DAY CARE CENTRES AND HOME CARE – ALTERNATIVES FOR INSTITUTIONALIZATION IN THE CASE OF THE ELDERLY

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“In active people, the feeling of time is never painful, instead, this feeling is a driving force for them.”

E. Cioran

Abstract:

The present work makes a review of some of the effects produced by the phenomenon of institutionalization in the case of the elderly, and deals with two of the most pertinent alternatives concerning the non-institutionalization of this population segment.

The phenomenon of institutionalization produces, in the case of the elderly, a series of side effects. They are suffering a trauma because their lives are totally changed and because they renounce at some customs and habits they used to enjoy, they become more vulnerable and they even have suicidal tendencies. Hence, for the diminution of the institutionalization process there have been proposed some alternatives such as: day care centers and home care.

Key words: the elderly, institutionalization, elderly home care, elderly day care centers, social reintegration.

Home care allows the persons who are totally or partially unable to satisfy their needs all by themselves to live independently in their own houses and prevents, delays and replaces the active care or the long term care and it represents a high quality attendance for the elderly.

Another alternative for the institutionalization of the elderly is represented by day care centers, places where they can relax, meet their fellows, spend a few hours away from their relatives, and it has the purpose of facilitating both the situation of the elderly and of their families. The phenomena of depression and isolation are overcome and the feeling of social uselessness vanishes through their implication in organizing all kinds of activities.
Consequently, with the help of these alternative methods, it is pursued the improvement of lifestyle’s quality in the case of the elderly, their socialization and their social embedding with the purpose of preventing their exclusion and institutionalization.

A study conducted by researchers at the Demographic Institute in Vienna and the State University of New York tolls on the fact that all EU states are confronted with the prospect of an aging population and finally to its decline. Every state has different levels in this progression of the aging phenomenon.

The demographic aging phenomenon is felt in Romania too. Its population decreases every day, birth rates are declining, and mortality is increasing. According to statistics reported by the Demographic Institute in Vienna, in 2050 the population could reach no more than 16 million inhabitants. If at the beginning of 1990 the population was 23 million, it started to decrease strongly over the past 15 years. An explanation for the population decrease is also the emigration. After 1989, with the opening of the borders, many Romanians went to work abroad.

According to demographic forecasts, elderly population has increased continuously in the last half century, both numerically and in percentage. It is estimated that the older population, nationally, will grow from 3.1 million people in 2003 to over 3.3 million in 2025. The population over 80 years will also increase at a very intense pace, its share in the total elderly population reaching 20.7 % in 2025 as compared to 13.9 % in 2003. By then, the number of the elderly will exceed that of the young persons with a difference of 35,000 persons.

Therefore, the above figures confirm the fact that the phenomenon of global aging of our country’s population is a real problem, not to be neglected at all. This generates various problems in the economic, financial and social respect, determining the State and society to take different measures designed to meet the needs required by an increasingly high number of elderly by developing social systems, the development of social support network, increasing the number of institutions, organizations, agencies, the development and diversification of services, and increase in the quality of comfort offered by them.

According to recent regulations, the persons who reached retirement age established by law are considered elderly people.
According to law 19/2000\textsuperscript{12}, the retirement age for women is now 58 years and one month and for men 63 years and one month. Retirement age will increase gradually so that it will go until March 2015 to 60 and 65 years respectively. In Europe, the standard retirement ages are between 60 and 65 years.

Institutionalization means the process of admission of an individual in a health institution for an indefinite period of time. In the case of the elderly, institutionalization refers to placing them in homes for the elderly, hospitals, etc. – the equivalent of what we call long-term services, for dependent persons, without income, alone.

This process has the following issues as major causes: lack of income, physical or mental disability, chronic disease, loss of housing/ restriction of living conditions, immobilization in bed, the difficulty of the family to take care of two or three generations, domestic violence or of those who were hired to protect them, loneliness and lack of support network.

From the moment of the admission into the institution “the admission procedure brings damage to the individual, who is often regarded as an object easily processed, the individual is not worthy anymore in relation to the staff, and is a victim of verbal or physical aggression from the part of the staff” \textsuperscript{13}. The objects of institutionalized persons are removed because they could hinder the smooth working of the institution’s activity. “The barrier that the institutions put between the institutionalized individual and the rest of the world marks the first collapse of identity”.\textsuperscript{14}

Also, within the institution, there is the tendency to hospitalize in an exaggerated way the space, closets, there are strict procedures from the risk of food and lingerie contamination. Another aspect is privacy violation. The mental and sentimental resonance between the staff and the care recipient does not exist anymore, they are no longer respected, and communication is restricted to a minimum.

Ervin Goffman referring to the interaction between care recipients and staff says that „even the conversation between the two

\begin{itemize}
  \item \textsuperscript{12} Law 19/2000 concerning the public pension system and other social insurance rights
  \item \textsuperscript{13} Bucur, Venera - Probleme actuale ale vârstei a treia, Ed. Eurostampa, Timișoara, 2001, p.65
  \item \textsuperscript{14} Goffman, Ervin - Aziluri - eseuri despre situația socială a pacienților psihiatrici și a altor categorii de persoane instituționalizate, Ed. Polirom, Iași, 2004, p.24
\end{itemize}
groups can be made on a specific tone. Nurses had a way of behaving as if the patients were not able to hear what it was said to them unless they were yelled at. They often said things that the ladies should not have heard”.\textsuperscript{15} There are restrictions concerning the transmission of information too, „especially those related to the plans of the employees concerning the institutionalized people; the individuals are not allowed to know the decisions regarding their future”\textsuperscript{16}. Emphasizing this idea, David Howe quotes Norman in 1980, saying that „they are not consulted, not required opinion on the care and treatment they would like”\textsuperscript{17}.

Ervin Hoffman, quoted by Venera Bucur considers that „the common feature one can find at all institutions is that the individuals in these places are going through a mortification process which involves interaction with other people within the same institution with the resulting loss of identity; he identifies certain features of the institutional environment that he considers the causes of mortification: admission procedures, barriers, verbal and psychical humiliation, contamination exposure”\textsuperscript{18}.

Therefore, institutionalization produces among elderly people, a series of reactions/effects. Once admitted to an institution the elderly suffer a trauma, because their life is a permutation, they give up certain habits and customs they care about. The elderly person is deprived of its own privacy from a life organized at his own will to a common life among strangers, being compelled to respect the rules of the institution the program and diet different from his. In the same time he is devoid of family responsibilities and roles. The acute sense of desolation and solitude accentuated by a lack of understanding and shallowness of the employees is added to the state of stress caused by the admission. The elderly are isolated and start to show silence, an increased vulnerability, sickly apathy or resignation.

Also, “...the individual passes through a first series of degradation and humiliation. His self is systematically degraded even if often without intention”\textsuperscript{19}. Depersonalization, privacy violations, withdrawal or limitation of certain rights in making

\textsuperscript{15} Ibidem, p.19
\textsuperscript{16} Ibidem, p.20
\textsuperscript{17} Howe, David – \textit{Introducere în teoria asistenței sociale}, Ed. MarLink, Buc., UNICEF, România, 2001, p. 113
\textsuperscript{18} Bucur, Venera, op.cit., p.68.
\textsuperscript{19} Goffman, Ervin, op.cit., p.24
decisions, the interpersonal contamination of intimate objects that no longer retain privacy because everyone can reach them, handle them, addressing words of disrespect, lead to lower self-esteem, self degradation inducing a permanent tense feeling.

In the practice if institutionalization it was observed that the proportion of irascible persons decreases with the aging, and that of the calm ones increases. The calm and cheery ones identify with the institution life by their calm way to easily adapt to any new situation and by the dose of energy that allows them to remain optimistic and full of vitality. Elderly, seen as irascible, show a cold attitude towards life in the community always being anxious to change. The apathetic ones try to integrate the institution through an independence that takes the form of indifference. Also, many institutionalized elderly are concerned only for their self.

Removing elderly from their families should be the last solution to resort to. Those alone – either that they do not have their own family (death, divorce, celibacy) or were cast out of their family, should not be institutionalized on the grounds of maintaining social relations, even if they are reduced, as they give a sense for the existence of the elderly and maintain him at his usual life. Also, low capacity of adaptation makes the elderly more vulnerable and hospitalization on the contrary worsens his health and even has suicidal consequences.

Thus, it requires alternatives, though poorly developed in Romania, as day centers and home care to minimize the institutionalization process. These practical measures are intended to improve the quality of life of the elderly, socialization and their social inclusion in order to prevent marginalization.

Both elderly care, but especially its quality is one of the objectives of welfare and health policy of each country. Each country has its system of social protection of the elderly population depending on the social economic and moral development. In Romania, the situation of the elderly has worsened in recent years. A significant proportion of elderly needs social services that either do not exist or are extremely low in terms of quality and/or quantity (as compared to the number of people eligible).

The income of these persons degraded continuously, marking a considerable decrease both from the net average wage, but especially compared to the average index of price growth for those services.
In recent years, in Romania there are alternative services to the elderly institutionalization, including the two mentioned above, the most required being the home care (and the most effective one in the opinion of some practitioners).

Home care services allow persons in total or partial incapacity to live as independently as possible in their own houses and prevent, delay and replace active treatment (in the hospital) or long term care (health institutions).

In almost every city there are home care associations that came into being because of the need to provide home care services social services offered in community to people dependent on them, so that these could regain their independence. Home care includes both social assistance and social care. Social assistance includes primary services and specialized services. The primary ones are intended to prevent or limit cases of difficulty that may lead to marginalization or exclusion and the specialized ones pursue the restoration, maintenance or development of individual capacities to overcome situations of special need. Socio-medical services are in fact basic services (aid for body hygiene, dressing, undressing, feeding, movement inside the house, communication) support services (help with cooking, shopping, housekeeping, health care and medical services, recovery and rehabilitation services that are related to medical and social fields: kinetic-therapy, logopedic, massage, occupational therapy, psychotherapy. These institutions offer services through contracts with the care recipients according to the law. The contract includes mainly the provided social services, their costs set by the City Council and by the Prefecture the service program, the rights and the obligations of the parties. These care services are organized and provided according to the needs of each individual (assessed in advance by a social inquiry) that is established a certain degree of dependency.

Care at home is the best strategy for elderly care in dependent case not only because it is cheaper than the care in institutions, but because it is favored by the elderly as an attribute of their life's quality.

This care respects the right of dependent people to live with dignity, respected by those who support them, without their rights being limited as citizens as they are allowed by their physical and mental state and the fundamental right to self-determination and

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20 Law 17/2000 concerning the social care of the elderly
individuality. This allows the care recipients to reach maximum capacity from the physical, intellectual, spiritual, emotional and social point of view.

Another alternative to elderly institutionalization are the day care centers. The day care centre for elderly persons is an institute that offers specialized services for intervention on these people and is aimed at preventing social exclusion and institutionalization, keeping them within the family and at the same time providing support for their reintegration into society by actively spending their leisure time. In these establishments the elderly can rest, can establish new contacts or spend several hours outside the family that can ease the situation of the elderly and his family's. It is an appropriate place for an elderly to spend some part of the day, especially when the other members of the family are not at home. These centers are characterized by different recreational opportunities.

Often, near these centers there is a park for walks and outdoor recreation areas. Depression and isolation are controlled by reading books and newspapers in the library reading centre, the organization of artistic performances on several occasions (theater, music, presenting documentary and artistic films). Here the elderly can watch TV together, they can permanently control their health and they can involve in activities that help them get over the sadness and difficulties of the age.

The feeling of uselessness disappears in these centers because of their involvement in organizing bio-therapeutic activities. Thus they organize workshops of paintings, sculpture, crafts, activities in the greenhouse and in the garden. They also write poetry, small sketches, songs, there take place sport activities, but all adapted to the pace of the elderly. In these specialized centre for intervention on elderly people a team formed of a social worker, a psychologist, a bio-therapist, (yet non-existent at present if we look at the organizational profile of the institutions or better said lack of specific training in this sense), a kinetic therapist, a geriatrist, a nurse acts interdisciplinary.

Therefore, these alternative services improve quality of life of older people, socialization and social inclusion, to prevent their marginalization and institutionalization. Thus it is required the increase in number of these services along with the training of a specialized staff who strive to provide quality support according to the needs of this population segment.
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