

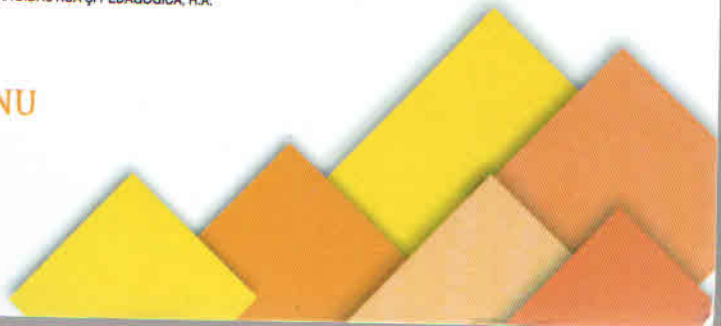
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Values of Christian Relationships



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WELFARE SERVICES FOR THE ELDERLY—HOME CARE BETWEEN SOLIDARITY AND SOCIAL RESPONSIBILITY

ECATERINA CROITOR

Introduction

Before beginning to describe homecare services for senior citizens, we should first ask ourselves what the main need that generated these services is. On the one hand, extremely busy adults who live far away from their parents feel the urge to know their birth-givers well-attended and safe. On the other hand, we should take into consideration the solidarity that needs to exist towards our fellow senior citizens that have reached an age where they no longer can take care of themselves, who have lost all their relatives, friends and acquaintances and (worst of all) who have lost personal autonomy and, therefore, need help from the others in order to survive.

Assuming Responsibility in Postmodern Society

Sociological theories concerning pro-social behaviour (Chelcea, 2008, 229) unveil the fact that people are willing to offer their help, as long as they are aware that others need it, by activating a “social responsibility guideline”: “we subordinate ourselves to it not just for the sake of receiving an award but because we feel fulfilled when we reach the standards of our interior ethics.” (Ibidem)

As a matter of fact, we do not really know if stronger human beings help their senior, dependent ones or it is the other way around, as the latter are always willing to help every person or creature they encounter. The relationship between one another translates as “investing in humanity” (Maxim, 2010, 14) because, although a man is self-sufficient, as a biological human being, he can

only express his humanity through the Others. Accepting this assistance, we create solidarity with the others in a present we must assume by being responsible towards both the past and the future. Therefore, our deeds become the others' deeds and our desires stand next to the desires of others.

In a somehow opposite corner, we find Gilles Lipovetsky's writings stating that altruism posed as a solid life principle cannot find its place in the postmodern society and it seems like placing the others above our own person is no longer our Ideal. That is why the senior citizens we support are actually the ones that help us free our conscience in a society in which responsibility towards others "does not ache anymore." We help the others not because we can but because it makes us feel better: "I did a good deed." (Lipovetsky, 1996, 156)

Social Responsibility for Senior Citizens

The main reason there is to make our actions happen is that we need to discover our strong points and the resources that can be activated for us and the others and, last but not least, to discover how to use these resources. For instance, we can refer to lonely elders (despite the fact that maintaining their health implies expensive treatments and the end of their lives becomes more and more striking) as serene persons to which "positive solitude allows creating a bond with their inner self." (Giroux, 2010, 155) This serene solitude can activate an active attitude (the desire to live their life to the full with trust, even in harder times) and contemplation (finding the sources of serenity in themselves and in others).

We do not try to idealize aging because, as some technological developments showcase, it can be very harsh for a senior citizen not to feel outdated by the fact that they do not know how to use modern discoveries such as the mobile phone, computers and others and by the unavoidable generation gap. But, on the other hand, we refer to the progress that has been made in the medical field that can help aging become easier (treatments, medicines, improved healthcare, etc.)

There are at least three ways in which we can contribute to a high-rated life quality in which third age is concerned. First of all, no matter our current age, we must be prepared to get old. We must discover and give the right dimension to the positive aspects that come along with this period. The way we age is reflected in the way we think about it. Seniority "should not become a static state of the mind and body. We ought to live less in the past, focused merely on our health, as it can easily turn into the perfect base for hypochondria." (Fritz and Wolfgang, 2007, 63) The best way to be prepared to get old is the attitude towards our aging process: "Include it in your life at the proper time, plan

everything so that you will not find yourself lying helpless in front of an unknown territory." (Idem, 66) This fact concerns aspects such as financial care (allowance, having a place to live in), healthcare (avoiding excess during lifetime, healthy meals, a healthy life regime) and also psychological care (healthy relationships with family members, help your children achieve their goals, accepting that no matter how much you love your job there comes a time when you need to retire for your own good). People must always remember that retirement can be the perfect time to do all the things they wanted to do but could not afford, or had no time for. It is always the perfect time to discover new, refreshing and positive ways of spending their free time, activities that are suited for their age.

Social Services for the Third Age

Socially analyzing vulnerability at this age and agreeing to the idea which states that "fixing a vulnerability rate implies both a combination of individual and macro social factors and individual and collective interpretations" (Cojocaru, 2005, 31) determines us to take into consideration that this age category is far more vulnerable than others and implies far more social services to satisfy personal needs.

In what seniority is concerned, we wish to include both opinions stated in the research regarding life longevity (Vlădescu, 2009, 187) (a positive representation of the third age, which can easily be associated with wisdom and great life experience) and a negative representation implying irascibility, lack of faith in the others and behavioural inflexibility. Changing peoples' mentality leads to changing their attitude towards seniority so "it is no longer viewed as a concept of fatality, a time of desperation but merely a stage in the continuous process of personal development that does not end until our death." (Zapodeanu, 2005, 140)

A senior citizen (Gârleanu-Șoitu, 2006, 19) is a person who passed half his lifetime and is placed in the third or even the fourth period of his existence, where physical, psychological, economical and social decline is far more pronounced than in previous stages because of biological evolution and social, economical and cultural factors.

Sociologists have registered four criteria in the population demography (Keller, 2006) in order to define the aging process and separate it from chronic pathology. Therefore, the aging process is: universal (changes occur to each member of the population, even if the individuals are affected in a different way); inherent (aging is a process that appears even when all environmental

influences are eliminated); progressive (the process is gradual and changes are cumulative); deteriorating (the aging phenomenon should not be harmful for the body after all, as aging changes are merely a continuation of the changes that have been useful for the organism during growth and maturity and which find a final point in the end of our lives).

The World Health Organization identifies the following stages: between 45 and 59—middle or transitory age; between 60 and 74—seniority; after 75—agedness; and after 85—longevity.

There is a tight connection between third age and a risk factor implied by bio-psychological-social disabilities of the senior citizen. Legally speaking (*Legea 17/2000 privind asistența socială a persoanelor vârstnice*), although social work structures trained in one way or another are numerous, the effects of the assistance remain minor. Services for senior citizens are developed in day-care centres, in residential buildings, in shelters for the elderly or by homecare assistance—which proves to be the most efficient. Even if there are a great number of care centres for the elderly, there are still few compared to actual needs.

In order to offer these services to an aged person, he/she must be evaluated and placed in a certain dependence point. As a general principle, it is necessary that the evaluation is guarded by a multidisciplinary team.

Dependence is translated as a stage in which human beings find themselves due to physical, psychological or intellectual lack of autonomy and need help in developing certain actions. This intercession focuses on “re-establishing the broken balance between a persons’ aptitude and the space he chooses to live in.” (Bucur and Maciovan, 2003, 922)

Analyzing the services offered by accredited social help providers unveils the fact that in December 2013 there were approximately 2,024 accredited services in Romania, whose incumbents were also the elderly. By this we refer to both private and public providers and focus on both primary and specialized services. These services are Emergency Social Centres for homeless people, social canteens, bio-psychological support and assistance for people/families/endangered groups, information and counselling for people with social needs, assistance and social reintegration of underprivileged persons, counselling and support for the neglected and abused; 691 out of the above-mentioned services are exclusively destined to the elderly and homecare services represent 34.73 %, i.e. 240 services. It is believed that the actual state

of elderly support is characterized by dysfunctions emphasized by the lack of the necessary support and flexibility mechanisms (Gherasim, 2010, 207).

Homecare Services

The elderly can reach homecare services through direct application (including phone contact), through intimation made by social work services to homecare services providers or by any person (friend, acquaintance or relative) who is aware of a senior citizen who might benefit from these services. Once the contact between the senior citizen and homecare services has been established, the initial social state is to be analyzed, also focusing on the eligibility of the person, based on the current legislation. Then, a personal file of the applicant is made. It must contain: a standard application, a copy of the ID card of the applicant, a written recommendation concerning the dependence state and the required services, a social inquiry and the contract with the specified services. Later, the file is completed with a personalized care assistance plan, activity and evaluation documents, etc.

Reporting Resources to Specified Needs—A Plan of Action

In order to determine the dependence/independence grade, the elderly will be evaluated by the national grid, approved by H. G. no. 886/2000. Afterwards, current life activities that require help and supervision are to be identified (taking care of personal hygiene, dressing/undressing, nourishment, indoor or outdoor movement, communication, instrumental activities—shopping, housecleaning, etc.).

Once the identification of the needs is over, the attention is headed towards identifying the resources of the incumbents which can be personal and family (the existence of a relative willing to help the incumbent both active or financially), close neighbourhood or community resources. Among personal resources, there are material resources (the incumbents are entitled to allowance; they are entitled to handicap benefit; they own a private property) and sensitive and psycho-affective resources (the incumbents are able to see, to communicate, possess good orientation in time/space, are coherent, have a normal behaviour).

Homecare community services for the elderly are: a) social services implying taking care of the aged person, avoiding his/her social marginalization and supporting their social reintegration; juridical and administrative counselling, helping them pay for current services or obligations, homecare, food preparation, etc. b) socio-medical services implying personal hygiene,

adaptation of psychic and economical activities, adapting the senior citizens' home to suit their needs, temporary care in day-care centres, night institutes or other specialized centres. c) health centres, implying medical care and consultations at home or in health institutions, giving them medical supplies.

The objectives of the action plan focus on preventing social marginalization and maintaining the relationship between the incumbents and certain institutions; upgrading the senior citizens' trust in their own capacities, maintaining human dignity; upgrading the environment in which the elderly live; improving the health level and personal autonomy, maintaining the bond with their families, friends, neighbours and with their community.

Monitoring and Evaluation

Monitoring a certain case stands in the hands of a specialised department, located in the public service of social work, and in the hands of the non-governmental organization of homecare social services. They are to visit the home of the incumbents, talk to him or her and study the observation files (which must always locate in the home of the incumbent, stating the physical and psychical state of the senior citizen, health improvements or degradations, other observations). This file must be consigned by the medical assistant, the doctor and by the physical therapist and must contain all possible details that can improve the given services. A great evaluation and control method, however, is the feedback given by the incumbent himself. A higher self-esteem of the elderly, an improved health state and a positive attitude towards the program mean that the activities and measures taken can continue.

Conclusions

In order to improve our activity in this field, we highlight the importance of homecare services due to the fact that assistance in the home of the elderly implies a higher rate of physical and psychological comfort. Therefore, we avoid the feeling of liberty loss, depersonalization, abandonment which institutionalized senior citizens may have. It is definitely a matter of social responsibility to choose the services that best suit aged persons, taking into consideration all bio-psycho-social factors.

All in all, upgrading their life quality through a solidarity way creates better future possibilities for us all.

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