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Social Assistance for Elderly People

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Abstract: Accelerating the ageing process is of key importance for social policies and the modernisation of social protection. Social protection aims to guarantee the quality of life, which must be adapted to the elderly. Two principles must guide this social policy: solidarity between generations and equity between them. Health care systems, in particular long-term care services, are faced with difficulties in simultaneously guaranteeing three objectives: access for all regardless of income, a high level of quality of care and the financial viability of care systems. The work is based on a documentation of social protection systems in the European Community.

Keywords: Social Policies; Social Protection; Quality of Life; Health Care

JEL Classification: I38; I31; J18, H55

1. Introduction

The existing social protection systems in the Member States of the European Community have contributed to a considerable improvement in the health status of the European population over the last decades. Since 1992, the European Council has asked member states to maintain and/or develop quality care systems, adapted to the needs of the population and especially those specific to the elderly. Population ageing will constrain social and health services to adapt to the evolution of types of diseases (increase in chronic diseases) and types of patients. The main objective to be achieved is for older people to lead healthy, active and independent lives. Prevention measures should be promoted: age-appropriate healthy eating, physical and intellectual activity, measures to be started during youth and continued by middle-aged and elderly people.

The 80-year-old and over-age category is the one that raises health and care issues in particular. Their morbidity is higher, especially with chronic diseases and usually with multiple morbidity. Currently, most people who require permanent care remain in the family. As women become more and more involved in the labour market, the possibilities of caring for elderly people in the family are limited, given that they are particularly concerned about their care.

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With all the permanently favorable evolution of the demographic structure (increase in lifespan), the care needs will be addressed to the elderly (over 80 years), which will lead to the likely increase in the number of patients affected by senile dementia, which will require professional care. There will be fewer and fewer children who will be willing to deal with an increasing number of elderly people, suffering from chronic diseases. According to the European Social Charter, social protection for the whole population, which also implicitly concerns the elderly, aims at the right to health protection, social and medical security, the right to benefit from social services.

Article 23 of the Charter, which refers to “The right of the elderly to social protection, refers to measures that allow them to remain full members of society for as long as possible, through sufficient financial resources to lead a decent existence and actively participate in public, social and cultural life; in addition, these persons must be informed of the services and facilities available in order to use them.”

Elderly persons, according to the measures envisaged, must freely choose their own lifestyle and lead an independent existence in their usual environment, as long as possible, by providing housing appropriate to their needs and health status, or by providing adequate support for the arrangement of the dwelling.

Also, health care and the provision of services that their functional state requires are of particular importance.

The system of community-based or institutionalized social assistance services is being implemented. The law on social assistance stipulates the conditions under which the elderly have the right to social assistance, so how to evaluate them, determines the use of community services at their home, or admission to special homes (social, socio-medical or medical services).

2. Method of Research

The methodology used includes documentation, observation, social policies applied in Romania.

2.1. Outcomes

2.1.1. Social Assistance of the Elderly in Romania

The protection of persons and families who do not have their own material means for daily living is ensured through a range of social assistance services: social aid, emergency aid, social aid canteen, as well as individual social services, or in special institutions for the elderly. The financing of social assistance for the elderly is made from the following funds: Budgeting (central and local public administration); the state budget funds the social assistance activities carried out by Romanian associations and foundations with legal personality, as well as the religious units recognized in Romania and other expenses provided by law; From the local budget for situations provided by law; from the social health insurance; from the monthly contribution of the elderly (60% of the monthly personal income). The types of services addressed to the elderly are: day care centers, nursing homes, shelters, social assistance at home.

2.1.2. Elderly Health Care in Romania

Population health indicators are critical, as many of them are in the last places in Europe. According to some official assessments, the causes of this situation are multiple: poverty (lack of financial resources, poor nutrition, inadequate housing, lack of individual hygiene conditions), social disorganization (deficit of culture and health education, lack of care for one's own health), lack of access to medical services,

insufficient prevention and outpatient treatment services. Poor elderly people and especially those in rural areas are included in this segment of the population.

2.1.3. The Role of the Family in the Care of the Elderly

The evolution and progress of mankind are closely related to the development of forms of human collectivity; among them, the family is an important and stable link, the characteristics of which are closely related to the socio-political, economic and cultural conditions of society. The family of two parents and biological children ceases to be the dominant model. This “personal revolution” was possible with the increase in living standards, income, the possibilities of any adult (young, old, female) to have their own income, so to be independent. In this European context, with marked changes in family patterns, the Romanian landscape seems more conservative. Romania was in the 1960s in the lead on nuptiality, the rate of first marriages; the average age at the first marriage was one of the lowest in Europe, and the percentage of extramarital births was low. In the years that followed, the nuptiality decreased, so that in 2001 it reached the lowest post-war value of 5.8%. However, Romania was permanently in the group of countries with the highest nuptiality.

Responding to economic imperatives, changing value systems and family planning, families in most countries are smaller, more children survive, older family members are more and more numerous. Isolation and ageing are challenges to the traditional role of the family, hindering affection and distorting family functions. Another interesting aspect in families is that the life expectancy of women is higher and the widowhood period has made them economically vulnerable, since most of them have been financially dependent on spouses, who have since died. The family is one of the most important social environments in which people get sick and healthy; it must serve as the primary unit for medical care. Such an approach, including post-operative care, has been tested in developing countries, even in poor urban environments. Not only has the cost of care been lower, but the recovery of people has also been significantly improved.

2.1.4. Housing and Family - A Primary Factor in the Life of the Elderly

The home, in the case of the elderly, is not only a comfortable living space, but often has an affective value, related to personal experiences related to family, friends, neighbors, moments of life. Therefore, it has a “value from which the elder does not want to part and the desire must be respected.” Life lived alone, in its own home, is generally easier to bear than “uprooting.” Adaptation to living conditions at this stage of life depends not only on living conditions, but also on involvement in social life, psychic tone, willingness to spend time actively. The elderly couple adapts best, due to the natural climate of solidarity, mutual support, primarily moral. Older people living alone or with other people face difficult life situations, feeling unhappy and insecure. The situations in which elderly parents live with children are favorable to moral and emotional support from other members determine another perception of quality of life, this lifestyle being the most beneficial. The life partner and family are the first to care for the elderly in case of disability. Changes in the arrangement of life in older people have orientation implications, as the balance between rigorous care and the least rigorous care within institutions changes. In general, couples have a better economic condition and are healthier; in the end, life as a couple favors social integration. In recent decades, substantial changes have affected the way of life of the elderly in Europe and other developed countries: while the proportion of older people living alone or in a couple have increased, the share of those living with others, outside the family, has decreased. The proportion of older people sharing residence with people other than their partner is generally lower in the north than in the south and east of Europe, while an opposite situation has been observed for institutionalisation levels.

The differences between married, single, widowed and divorced people are well documented, single people live more often in institutions, while married people are much less often. Research into the links between socioeconomic conditions and lifestyle shows that older people who are better off financially prefer to live alone.

The difficulty of adaptation increases with age. People aged 65-75 years have a better degree of adaptation than those over 75 years. The residence environment is very important: adaptation in the rural area is faster than in the urban environment, because the elderly take a role in the household, integrate more easily in the village community, there are stronger and more stable neighborhood relationships over time. In general, between relatives who care for the elderly, children are in the first place, followed by brothers and grandchildren. If these relatives no longer exist in the life of the elderly, it is advisable to develop programs of social assistance, psychosocial integration, which will give them the feeling of utility in society.

The family that isolates, easily and without justification, the old man commits not only an act of ingratitude, but undermines his health, hastening his involution and favoring his illnesses.

2.1.5. Aspects of the Quality of Life of Institutionalized Elderly People (Assisted in Specialized Institutions)

Admission to an institution, regardless of its profile, means a “separation of the individual from the world; it is a different way of life, different from the family one.” The studies carried out to assess the quality of life of elderly people living in specialized care and care institutions aimed to identify the causes that determined the institutionalization, the living conditions prior to their admission, the environment in institutions, the quality of care and social relations, the way of covering time. Studies have shown that in these homes for the elderly, people over the age of 80, female, predominate. These people must meet the following conditions: old age, modest or low material possibilities, impossibility of personal maintenance, loss of physical independence, frequent onset of chronic degenerative diseases, lack of family or relatives. The reasons for admission are very diverse; they can be related to the elderly person (alone, the inability to care, the lack of adequate housing conditions) or the quality of interpersonal relationships between the elderly and relatives or acquaintances who have been involved in the lifestyle of the person concerned.

- Institutionalisation was preferred as a solution under the following circumstances:
- the disinterest manifested by the children, who wanted the release of the father's house, to remain alone in it or to sell it;
- conflicts with relatives or persons who have accepted the elderly person into their families in exchange for material advantages, but later have declined their responsibilities, even when they were assumed through legal courts;
- behavioral violence of family members, supported partly by the particular psychology of senectuality, with dominant notes of selfishness and authoritarianism.

2.1.6. How the Institutionalization of the Elderly and the Care in the Institutions Was Reached

The institutionalization of the elderly has several causes: advanced age, functional disabilities, cognitive deterioration, lack of life partner and loneliness, socio-demographic factors and borderline health. The network of institutions with long-term admission remains a solution imposed by the evolution of demographic ageing, by the increase in the number of people with high degrees of dependence, who have severe handicaps.

However, a correct placement must be made according to the needs of the person and his desire. A central medical ethics committee in Western European countries considers that entering the institution is their own decision, because placing an elderly person in an institution is an important life decision that influences him morally, emotionally and financially.

The internment of an elderly person on a long term in an institution means a multiple deprivation: physical deprivation, the narrowing of its horizon, the limitation of circulation within the institution, plus informational deprivation, which can be accompanied by withdrawal itself, isolation and even depression. In order to avoid such unpleasant situations, the care team in the respective institution must meet the following objectives:

- to achieve the regaining of the autonomy of the elderly by treating diseases, rehabilitation therapy, restoration of life appetite, social reintegration;
- when this is no longer possible and the evolution is heading towards an inevitable lethal end, all medical and moral measures are taken to ensure that the person suffers as little as possible, to provide maximum comfort and permanent contact with relatives.

Specialist nurses should promote self-care, improve the health of quality-of-life elderly care workers and decrease the costs of health care. Regarding the assisted persons, a very high degree of addressability is found, on their own initiative, which denotes the weak involvement of social assistance services, which should know the major risk situations to which some elderly persons are exposed, within their families. In the current period, in the Romanian society, the family is facing a real psychosocial crisis, as a result of the increased frequency of phenomena of family instability (divorces), the accentuation of the phenomenon of isolation of the elderly, marginalization and even abuses exerted on them. In general, the assisted persons consider as inappropriate the state of their health, the most common diseases being heart disease, paresis, Parkinson's disease, cataracts, rheumatism, which lead to various disabilities.

Appreciations on the quality of healthcare by the assisted persons are contradictory, quantitative and qualitative gaps regarding the staff are accused, others positively appreciate its work. Among the assisted and personal there are only rare conflicts, usually in people who "do not get along with anyone." The relations between the assisted persons within these institutions are characterized by a state of frequent conflict, which knows various causes: the lack of adaptation to the common life, the way of being of each, the varied habits and habits, the feeling of frustration and marginalization, of leaving by relatives.

The quality of life of these people, in the homes of the elderly, will be dominated by a state of crisis of relations between the assisted and by an inadequate level of life, as long as, in the institutions of social assistance, the material conditions do not allow the preservation of individual elements of lifestyle: own room equipped with personal or family objects, brought from your own home. The availability of the elderly to get involved in improving the quality of life, through an active and innovative lifestyle, is reduced. There is a tendency towards passivity, which materializes by avoiding any action of its own and in an attitude of waiting for any need to be satisfied through and/or with the help of another person. The explanation of this behavior is simple: most of the institutionalized elderly identify the institution of elders with a settlement where everything related to their person must be solved by someone else. Most of them said "we worked enough in life; others must now take care of us." In general, institutionalised older people appreciate housing conditions positively, although in reality the degree of comfort offered by these institutions is inadequate. They particularly appreciate the sense of security that such settlements provide. Ideal would be that the elderly are supported by a system of social services at home, institutionalization to be used only as a last resort.

4. Conclusions

The organization of life in institutions for the elderly is a segment of the population that grows the fastest in the Western world, resulting mainly from the decrease in the mortality rate within it.

Data has been accumulated showing that chronic disabilities are increasing among older people, which will now and in the future lead to an increased rate of loss of independence, with high cost to them and to society. Data from cross-sectional studies indicate considerably higher dependence in older people compared to younger older people.

Between the staff trained professionally in order to perform the specific duties of the institution and the elderly hospitalized and in care, there are subordination relations, the meaning of communication being from the staff to the assisted persons.

The success of such institutions depends on a number of important elements:

- material endowment of institutions;
- the way of organization and functioning;
- attitude of caregivers towards institutionalised persons;
- the way of personal-assisted communication;
- the affective and relational atmosphere or climate within the institution, between the assisted personnel or between the assisted persons;
- relations between institutions and society.

While the world/family represents the space of relaxation, freedom and autonomy, the institution is a closed space, within which freedom and autonomy are lost, by the fact that mandatory rules of conduct are established, strictly supervised, which have a character of coercion.

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