The Caring Village

how a Romanian village can let seniors live independently for longer

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About me

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Agenda

1 Introduction

What we want to explore

2 Situation

Romania today: needs and problems

3 Examples

Romanian and international projects

4 Proposal

The Caring Village

5 Conclusion

Key takeaways

“What would a village in Romania ideally look like, so seniors can live independently as long as possible?”

The brief: an out-of-the-box vision for the future

What are we exploring?

Better care

Easier access to health and daily support

Independence

Living at home for as long as possible

Wellbeing

A cosier environment for mental and physical health

Romania is ageing fast

3.7M

people aged 65+, about 19.2% of the population

27.7%

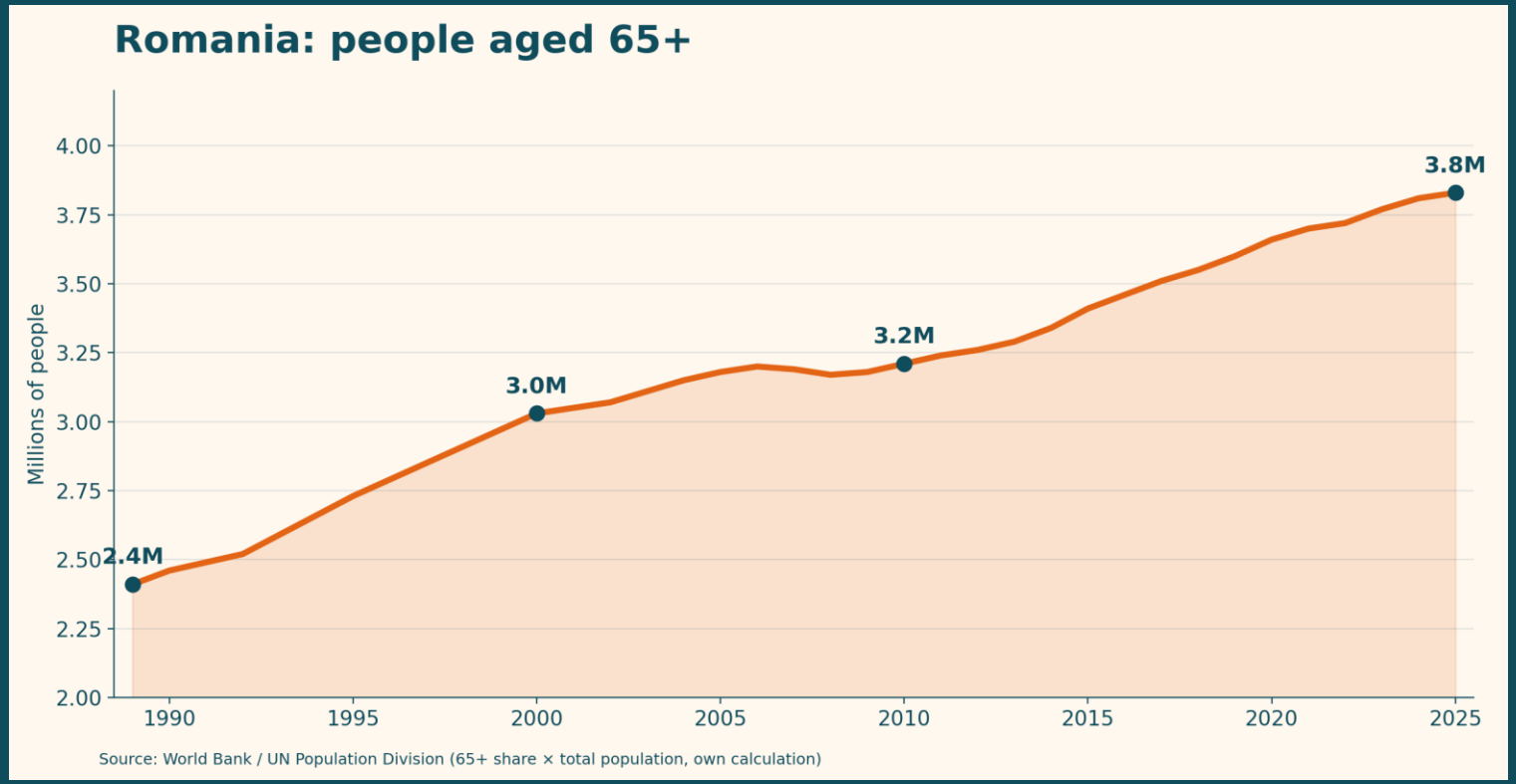
expected share by 2050

80+

a growing group needing long-term care

Migration continues, birth rates stay low, life expectancy rises.

Romania is ageing fast



Why the old model breaks down



The tradition

The youngest child takes in the parent and inherits the house



The reality

Children have moved to big cities or abroad



The result

Many seniors live alone, with illness or reduced mobility

Isolation and health feed each other



Health problems

Make isolation more severe



Isolation

Makes existing health problems worse



Distance

Poor public transport: care means costly, difficult journeys

But villages have real assets

Money is limited, community is not.



Buildings

Community halls, schools



Groups

Churches and local associations



Professionals

Family doctors and nurses



Neighbours

People willing to help

Case 1: FSC home care (Bacău)

Fundația de Sprijin Comunitar

The first NGO in Bacău County with a full home care programme, 20+ years old.

Social assistance

Home evaluation, rights advice, food and hygiene aid

Home care

Hygiene, meals, shopping, housework, company

Nursing & palliative

Wound care, injections, vital signs, family support

Fundația de Sprijin Comunitar

150 employees, 340 volunteers, five educational centres for children, one day centre and one residential centre for older people, as well as 10 home care teams operating in the communes across the county. Each team consists of a home care worker, a nurse, a social worker, an occupational therapist and a physiotherapist.

Social assistance



Home care



Nursing & palliative



FSC: what works, what doesn’t



Positives

Easier access to care, local jobs, real community feel. Non-profit, apolitical, run on donations.



Negatives

People can still feel lonely, and there is little supervision.

Case 2: Grandparents' Clubs

FSC with Four Change Association, 2019: three rural communes in Bacău County.

Care at home

Individual support: hygiene, meals, social and medical help

Clubul Bunicilor

A shared place to meet, socialise and feel useful

Grandparents' Clubs in numbers

200

older people supported

3

communes: Motoșeni, Răchitoasa, Stănișești

20

local home-care workers recruited

More social than home care alone, but only suitable for those who can get there.

Grandparents' Clubs in numbers

communes: Motoșeni, Răchitoasa, Stănișești





More social than home care alone, but only suitable for those who can get there.

Case 3: Active ageing day centre

“Together for Active Grandparents”, Bacău, 2019-2021: 220 older people.



Health advice

Medical and psychological counselling



Movement

Physical maintenance and rehabilitation



Phone support

During COVID: prescriptions, food, counselling

Abroad: Germany and Spain

Health cafés (Mannheim)

Informal meeting places mixing social contact, health education and service navigation

Tubilla del Lago (Spain)

Rural day centre linked to housing and care. Keeps people in their community and creates jobs.

Abroad: Flanders and Lithuania

Caring Neighbourhoods (Flanders)

Coordinate the care, volunteers and services already present in a community

Social Recipe (Lithuania)

Free cultural and wellness activities prescribed to tackle loneliness

SCI 2000: the opportunity

2,000

rural communities

4.06bn

lei budget, incl. EU funds

450k

vulnerable people targeted

Runs 2025-2029 with integrated teams: social assistance, healthcare and education.

Proposal: a hub, not a new building



Reuse a house

Adapt an existing building into a Grandparents' Club with beds and living quarters



Daily medical visits

Professionals pass by according to each person's needs



Open doors

Family and neighbours drop in, bring food, cook for several seniors at once

Who is it for?

Needs change over time: a familiar place is already waiting.



Independent

Lonely but self-reliant. Social activities, shared meals, health education.



Some assistance

Check-ins, practical help, healthcare coordination. Still live at home.



Highly vulnerable

Individual care plans, frequent assessment. They can move in and be supervised.

Contributors, not just beneficiaries

Voluntary only: people with significant disabilities are never pressured.



Share skills

Teach young people to grow vegetables



Organise

Help run activities at the hub



Pass on tradition

Recipes, crafts, local history

How to keep it affordable

The costly part is the team, not the building.



Coordinator

One part-time problem solver



Visits

Trained local carers and volunteers



Medical care

Work with existing doctors and nurses



Activities

Free, community-led

Five cost-saving principles



Share

One nurse or coordinator across several villages



Hire local

Less travel, more jobs



Volunteers

Companionship, never clinical care



Second-hand

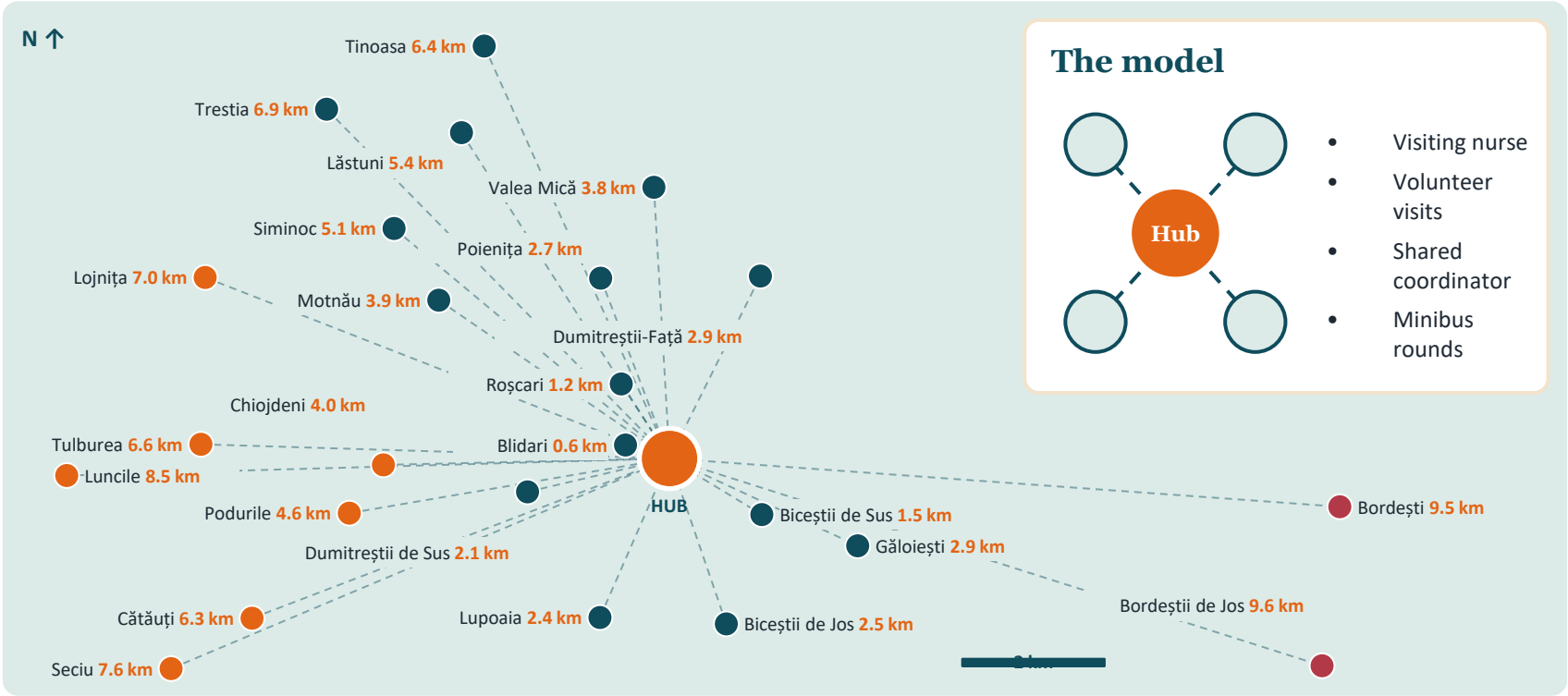
Donated furniture



Funding

Build on SCI 2000 and EU funds

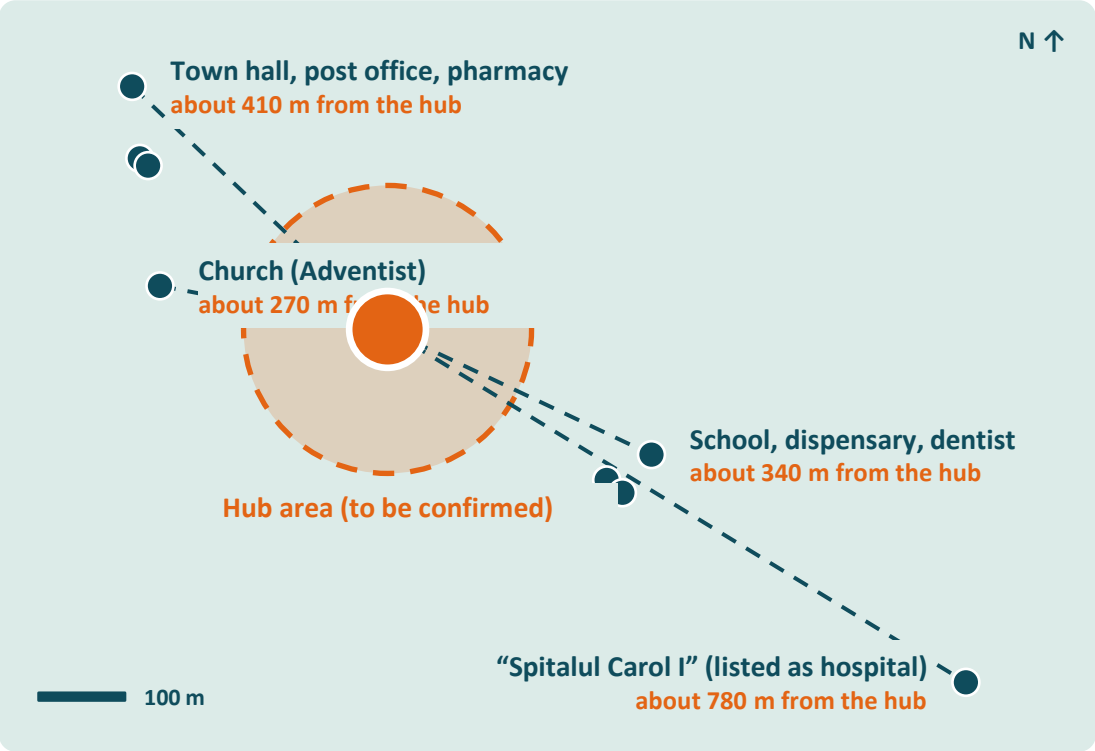
Dumitrești hub: all villages within 10 km



Dumitrești commune Chiojdeni commune Bordești commune

Positions to scale. Straight-line distances from the hub.

Key places in Dumitrești village



What is in the centre

- Town hall (Primăria)
- Post office
- Pharmacy, at the bus stop
- Adventist church
- Secondary school (Liceul)
- Dispensary
- Dentist
- “Spitalul Carol I”: Google lists it as a hospital, status to check

Places from Google Maps. Positions to scale. Distances are straight-line.

Every older person deserves someone who knows them, a place where they belong, and reliable access to care.

Conclusion: the direction is set. We take it one step further.