INTERVENTION ON ELDERLY WELFARE

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Abstract: Elderly welfare is based on our interest professionals and caregivers and to give them adequate social services to their environment. Evolution means adaptation and creation necessary standards.

Key words: solidarity, vulnerability, social work policies

Family solidarity ensures the transmission of values to new generations and also of the transmission of the financial resources and public solidarity ensures the transmission of financial transfers from active adults to the elderly. Helping older people is provided by two forms of solidarity, family and the public. The two forms of solidarity intersect and compleat each other, the situations being different, some elderly people in achieving their roles, support the family by taking over the managerial activities of the house or having grandfather tasks, making it possible for adults to carry out their employment activities, support financially the family by contributions he has, but there are situations where the family is forced to reorganize the normal way of life as a result of the fact that the elder person in family lost its autonomy and is dependent on their help, situation in what they can keep the elder in family or can use to the services offered by the society (Gârleanu, 2006).

The family is involved in informal support services for the elderly through common tasks of cooking, washing, emotional support etc., being shown that the informal services offered by family, friends, volunteers are provided at different rates and depend on the existence and the usage of formal services by the elderly. The number of institutionalized persons who reside in the locality where the institution of social assistance exists, is much higher than other places (Verza, Schiopu, 1981).

At the same time, the emergence and development of community services are determined by the economic situation together with the social and political
situation which impact the performance and response to problems of the elderly. It is recognized that not the aging is the problem which makes elderly people vulnerable, but the ability of these people to cope with the revenue they have to the condition that they have in society.

The elderly person turn to vulnerable person by the following factors:
- poverty;
- inadequate housing;
- receipt of a lower quality services;
- disadvantageous legal regulations.

The reasons which led the institutionalization of the elderly in care centers in Arad were (Source [www.dgaspcar.ro](#)) (see table 1).

**Table 1. The reasons of institutionalization in Arad**

<table>
<thead>
<tr>
<th>Lack of interest from carers</th>
<th>Conflict with carers</th>
<th>family violence</th>
<th>Health</th>
<th>Loneliness</th>
<th>low income</th>
<th>Homelessness</th>
</tr>
</thead>
<tbody>
<tr>
<td>6%</td>
<td>7,8%</td>
<td>5,22%</td>
<td>21,74</td>
<td>19,13%</td>
<td>15,66%</td>
<td>24,35%</td>
</tr>
</tbody>
</table>

Not all seniors are vulnerable in terms of income they have, and the new legal regulations that have made possible a significantly increase of pensions, raise their income sometimes more above the active people income in the public sector. Reduced ability of the elderly to adapt and respond to the demands of society, have given rise to different types of services provided in the European guidelines for the elderly, as follows:

a) **medical services**: general hospitals, with special geriatric compartments, psychiatric hospitals, general practitioners working in the hospital or making home visits;

b) **residential services**: shelters or collective housing; service apartments; homes of the elderly; care centers; nursing homes; hospitals that provide medium and long-term care;

c) **community services**: home care services; community health care; Day Center for Elderly; providing food services at home; day care centers; cleaning services at home.

Accessing social protection services is a right of elderly provided by the European Social Charter, they having the possibility to decide for themselves what is the most appropriate way of life, being supported in this endeavor by the regulations contained in Law 17/2000 on social assistance for the elderly; Order no. 246 of 27 March 2006 approving specific minimum standards for quality home
care services for elderly and residential homes for the elderly; 47 Law on the National Social Assistance; Order no. 68 / 28.09.2003 on social services; H.G. 541 approving the National Strategy for development of social assistance for the elderly; Law 48/2006 on the protection of rights of persons with disabilities.

The national system of social assistance for the elderly in Romania offers the following benefits and services:

a) **remittances**: welfare allowance; heating allowance; emergency aid; pension benefits or other than those derived from the social security system;
b) **free or cost reductions for**: spa treatment and rest; town transport and transport for long distance; Radio-TV subscriptions; stores with low prices;
c) **health care facilities**: healthcare without payment except those with pensions over 900 lei; compensation and reductions in drug costs;
d) **services provided in social welfare residential institutions**: housing, care, assistance, recovery, support and advice;
e) **care at home**: these services can be accessed by low-income seniors;
f) **alternative services**: day centers, rest centers, clubs.

**The services provided for older people at home are:**

a) **social services** relating mainly caring person, prevent social exclusion and support social reintegration, legal advice and administrative support services and payment of current obligations, home care and household help for housework, cooking. These services are established and operated mainly in large cities, which have sufficient funds to enable the development of these services. Legal advisory services for the elderly are important because the lack of information and the expert advice of a specialist keep away the possibility to damage the elder by signing documents without knowing what he signs.
b) **social and medical services** mainly the help to achieve personal hygiene, rehabilitation, fitness and mental adaptation, the house adaptation to the needs of elderly and the involvement in economic, social and cultural activities as well as temporar care in day care centers, homes for night or other specialized centers; Specialized services are typically provided by the Directorates for Social Assistance and Child Protection which provides services also for the older people following the requests of community social services, which must account for all services they have offered to the elderly before.
c) medical services in the form of consultations and medical care at home or in health institutions, consultations and dental care, administering medication, providing medical supplies and medical devices (Sandu, Dumitru, 2007).

Community services provided for older people in homes are:
a) social services, which consist of:
   - household help;
   - legal advice and administrative matters;
- ways to prevent social exclusion and social integration in relation to psycho-affective capacity;
b) socio-medical services, which consist of:
- help to maintain or rehabilitation of physical or intellectual capacities;
- ensuring occupational therapy programs;
- support for carrying personal hygiene;
c) medical services, which consist of:
- the medical advice and treatment in specialized medical institutions or individual bed, if it is immobilized;
- care-nursing;
- provision of medicines;
- providing medical devices;
- consultations and dental care.

In an attempt to provide services to ensure the wellbeing necessary, low cost and not to subject the elder to a special effort to adapt, medical services have been identified as very important in trying to achieve keeping the elderly at home, and if this it is not possible the necessary support is provided by a social care institution. Take advantage of the law 17/2000, the elderly person who is in one of the following:
a) has no family or is a dependent of a person or persons committed to it, according to legal provisions in force;
b) has no home and no opportunity to secure housing conditions based on own resources;
c) no income on their own or they are not enough to ensure the necessary care;
d) can not administer oneself or require specialized care;
e) is unable to provide him the social and medical needs because of illness or of physical or mental state.

Social policies are concerned with the preservation for a longer period of elderly in the family by offering informal support, providing support through prevention services at the community level because the costs of these services are significantly lower than the cost of a residential facility. The responsibility for ensuring the necessary funds to offer these services both at home and in the center is based on the principle division of responsibilities between central and local government.

Older people receiving residential care services contribute with 60% of their income. Assessing the needs of older people is very important in order to provide adequate services according to their needs, in function of which are provided the effective means of intervention.

**Additional measures needed**

For developing social policies regarding aging and the elderly, should be taken into account all aspects that ensure the consistency and the overall picture of
the whole process as follows: medical; legal; administrative; economic; social; demographic; gerontologic. (Marshall, 1993)

To meet the growing phenomenon of population aging, it turned to a global approach to the design of policies and social assistance programs, taking into account aspects of the normal working life, the validity of net demarcation between work paid and pension system, financing forms of material support of older types of services, autonomy of older people and their role in family and society.

The principles underlying the development of social assistance programs should consider:
- preserving the dignity of older people;
- maintaining the ability of old people to operate independently social;
- boosting ties with family and community;
- harnessing the creative potential of the elder and their capacity to transmit experience.

References
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