Covarage of Elder's Needs through Existing Support Networks. A Case-study in Bihor County

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ABSTRACT

Based on other studies focused on the needs of the elderly, we found it necessary to dwell a little upon the degree in which these are covered, satisfied. This research compiles the whole institutional structure of support for the elderly in Bihor county and highlights the opinions of the elderly and specialists in what concerns the coverage of needs in urban and rural areas.

Keywords: elderly needs, coverage needs, support networks

INTRODUCTION

Based on other studies focused on the needs of the elderly, we found it necessary to dwell a little upon the degree in which these are covered, satisfied. This research compiles the whole institutional structure of support for the elderly in Bihor county and highlights the opinions of the elderly and specialists in what concerns the coverage of needs in urban and rural areas.

The social work of the elderly has to enforce and ensure the rights of persons as these are covered and regulated in treaties and international conventions.

As a signatory state of the *European Charter*, Romania is committed to promote, directly or in cooperation with NGOs, appropriate measures to enable the elderly to remain active members of

society, to have sufficient resources for a decent life in order to participate actively in the social and cultural life, to decide on their lives and to have at their disposal the social services according to individual needs. The document also provides the insurance of a proper existence of these persons in institutional regime.

In this context, the *Ministry of Labor, Family and Social Protection* has developed a series of legal documents which express the public concern for the needs and issues of this category of population.

According to recent regulations one considers elderly those who have reached the retirement age established by law. In Europe, the standard ages for retirement are between 60 and 65 years.

The law no. 17/2000 includes the following directions of public policy in the protection activities of the elderly:

- the elders are entitled to social work in relation with the socio-medical situation and the economical resources they dispose of;
- the development and the diversification of the forms of social work (community services involving the care provided at home, in social institutions such as homes for the aged, day centers, homes of temporary care, apartments and social housing);
- community services provided at home consist in social services, socio-medical services and medical care(the correlation must be realized within the terms used for social services as defined in the Law on the national social work system, namely, social work services and social-medical services);
- the provision and financing of the social services, the socio-medical and the medical ones
 are realized at the City Hall level; these establish the type of services and their payment; the
 services may be provided directly by local councils or non-governmental organizations on
 contracts with the municipalities;
- some of the services are financed from the local budget; the local budgets give subventions in addition of the extra-budgetary income of homes; they finance the organization and operation costs of community services; the state budget provides investment costs and overhaul facilities for the assistance units in disadvantaged areas, complete the extra-budgetary income for homes, it also finances the social activities carried out by nongovernmental organizations; article 22 specifies the means of financing the costs of construction, equipping, maintaining, upgrading, and functioning of the homes for the elderly which serve more territorial-administrative units, funding achieved through agreements between the interested local councils and donors; in reality this thing is difficult to achieve; for the elderly care, the local councils can employ part-time the spouse or relative of the beneficiary; the payment is made in a amount calculated according to the gross monthly salary of a junior social worker; even if working part-time, the length of service is considered as the one for a full-time employee; the caregivers of the elderly people undergo a process of assessment and accreditation by the Departments of Labor and Social Protection;
- the right to social services at home or in social institutions, is determined by social surveys
 and by the recommendations of the *National Grid of Assessment* made by the mayor, and
 for the services funded from the state budget by the manager of the Labor and Social
 Protection Department;
- in providing social services, the law promotes partnerships with association and NGOs through which, in accordance with Law no. 34/1998, subventions are provided to associations and foundations with legal personality which found and manage units of social work.

THE ANALYSIS OF THE ELDERLY SUPPORT NETWORKS IN BIHOR COUNTY

In Bihor county, a number of *public and private services* operate that are addressed to the elderly. These providers (whether they grant basic social services or specialized social services) can organize and provide social services only if they are accredited in this regard (the list of accredited social services can be consulted on the site of the Department of Labor and Social Protection

The accreditation represents the process by which the social service providers demonstrate their functional, organizational and administrative capacity in providing social services, according to the required quality standards, and the state recognizes their competence to provide social services through granting them the certificate of accreditation; the period for which the providers are accredited is three years (Government Ordinance no. 68/August 28, 2003 on social services, with subsequent amendments; Government Decision no. 1024/June 25, 2004 for the approval of the Methodological Norms for implementation of the Government Ordinance no. 68/2003 on social services, and the accreditation Methodology of social services providers; Order no. 383/June 6, 2005 of the Minister of Labor, Social Solidarity and Family for the approval of the general quality standards on social services and the means of evaluation of their performance by the suppliers).

a. The governmental organizations from Bihor county which provide social services and benefits to the elderly

The main governmental organizations in Bihor county that are addressed to the elderly are found in Oradea: The County House of Pensions, The Department of Labor and Social Welfare (DLSW), the Labor Territorial Inspectorate Bihor, Bihor Health Insurance House, Bihor Public Health Authority, The Consumer Protection Office Bihor (CPO), The County Police Inspectorate.

The benefits and social services of the elderly are offered at the county level by The General Directorate of Social Welfare and Child Protection Bihor (GDSWCP) and locally by the Community Social Administration Oradea (CSAO). To ensure the elderly participation (of the beneficiaries of social services) in the development and evaluation of the protection strategy in Bihor county, the Civic Dialogue Advisory Committee on Issues for the Elderly operates (as in other counties within the prefecture), which is composed of representatives of all institutions that are intended to support social work activities for the elderly.

In the county (subjected to the local councils), five public socio-medical assistance services operate: the Medical Social Center Nucet (public social and medical care service for people with psychiatric disorders; 178 beneficiaries), the Social and Medical Assistance Unit for the chronically ill Salonta (public social medical assistance service; 23 beneficiaries), the Social Medical Center Săcuieni, the Social and Medical Assistance Center Valea lui Mihai (public social medical service), the Socio-Medical Center Popesti (public social and medical assistance for the chronically ill, 120 beneficiaries) and a day center for the elderly (within the town hall of Alesd).

b. NGOs in Bihor county providing services and benefits to the elderly

The NGOs in Bihor county try to cover the needs of undeveloped social services or incompletely developed services by the public organizations. In Oradea there are 7 NGOs that provide social and medical assistance to the elderly: 4 foundations (the Foundation Consistoria Ephraim Benjamin,

Ruhama Foundation, People to People Foundation, Csillagvaros Foundation) and 3 associations (the Catholic Association Caritas Oradea – Saint Martin Retirement Home, Ramiluck Association, Pro Christo et Ecclesia Association). Here are the headquarters of a number of associations of older people: the County Council of the Elderly, Union County of Pensioners, the Association of Pensioners from Bihor County, the County Association of War Veterans, MIA, the County Association of Reserve and Retired Personnel MND, MIA, SRI, the Office of Mutual Aid of Pensioners Oradea (OMAPO).

In the county there are only 4 NGOs: Salem Humanitarian Foundation Salonta (medico-social service care service of the elderly in residential system, nine beneficiaries), Philadelphia Noon Foundation Sălard (socio-medical care service for the elderly in residential system, 30 beneficiaries), Agape Foundation Sălard (home care - 31 beneficiaries - and social canteen for the elderly), the Christian Home of Old People of the Reformed Church of Tinca (social service care for the elderly in residential system, 23 beneficiaries).

According to Law no. 215/April 23, 2001 (regarding public local administration) the public administration in territorial-administrative units is organized and operates under the principles of local autonomy, of public service decentralization, of the eligibility of public local administration authorities, of the legality and citizen consulting in solving problems of local interest. By local autonomy we understand the right and effective capacity of public local administration authorities (county councils, local councils and municipalities) to resolve and manage the public affairs, on behalf of the local interest they represent, according to the law.

The local public administration authorities have the right, within their competence, to cooperate and associate with other local public administration authorities in the country and abroad and / or to adhere to national and international associations according to the law; so they can enter into agreements and may participate, including through the allocation of funds, to the initiation and completion of programs of regional and local development.

The organization of community service programs by the local public administration in collaboration with the civil society creates a link in providing alternatives to the institutionalization of the needy, encourages the development of social culture, supports hope and social integration opportunities where these are modest or entirely lacking.

The intensification of the *partnership between the local public administration and the civil society* represented by NGOs, which is intended to solve social problems, must be associated with the reorientation of governmental policies towards family and community in order to respect regional traditions.

The funding of care systems varies greatly from country to country depending on the degree of socio-economic development, tradition, culture, on the involvement degree of the civil society and of the policy makers.

In Europe the question of *funding* this kind of long-term services for elderly dependent people was raised, which concerns the sustainability of social security systems, taking into account the high costs of dependency. For this reason, some countries have introduced the so-called dependency insurance in order to develop care services at a high quality.

In what regards the financing of this sector, we cannot speak of a rule. Overall, the state is involved in the long-term care financing, through the allocation of resources for co-financing services that encourage the person to remain at home. In the case of long-term financing, the private insurance plays an insignificant role. Family responsibilities should be encouraged in parallel with the development of community services, their diversification and with the increase of the support methods given to caregivers.

The coverage of the elderly needs through various services

The realized quantitative study (sampling rate) found that most of the elderly in rural areas demand better access to medical facilities, and many old people who are not handicapped consider it necessary to increase pensions. The priorities are clearly specific in the case of the elderly with disabilities: a fifth of them require home care, and nearly 10% require support in residential regime.

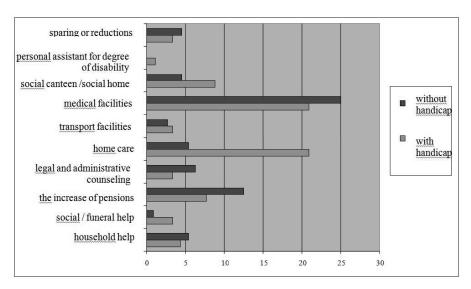


Figure 1: Services and benefits required by the elderly from rural areas

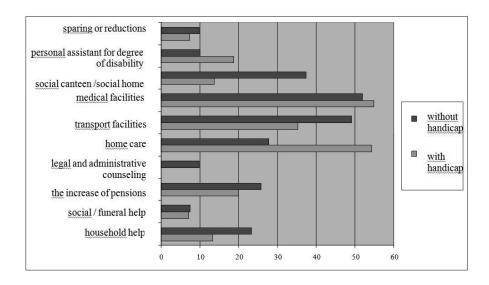


Figure 2: Services and benefits required by the elderly from urban areas

In *urban* areas, medical facilities, home care, transport facilities and the increase of pensions are the main requests of the disabled elderly. Those without disabilities wish to benefit from medical facilities and transport, but also from social canteen, home care, the increase of pensions and household help.

The general recommendations, the views of older people focus of on the *increase of benefits*, the *increase of pensions* or an increased *access to gratuities or other amenities*. Reduced requests are related to social services, a situation that may reflect, on one hand, the poor financial situation of most elderly but also a lack of knowledge in what concerns social services.

In order to examine the coverage degree of the elderly needs in Bihor county (urban and rural areas) we have found it necessary to request the opinion of providers and specialists / experts in the field.

The specialists working in the field of social protection of older people (focus group) *cannot make an accurate estimation* of the number of dependent and semi-dependent elderly in the county because the organizations have only information on the elderly who have resorted to different services. They *approximate to 5.000 the number of elderly people requiring support*, people whose needs are not met at an acceptable level for the society we live in (30% of the elderly *in the county*, 20% of the elderly in *Oradea*). A higher proportion of the elderly «with problems» in rural areas is explained by the specialists by the specific features of the social environment.

In Bihor county, 77% of elderly people who have resorted to existing social services benefit from the social services provided by various *NGOs* and only *23%* are assisted by *governmental institutions* (the General Directorate of Social Work and Child Protection Bihor, 2010). In *rural* areas it is recognized that the services are not demanded because of "shame" (stigma) and that the services cannot develop due to the lack of resources; however, *the need for services* results from these requests.

In the focus group organized with experts, eight people participated, some of them being service providers (social workers, representatives of institutions that provide services to dependent and semi-dependent elderly, doctors etc.).

In the focus group with specialists, the question "How many people benefit from public services or from the services offered by NGOs?" led to the following assessment (consensual average):

Table 1: The percent of the elderly whose needs are covered by different services the average percentage of the participants' expressed assessments (%)

	county	Oradea	average
medical care	30	55	42,5
poverty / indigence	43	25	34,0
dietary deficiency	46	31	38,5
company	50	32	41,0
information	36	60	48,0
social work	30	46	38,0
self-management capacity	33	38	35,5
spiritual needs	73	68	70,5

About the coverage degree of needs we can say: the need for information is relatively well covered (36% in the county 60% in Oradea); health care (30% in the county, in Oradea 55%) and the need for company (50% in the county, in Oradea 32%) are somewhat resolved; the rest of the

needs seem to be less covered. If you need services, generally the institution is the one which pays. The elders who have a house can get along.

These figures give the approximate percent of those whose needs are not covered by various services (the institutional or family social services etc.). The least covered need is "poverty" (experts say that approximately 70% of the elderly are poor). The elderly from *Oradea* are better informed, benefit from better health care, are poorer and suffer more from lack of company.

CONCLUSIONS

The survey indicates that there is not a significant difference between the demands of the elderly in the rural areas and the ones of the elderly in the urban areas. In terms of social services they benefit from, we can say with certainty that the elders from urban areas are favored, as they have wider opportunities to access various services.

Although in the records of the Labor and Social Protection Directorate from Bihor county there are several accredited services for the elderly (both public services and nonprofit ones), they seem not to cover the existing needs.

In conclusion, a remarkable proportion of older people need social services which either do not exist or are insufficient in terms of quantity or quality. In comparison with the perceived need, the social services for the elderly are poorly developed in Bihor county.

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