social life.

According to a national survey[16] conducted in 2021, about 1,5 million elderly people in Romania feel loneliness very deeply. 1 out of 4 people in urban areas says they are in poor physical and mental condition due to loneliness, while 3 out of 10 elderly people have no one to socialize with or rely on if necessary. Nearly a third (28%) of the elderly surveyed do not interact with more than 4 people in a month. According to the survey, most elderly people stay at home due to health problems – 39% have physical problems. Respondents spend time at home, doing household activities (64%), taking easy walks around the house or in nearby parks (43%), watching TV (33%) or doing activities such as gardening or related activities outside the home (27%). Those who feel extremely lonely tend to spend time at home (18%).

Loneliness is a side effect of the changes in the structure of the extended traditional family and the massive emigration. As a result, the elderly no longer benefit from the care of their primary family members. While the family may be the key element in providing compensatory support for older people who leave work and reduce their social activity, it may be, in some cases, the determining factor for the poor quality of life of the elderly. In this context, self-perceived well-being is related to subjective expectations (Waite and DAS 2010) about the support and involvement that the family should manifest. First, loneliness is a subjective perception of the individual whose objectivity can be explained by the type of active life lived. Waite and DAS have shown that poor previous social and family interaction is a predictor of later loneliness after transitioning into retirement. Instead, factors such as the existence of a life partner and the maintenance of social relations with extended family, friends and community are variables that keep the perception of loneliness low in old age (Waite and DAS 2010; Huxhold, Miche and Schüz 2014).

In these circumstances, the social protection system provided by local public administration authorities, individuals or public or private entities should refocus its strategy on older people who become not only the largest category of beneficiaries of classical social services but a socially vulnerable group. However, the primary objective of social service providers concerning older beneficiaries remains to ensure a minimum of well-being for the entire elderly population by guaranteeing access to basic goods and services and redistributing income to reduce poverty and social inequality. Therefore, legislative intervention is needed to reframe the well-being of the elderly, as suggested in Diagram 1. The challenge for the social services system in Romania is still to prevent the decline of the standard of living of older people at risk of illness, disability, old age, and death of the assistant. The development of social services is affected by social problems that consume a significant part of the resources in the system. Therefore, the current form of provision of these services is based on a concept that does not imply the requirements of active ageing, although it can

[16] The loneliness Index - survey conducted by Kantar Romania in December 2021 on a sample of 450,000 seniors, for the "Pandemic of loneliness" campaign conducted by the Never Alone Association - Friends of the Elderly: https://niciodatasingur.ro/

sometimes fulfil them marginally.

With these challenges and limited resources, it is increasingly difficult for dedicated social care providers to implement programmes that encourage the elderly to work longer or remain involved in society through civic, cultural and political activities after reaching retirement age so that they continue to live independently even at older ages. As for the long-term chronic patients assisted in hospitals, there are some initiatives, as we will see throughout the material.

In these circumstances, a social need is emerging that must be met through measures and programmes for active ageing, initiated and implemented either through a public-private partnership or exclusively by non-governmental organizations.

Widely implemented, these measures contribute directly to improving the quality of life of older people and reduce public spending for the age group 65 and above. In addition, these measures bring higher incomes for the elderly population and thus lead to higher economic growth. Finally, older people remain actively integrated into an inclusive economy and society without being the subject of discrimination. Therefore, beside the classical or integrated social assistance system, there is an increasing need for social and cultural prescribing services for the elderly population.

Considering the above, Romania, as a developed state with an ageing population, should take measures to adapt its public programmes to the growing number of older people. This should include strengthening its social security and pension systems and the establishment of universal health care and long-term care systems.

6. Overview of social and/or cultural prescribing in Romania

6.1 Assessment of the quality of life of adults and the elderly

Socio-cultural studies and social psychology reveal, equally, the importance of self-perception about one's quality of life. Well-being, satisfaction with and quality of life are subjective states perceived by subjects. This is strongly related to the objective relationship of the individual with society, his ability to interact, participate in the events of various communities and include themselves to purposes recognized as legitimate in society. This relationship causes a variation in the quality of life of adults, different states of life satisfaction and responses to the situation in which they find themselves. The individual seeks life satisfaction naturally, but as a result of the inconsistency between the legitimate aims and means at his/her disposal, a common result is an increase in the state of social isolation. This is the so-called "retreat" explained extensively by sociologist Robert Merton in the classic theory of social anomy[17].

[17] See, for example, Merton, J, R., Social Stucture and Anomie, *American Sociological Review*, Vol. 3, No. 5 (Oct.,

The practice of the social prescriptions of culture and art is a form of managing these affective processes of the individual in a collective assisted manner, both at the institutional level or through private efforts. In this way, the isolated individual is compensated for the deprivation caused by his isolation from the collective optimism that life creates in the community, from the experiences that art can generate as a form of public expression in society. The practice of social prescription becomes a tool for dealing with a social problem by specialized institutions in society. These two findings create the premise of studying a new practice in the field of life satisfaction, happiness and well-being. Joy and contentment are reached by reconnecting with the life of the community. Therefore, although they are individual characteristics, subjective states of social isolation can be treated as a social construct: society gives the individual the way to perceive and manifest his satisfaction with life. Thus, the social prescriptions of culture and art are the product of collective effort, within public and private organizations or social groups that deal with the problem of loneliness and isolation from the "collective" life and spirit of society.

6.2 Assessment of the quality of life of older people

Active ageing by maintaining involvement in social, civic and cultural activities is an indicator of the quality of life of older people. Chart 1 below, proposes a model for assessing the quality of life of the elderly, which introduces, in addition to factors such as physical and emotional health, the level of social relations and involvement in social, civic and cultural activities.

- Income level – available income and its management to the expenses necessary for living, maintaining health and involvement in social, civic and cultural activities;
- Access to health and care services – including at home
- Social relations, social support – social, cultural participation and involvement;
- Living environment – housing and community
- Interdependence and family support – including remote
- Subjective well-being, life satisfaction – self-perception

Chart 1: Grid for assessing the quality of life of older people

The United Nations has adopted a model[18] that includes the guiding principles of the rights of older people. These are dignity, independence, participation, care, and self-fulfilment, with dignity at the centre of the model. These guiding principles are considered to lead to a decent life and physical and mental well-being of old people. The guiding principles are closely linked to the rights of the elderly: Freedom of choice within the limits of physical and intellectual capacities, the right to privacy and decent social and medical services, the right to appropriate

1938), pp. 672-682 (11 pages)

[18] The United Nations Principles for Older Persons adopted on 16 December 1991 by General Assembly https://www.ohchr.org/en/instruments-mechanisms/instruments/united-nations-principles-older-persons

information and counselling, and the right to participate in social and cultural activities.

6.3 What are and what are not cultural prescriptions

In the World Health Organization's report "Health Evidence Network synthesis report 67[19]" one finds evidence that art is a determinant of life satisfaction in the prevention of mental illness, neurological disorders as well as physical deterioration caused by ageing. The WHO study also shows that elderly care is more effective when combined with the consumption of art and culture.

> Reading, drawing, singing, listening to music or any other type of cultural consumption can improve our physical and mental state and contribute to increased satisfaction with life. In other words, cultural consumption makes us happier and healthier and reduces isolation and loneliness.

Cultural consumption as part of public policies to support physical and mental health is already institutionalized thanks to innovations in the field of care and social care. A social culture prescription is a system sometimes called a "community reference system" whereby vulnerable and at-risk people are supported to find ways to improve their health and well-being by networking them to what is happening in their local area.

In the UK, progress has been made in dealing with social cases through socio-cultural prescriptions. Here, the professional practice focuses on three areas:

- Collecting and sharing information in the social sector
- Encouraging leadership and social relationships
- Capacity building in the health and cultural sectors

The City of London has assumed the task to support its citizens in vulnerable or disadvantaged communities to improve their health and well-being through appropriate social prescriptions. **According to this framework,** art forms that can be subject to socio-cultural prescriptions are the following:

- Performing arts (theatre, music, dance, opera, film);
- Visual arts, design and crafts (for example, traditional crafts such as knitting or egg painting or modern crafts such as collages or graffiti, but also design, painting, photography, sculpture and tailoring);
- Literature (e.g., writing, reading and attending book clubs or festivals);
- Culture (for example, going to museums, galleries, art exhibitions, concerts, and

[19] World Health Organization 2019
https://apps.who.int/iris/bitstream/handle/10665/329834/9789289054553-eng.pdf

theatre);
- Community events, cultural festivals and fairs, informal gatherings;
- Online, digital and electronic arts (e.g., animations, filmmaking and computer)

6.4 The practice of socio-cultural prescriptions in Romania

A redefinition of the national system of social services for the elderly is more than necessary as it would fit the European trend and would respond to an increasingly pressing social need. Active ageing is not a theoretical ideal, but is very operational and can be subscribed to a set of clear measures and programmes, from the basic package for potential beneficiaries. In the short term, these measures contribute significantly to improving the quality of life of older people (these people remain actively integrated into the economy and society), and in the medium to long term, reduce public spending for the age group 65 and above. Encouraging a new sector in the economy - the social and cultural activities for the elderly - would help increase employment and ultimately increase economic growth. Such an approach would bring us to a more inclusive and modern social service system.

Until changes are initiated in the structure of the social services system, services such as social and cultural prescriptions remain independent of the public social assistance system. These activities are currently supported by non-governmental organizations. In the public sector, there are very few practices to prescribe socio-cultural consumption. This is also due to the inadequacy of the legislative framework. Apart from private or voluntary initiatives that support elderly people in homes or residential centres, there is no public policy or programme to support this practice. Below are the most visible activities in this category.

Regarding the inclusion of social and cultural prescriptions in the variety of social services addressed to potential elderly beneficiaries, it is necessary to clarify this concept of services as an integral or complementary part of the national social assistance system. It should be noted that at the European level, these services have been considered by the European Commission of general interest since 2011. Thus there has been a paradigm shift in social services that are no longer seen as mere instruments for intervention and protection of disadvantaged people, but as instruments for promoting social and economic development.

The support tools for the elderly used regularly are campaigns or material donations and scarcely any socio-cultural actions organized for this target group. We mention here the best-known material support actions for the elderly between January and August 2022:

SNK Association and Seneca AntiCafe support **Our Grandmother's team**[20] – a humanitarian project of donations of food and hygiene packages whose beneficiaries are 1200 grandparents in 28 counties in Romania. The project is supported by Seneca Anticafe with donations from book sales. Although the sponsor of the project organizes and supports cultural activities, in this case, reading is a means of attracting donations to combat hunger

[20] https://www.facebook.com/buniciinostriRO

and not loneliness.

As far as the situation of providers, facilitators, entrepreneurs or professionals in the field of civic, and cultural services addressed to the elderly is concerned, the monitoring carried out shows that most socio-cultural activities are organized in private homes for the elderly or special centres for seniors.

Caritas Confederation Romania in partnership with the Four Change Association, the Community Support Foundation and the Caritas Metropolitan Greek Catholic Association Blaj implements the project **SenioriNET Federation – stronger NGOs in support of the elderly in Romania**![21] with the financial support of Active Citizens Fund Romania, a programme financed by Iceland, Liechtenstein and Norway through the EEA grant 2014-2021. Developed over 32 months, between 2021 and 2023, the project aims as a secondary objective to increase the level of information and awareness on the rights of the elderly in Romania for at least 10.000 citizens and 50 representatives of local and national public authorities and institutions over 10 months. Through this objective, the NGO network provides informative materials and organizes a series of activities in the field of community-type prescriptions, which stimulate civic participation (especially through the elaboration of the White Paper on The Rights of Older Persons in Romania, which the network makes available to them).

Other related activities support the representation of the target group by developing petitions or meetings with decision-makers at the central and local levels.

The Four Change Association and the "White-Yellow Cross in Romania" Foundation – Buzau branch have in their portfolio several projects dedicated to the elderly such as **Together against the isolation of the elderly in Romania!**[22]**.** 165 elderly people in situations of dependency and/or at risk of social exclusion are targeted in this project: 120 people in Brădeanu Commune, Buzau county, 30 people in Crevedia Mare Commune, Giurgiu county and 15 people in Cosoba Commune, Giurgiu county. The target group benefits, in addition to health and social care services, from civic activities. Thus, it facilitates the participation of the target group as an important community resource in the "Voices of Grandparents Clubs". Project partners provide opportunities for the participation of older people who interact with community members to "solve problematic social situations". The stake of these services is that, in the long term, the elderly become a resource in their communities, their experience is acknowledged and their contribution is appreciated, to increase their self-esteem.

The project **Bridge**[23] is implemented by Habilitas Association with the aim of "creating games that treat the cognitive and behavioural symptoms of dementia through various workshops involving young people and the elderly".

[21] https://seniorinet.ro/

[22] https://www.4change.ro/comunicate

[23] https://www.habilitas.ro/index.php/ro/proiect-erasmus-bridge/

Socio-cultural activities organized by public or private homes of the elderly remain useful but these events are infrequent and culture is not usually part of the social prescriptions for the beneficiaries. For example, the **"Saint Parascheva" old people's home in Iasi**[24], organized in April a series of socio-cultural activities to "involve the residents of the home in socializing activities to bring them closer to each other and to spend their time as enjoyable as possible." Among the activities organized were performances of music, poetry, dance and theatre. The press release provided by the institution shows that "the residents sang and danced together with the members of the Pro Roma Association".

The **Western (Occidentului) Home in Bucharest**[25] offers games: elders can have fun with one another by playing various games such as backgammon, bingo, domino or rummy; festive parties (celebrating residents' birthdays, certain festive days); physical activities, excursions and picnics, etc.

Never Alone – Friends of the Elderly[26] is a non-governmental organization that supports people over 65 who live alone or in old people's homes, who do not receive direct family support and who often have low incomes. The activities are supported by volunteers and aim to alleviate loneliness and social isolation of the elderly and to provide practical and moral help, adapted to the individual needs of each beneficiary. The programme was initially developed in 2006 by The Margareta of Romania Royal Foundation in partnership with Les Petits Frères des Pauvres (France)[27] and uses new methods of voluntary mobilization and loneliness alleviation. The most effective campaigns of the association are: **Loneliness is not a holiday plan**[28] – 250 holidays for the elderly made possible by donations; **The loneliness pandemic** – a donation campaign to combat the social isolation of the elderly during the pandemic; the **first Social Centre for seniors in Romania**[29] (under construction in 2022) - sports activities and yoga sessions, knitting workshops, foreign language courses, intergenerational activities in partnership with other organizations to promote the culture of volunteering in the life of the elderly, psychological support groups on various topics associated with loneliness;

Moral, practical and material support. The project for the elderly carried out by the Never Alone – Friends of the Elderly in 2017 aims to provide practical, moral and material support for the elderly living independently or in the old people's homes in Bucharest, Pitesti, Ploiesti,

[24] https://dac-iasi.ro/activitati-socio-culturale-sf-parascheva

[25] https://azil-de-batrani-bucuresti.ro/servicii-camin-de-batrani-bucuresti.html

[26] https://niciodatasingur.ro/

[27] https://www.romaniaregala.ro/jurnal/fundatia-principesa-margareta-a-romaniei-in-parteneriat-cu-asociatia-les-petits-freres-des-pauvres/

[28] https://niciodatasingur.ro/vacante/

[29] https://niciodatasingur.ro/centru/

Constanta, Târgovişte and Brăila, both in rural and urban areas.

Through the campaign **The Scarf from Grandma**[30]**,** one can purchase a scarf braided by one of the beneficiaries of the project that lives alone and are isolated. The elderly socialize by knitting together, taking advantage of each other's talent and experience.

We stay connected - We are bringing technology into the lives of single elders[31] **–** given the evolution of the COVID-19 pandemic, 35 elderly received a 3G tablet with a monthly internet connection and instructions for various social media applications. Volunteers from the Never Alone team helped senior beneficiaries use social media apps like Skype, and WhatsApp, surfing the internet or sending emails.

Magic Seniors[32] is a newly established nongovernmental organization that promotes the concept of an active senior in Romania especially by "creating and implementing a solid bridge between generations as well as the development of a system through which young people and seniors learn from each other and build together". The purpose of the organization is to promote and support the learning of "an active lifestyle of senior citizens in Romania through intergenerational cultural exchanges".

7.Examples of best practice

7.1 Examples of good practice cases in the field of social and cultural prescription in Romania

The **Art and Wellness**[33] project is being implemented in Cluj (Romania), Maribor (Slovenia), Trent (Italy) and Brussels (Belgium). Partner organizations are the Center for fine Arts in Brussels, Belgium (BOZAR), Cluj Cultural Center Association – project leader in Cluj, Romania (CCC), Maribor Art Gallery in Maribor, Slovenia (UGM), and Bruno Kessler Foundation, Trento, Italy (BKF). The project aims to develop the skills of artists, cultural workers, local experts and researchers to exchange local best practices at specific times and to carry out advocacy actions to include culture and art in the urban and social programmes and policies. Activities include bringing culture to places where it usually does not manifest itself (residential centres, retirement homes, hospitals, etc.) and distributing tickets to pre-established cultural and artistic events through their carers.

[30] https://niciodatasingur.ro/fularul-de-la-bunica/

[31] https://niciodatasingur.ro/ramanem-conectati/

[32] https://magicseniors.ro/

[33] https://art-wellbeing.eu/

The project **Moral, practical and material support for seniors**[34] developed in 2017 was nominated for the Civil Society Gala. The intervention targeted 612 elders from Bucharest, Braila County, Ploiesti, Pitesti, Targoviste and Constanta – people over 65 years old, living alone or affected by loneliness. The association used cases of international good practice. With the help of volunteers, the intervention consisted of home visits, socializing and interaction activities in the homes for the elderly (twice a month), practical and material help for those in need, holidays and 2-day trips in the summer or organizing parties or anniversaries with the beneficiaries. The project partners were: Les Petits Frères des Pauvres (France), The Margareta of Romania Royal Foundation, CEZ Group in Romania, Oracle Volunteers, DGASMB, Centrul rezidential pentru persoane varstnice Speranta (Bucuresti), DGASPC Sector 2, Complexul de Servicii Socio-Medicale Sf. Dimitrie (Bucuresti), DGASPC Prahova, DGAS Arges-Centrul de ingrijire si asistenta Pitesti, DGASPC Sector 6, Serviciul Public de Asistenta Sociala-Caminul de Varstnici Constanta, Caminul pentru Persoane Varstnice Sfanta Elena (Targoviste), Centrul de zi "Clubul Seniorilor Covasna"(Bucuresti), Centrul de ingrijire pentru persoane varstnice Vasarely (Ploiesti), Caminul pentru persoane varstnice "Sfantul Alexandru" (Titu), Seneca Anticafe

The **Loneliness pandemic**[35] campaign, carried out in December 2021 by the Never Alone – Friends of the Elderly Asocition, brought to the attention of the public the situation of the elderly, the loneliness and social isolation they were facing especially during the COVID-19 pandemic. The campaign aimed to make the general public understand the state of loneliness of the elderly and to involve volunteers in activities that offered the elderly "dignity and peace".

Scrabble Game comes to life[36] is a project implemented in 2019 by the Magic Seniors Association, which aims to improve the quality of life of seniors who benefit from social services in Bucharest by organizing intergenerational scrabble games. 10 children and members of the Romanian Scrabble Federation played and taught 80 elderly people to play scrabble, thus helping to alleviate the isolation of older people. The activities took place in senior clubs in Bucharest.

"Dreams of the elderly"[37] is a project coordinated and implemented in 2019 by **GEAC Association and Magic seniors Association**. The dreams of old people are fulfilled by private donors. Tickets to concerts or painting products were offered.

"Senior Café: Spending time together"[38] is an initiative to socialize the elderly in the form of "senior karaoke", started in 2019 with the support of CEC Bank, Frame advertising, Viilor Pub,

[34] https://www.galasocietatiicivile.ro/participants_list.php?section_id=15&year=2018

[35] https://niciodatasingur.ro/2021/12/07/pandemia-singuratatii-omoara-varstnicii-romaniei/

[36] https://magicseniors.ro/2019/10/09/start-proiectului-jocul-de-scrabble-prinde-viata/

[37] https://geac.ro/visele-batranilor/

[38] https://magicseniors.ro/2020/02/12/senior-cafe-petrecerea-timpului-impreuna-2/

seniulor.ro and Add Media Communication. The beneficiaries of this socio-cultural prescription initiative were 20 elderly from Bucharest.

The first camp in Romania for Alzheimer's patients and their families was organized in May 2022 by the "Zi de bine" Association. 10 people diagnosed with Alzheimer's disease and other forms of dementia benefited from creative activities, kinesiotherapy, music, horse riding demonstrations, and fine arts.

7.2. Results of interviews with SP/CP stakeholders and experts in the social services sector

- Very little is known about the concept of cultural prescription and consequently even less is put into practice in the provision of social services;
- Most respondents said they were familiar with the concept, but they could not say how they implemented the concept in their activities. Those who defined the concept closer to its European and international meaning were social workers

from private organizations (Ana Aslan International Foundation[39], The Margareta of Romania Royal Foundation[40]);

- Generally speaking, the benefits of cultural prescription are understood: "If older people are active, they no longer feel lonely and useless, their self-esteem and self-confidence are higher, they are motivated to face tomorrow positively and are less prone to depression." (A.S., social worker in a social service non-governmental organization);
- Two out of three social workers interviewed said they had never used the term "social prescription or cultural prescription" (C.P., a social worker in a public social work service in Bucharest) or "the concept of cultural prescription is less known as a term but the profession of the social worker is increasingly working with it and tends to implement it more and more often" (A.S., social worker in a social service non-governmental organization);
- During the discussion with the interviewer, all respondents acknowledged the need to integrate the practice of social or cultural prescription, mainly in social services or health services;
- Although it is not known or used in the practice of social services, one of the social workers mentioned that for a social worker it is unavoidable to work more with this concept because the tendency is to implement it more often;
- One factor that delays the adoption of social/cultural prescription in the practice of social services is to prioritize more basic needs, leaving very few ressources for CoP. A person interviewed said that for seniors and adults supported by his organization the social canteen (offering a hot meal daily, Monday to Friday), offering food packages and hygienic-sanitary products, and providing medical care are the priority rather than CoP, as it is difficult to consume culture if you do not have food;
- As far as promoting health through cultural learning experiences the recommendations received include "actions/campaigns to raise awareness on the mental benefits that people who participate in such activities may have" (A.S., social worker), public-private partnerships (state-private social services providers), buildings for the provision of this type of social services and funding (for private social organizations serving the elderly); social counselling activities, Senior Clubs, etc.);
- Respondents working in private social organizations said they would like to integrate cultural consumption into activities with the elderly, but funding for such activities is rarely available. Most of the funding is for classic social services.

[39] https://anaaslanacademy.ro/

[40] https://www.frmr.ro/

8. The potential of social and/or cultural prescribing in Romania

Necessary factors for the growth of the social and cultural prescription sector

Changes and amendments to the current legislation – Law 95/2006, in its updated form, should include socio-cultural prescriptions in the field of public health such as organizing cultural activities in medical facilities and the attribution of competence to family doctors, without interfering with the priorities set by doctors for medical treatments.

We recommend **launching a public debate on family medicine from the perspective of the professional development** of doctors and their professional skills. In this regard, family medicine could take over the competence of prescribing socio-cultural activities. This approach would require that physicians who have chosen the family medicine speciality have the opportunity to follow a curriculum of medical skills that would enable them to use this type of prescription to combat a recognized social problem (loneliness and social isolation) that affects physical health.

Encouraging volunteering and improving the donation mechanism

The analysis of the answers provided by the interviewees and the cases of good practice demonstrated that the practice of socio-cultural prescriptions can be strengthened by encouraging volunteering and involvement in organizing socio-cultural activities dedicated to the elderly. Improving the donation system and volunteering depends on the level of information and awareness of the public about the loneliness of the elderly.

Difficulty in reporting social cases

In Romania, social cases are not treated by the authorities from the perspective of loneliness or social isolation, but only in the key of physical isolation as dependence on medical care or subsistence. A solution may be the development of a resource information system that can be managed publicly or privately or in a public-private partnership that would have the following functions:

- Registration of certified providers or those well known in the public space in the field of socio-cultural activities: state organizations, educational and recreational institutions and organizations, entertainment and film institutions, production enterprises and associations, and municipalities.
- Requesting appropriate socio-cultural activities from the providers of public and private organizations enrolled in the system. Applications can be made by hospitals, nursing homes, residential centres, organizations that implement projects and activities for vulnerable adults and elderly or manage individual cases in the community and even by informal community initiative groups.
- Creating partnerships with providers of socio-cultural prescriptions or adjusting/supplementing the current activities of organizations or institutions with socio-cultural prescriptions of appropriate suppliers for their target groups, to the existing offer in the area/region/county at the time of access and based on existing

resources/budgets

- Individual access to the resource base by any adult or elderly person who wants a socio-cultural prescription.
- Reporting social cases of people living alone, isolated, and marginalized and the dissemination of these cases in the network of providers of socio-cultural prescriptions can offer activities adapted to the nature and specificity of each case reported. Afterwards, in the system, the case will appear as taken over by an institution/organization or as pending or unsolved.

Training of professionals who can be involved in the practice of social culture prescription

Another necessary factor for the development of the social sector from the perspective of the cultural component may be a (pilot) project of training social services professionals in developing specific skills in social prescriptions for arts and culture: artists/cultural organizations; social workers; family doctors. They may undertake an intersectoral training programme to meet the significant need for interprofessional training of this type resulting in a network of different professional groups in the socio-cultural sector with access to a rich range of artistic and cultural social prescribing offers.

The stake is that professionals, entrepreneurs and providers of social projects and services become more aware of transdisciplinary approaches and integrated with the practice of socio-cultural prescription, from the design to the final implementation of the project. In this way, the instruments of intervention on vulnerable groups become more complex and the results will be compatible with the desired ones in terms of the practice of social culture prescriptions.

A guide or summary report for institutions and organizations

This guide should present how culture and creativity can boost mental health and increase life satisfaction. The guide can be addressed to public and private organizations and professionals who provide social services and can include social prescription into their practice from the perspective of the cultural consumption of the beneficiaries.

Reframing the national program “Sport for all” in Romania

It is necessary to adapt this national programme to create actions for the elderly and other categories of beneficiaries. Sport can be an effective means of combating social isolation and effectively stimulating active ageing. It can also be a way of working with other categories of beneficiaries at risk of physical/mental deterioration or social isolation. As sport is also a social and recreational activity, it is necessary to explicitly include the elderly as beneficiaries of this national programme. Resources should be allocated to make sports and leisure infrastructure adapted for the use of the elderly.

Sports infrastructure is managed for the benefit of national sports federations or tourism

purposes. Sports facilities located in the public and private domain of the state, in the administration of the Ministry of Youth and Sports through subordinated units – directions, clubs or sports federations or in the direct administration of territorial administrative units shape the sports and leisure infrastructure at the local level. The sports federations give accreditation for the sports grounds and the Ministry of Youth and Sports through the County Directorates for Sport and Youth (DJST) manages the register of sports facilities in each county. Thus, at the level of the specialized departments of the relevant ministry, the list of sports infrastructure at the county level and the situation of each objective is centralized (the name of the objective, the institution that manages it, the condition of the infrastructure and the available utilities, the sports equipment, etc.). According to the Law on Sport, the competent Ministry supervises the maintenance of the destination of sports facilities in the public or private domain of the state or of administrative-territorial units or which were acquired as patrimonial assets intended for sports activity or sold to commercial companies. To include the elderly in the national programme "Sport for all", public policy must be amended. On this basis, the relevant ministry could assess the sports and leisure infrastructure for the elderly beneficiaries, make a selection of the infrastructure that is suitable for them then complete the destination of the infrastructure objectives at the county level. Subsequently, the Ministry of Sport could publish their list and municipalities and organizations can direct beneficiaries toward these objectives, depending on residence. We propose that, depending on the resources available, a budget be allocated to sports activities for the elderly, which will participate free of charge or at a subsidized cost, based on socio-cultural prescriptions.

Partnership with the municipality

The effectiveness of this system depends largely on personalized and localized support – as demonstrated by the sectors in which this practice was implemented in the community or social activities. Therefore, to be operational, the social prescription needs the assistance of several partners in health and care services, as well as in the voluntary and community sectors. The approach is still innovative, but where it has been tested, it has been noted that the support of municipalities as an organizing framework for bringing institutions together is extremely important.

Projects with good results need to be replicated. Disseminating the results of good practice models at the local level is necessary to be replicated in other communities and municipalities. Pre-testing or incorporating socio-cultural prescription practices by some specialized social assistance departments at the level of some municipalities would increase the chances that similar institutions would speed up the adoption of such programmes and thus contribute to the development of a new logic in addressing the public social sector

9. Instead of conclusion: The need for a national debate

Romania, like many other European States, is still in the early stages of this shift of perception regarding public policies in the social and community field. This can be an advantage for the arts and culture to be used in improving the outcomes of the health and care sector. A

national public debate is needed to open up the opportunity to re-establish social, health and community services so that entrepreneurs, experts and public and private suppliers alike contribute to the existing system to serve as many beneficiaries as possible.

10. Bibliography and sources:

BAARCK Julia; BALAHUR-DOBRESCU Alexandra; CASSIO Laura Giulia; D'HOMBRES Beatrice; PASZTOR Zsuzsanna; TINTORI Guido, Loneliness in the EU. Insights from surveys and online media data (2021), *Publications Office of the European Union;*

Bond, John și Lynne Corner. (2011). Quality of life and older people. Berkshire: Open University Press;

Bowling, Ann. (2005). Ageing well. Quality of life in Old Age. Berkshire: Open University Press;

„Health Evidence Network synthesis report What is the evidence on the role of the arts in improving health and well-being, World Health Organization 2019 https://apps.who.int/iris/bitstream/handle/10665/329834/9789289054553-eng.pdf (accessed on 25.08.2022);

Walker, Alan și Catherine Hagan Hennessy. (eds.) (2004). Alan Walker, Zahava Gabriel, Ann Bowling, James Nazroo, Madhavi Bajekal, David Blane, Ini Grewal, Leonie Kellaher, Sheila M. Peace, caroline Holland, Thomas Scharf, Chris Phillipson, Allison E. Smith, Christina R. Victor, Sasha J. Scambler, John Bond, Kate Davidson, sara Arber, Joanne Cook, Tony Maltby, Lorna Warren, Jabeer butt, Jo Moriarty, Lynda Clarke, Ceridwen Roberts, Susan Tester, Gill Hubbard, Murna Downs, Charlotte MacDonald, Joan Murphy, Catherine Hagan Hennessy. Autori. Growing older. Quality of life in old age. Berkshire: Open University Press.

Studies, research:

National study, Kantar Romania, loneliness index and how is affecting Romanian elderly.

https://niciodatasingur.ro/2021/12/07/pandemia-singuratatii-omoara-varstnicii-romaniei/ (accessed on 29.08.2022);

The Margareta of Romania Royal Foundation /Fundația Regală Margareta a României (FPMR). (2018). The Elderly Line. The main needs of the elderly in Romania 2018. Bucharest: FPMR. Available at https://www.frmr.ro/wp-content/uploads/2016/08/. Topul-nevoilor-varstnicilor-2018.pdf (accessed on 1.08.2022). (Telefonul Vârstnicului. Topul nevoilor vârstnicilor din România 2018. București: FPMR. Disponibil la https://www.frmr.ro/wp-content/uploads/2016/08/Topul-nevoilor-varstnicilor-2018.pdf (accesat la 1.08.2022).)

Legislation:

The updated version of Law no. 95/2006 (14th of April 2006) on health reform.

Order of the Minister of Health no. 323/2011 (18th of April 2011) regarding the "Minimum standards for classifying hospitals according to competence".

Law 17/2000 regarding social assistance for the elderly
https://legislatie.just.ro/Public/DetaliiDocumentAfis/196545

Websites of specialized national and international organizations:

WHO publications on healthy ageing, https://www.who.int/initiatives/decade-of-healthy-ageing (accessed on 25.08.2022);

The work plan for sport for the period 2011-2014, http://publications.europa.eu/resource/cellar/5c27bd86-6be5-4c5a-9bc9-3a60d484cd52.0009.02/DOC_3 (accessed on 20.08.2022);

National Institute for Statistics - statistics on the resident population of Romania by age groups and residence,http://statistici.insse.ro:8077/tempo-online/#/pages/tables/insse-table (accessed on 20.08.2022);

Institutul Național de Statictică, Romania's population by localities, https://insse.ro/cms/sites/default/files/field/publicatii/populatia_romaniei_pe_localitati_la_1ianuarie2016_0.pdf, ISSN: 2066-2181, p.8, (accesed on 20.08.2022)

World Population Prospects, 2022, United Nations Department of Economic and Social Affairs, Population Division;

UN publications on ageing - https://www.who.int/health-topics/ageing#tab=tab_1(accessed on 5.08.2022);

The United Nations Principles for Older Persons adopted on 16 December 1991 by General Assembly

https://www.ohchr.org/en/instruments-mechanisms/instruments/united-nations-principles-older-persons

Residential care facilities according to the types of providers, based on the latest data available at the Ministry of Labor: http://www.mmuncii.ro/j33/images/Documente/Familie/DGAS/IA-RO/Raport_Active_Ageing_RO.pdf. (acceded on 5.08.2022);

World Health Organization 2019

https://apps.who.int/iris/bitstream/handle/10665/329834/9789289054553-eng.pdf

World Bank report for Ministry of Labour, Romania, "Long Life, active and strong. Promoting active aging in Romania",http://www.mmuncii.ro/j33/images/Documente/Familie/DGAS/IA-RO/Raport_Active_Aging_RO.pdf, Chapter 5.

Institutions consulted during interviews:

General Directorate of Social Assistance and Child Protection, sector 2, 3, Bucharest (DGASPC-Direcția Generală de Asistență Socială și Protecția Copilului sector 2, 3, București) (2 interviews)

Retirees' Mutual Aid Association Omenia, Bucharest (CARP-Casa de Ajutor Reciproc a

Pensionarilor Omenia) (3 interviews)

“Ana Aslan International” Foundation (1 interview)

Elderly Line (Telefonul Vârstnicului) (1 interview)

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