

The elderly and quality in social services: standards, indicators, procedures and tools

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Abstract. The paper presents an inventory of standards, indicators, procedures and tools that ensure the assessment and monitoring of quality in elderly-oriented social services and proposes a synthetic analysis of the concept of "elderly people" as reflected in documents specific to the field of social assistance. Data analysis follows the classic stages of content analysis: inventory of standards, indicators, procedures and tools; standardization of the information contained in the aforementioned quality standards, classification into units of analysis, establishment of the main categories of analysis, coding and final analysis of the data. The information obtained was broken down into three categories: senior citizens in specific roles, the elderly in the relational system, this age group in the dynamics of integration. Each category resulting from the analysis provides a specific picture of the life dimensions of institutionalized seniors. The main conclusion is that the intervention of social workers in a quality management system can be correlated with these resulting dimensions, and one can start from these indicators when it comes to the elaboration of intervention techniques and tools.

1 Introduction

The main reason for choosing this research topic is related to the particular grade that older people give to time and space. We position ourselves with this theme between futuristic challenges and the resistance of tradition, defining the vulnerability of the elderly. For a start it was made an inventory of standards, indicators, procedures and tools that ensure the assessment and monitoring of quality in elderly-oriented social services. The social services for the elderly, provided by the nomenclature of social services in Romania are those in the Table 1:

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Table 1. Social services for the elderly - according to the Nomenclature of social services (Government Decision no. 867/2015).

Category of services according to the assistance regime	Category of services according to the beneficiaries' issue	Name of the social service	Code of the social service
Social Services with Accommodation	Residential care and medical-social assistance centers for the elderly, chronically ill in terminal phase	Residential medical-social centers	8710 CRMS-I
		Residential palliative care centers	8710 CRMS-II
	Residential care and nursing elderly centers	Elderly residential centers	8730 CR-V-I
		Respiratory centers / crisis centers	8730 CR-V-II
		Sheltered housing	8730 CR-V-III
Social Services without Accommodation	Elderly Day Care Centers	Day Care and Recovery Centers	8810CZ-V-I
		Social and leisure day centers (club type)	8810CZ-V-II
	Home care services for the elderly, people with disabilities, dependents	Home care units	8810ID-I

2 Data analysis

These social services present the elderly as beneficiaries of these services. Starting from this inventory, we associated each service for the elderly with specific standards, procedures and tools. Then we selected from each category, the representative standards. Data analysis follows the classic stages of content analysis: inventory of standards, indicators, procedures and tools; standardization of the information contained in the aforementioned quality standards, classification into units of analysis, establishment of the main categories of analysis, coding and final analysis of the data. The analysis was made on three types of specific standards: Standards for day care centers for the elderly, standards for residential centers for the elderly and standards for home care services for the elderly.

3 Research results

The results of the analysis were grouped into three dimensions, each dimension being in turn described by specific variables and indicators. The three dimensions identified were: senior citizens in specific roles, the elderly in the relational system, this age group in the dynamics of integration. Each category resulting from the analysis provides a specific picture of the life dimensions of institutionalized seniors.

3.1 Senior citizens in specific roles

The first role that emerges from the content of specific quality standards is the role of beneficiary of social services (table 2).

Table 2. The role of beneficiary in social services.

Beneficiary of specific activities / services	Standard regulations
Information	"The residential center informs potential beneficiaries / legal representatives and / or family members about its purpose / functions and services offered"
Preparation of the file with documents	"The center prepares, for each beneficiary, the personal file of the beneficiary"
Needs assessment	"Each beneficiary is assisted and cared for in the center based on an assessment of individual needs."
Activity planning	"The residential center provides services to each beneficiary according to an individualized assistance and care plan / intervention plan"
Help to carry out the basic activities of life	"The residential center ensures that the beneficiaries receive help to carry out the basic activities of life"
Recovery / rehabilitation programs in order to maintain or improve the functional autonomy of the beneficiary	"The residential center provides recovery / rehabilitation programs in order to maintain or improve the functional autonomy of the beneficiary"

The standards emphasize the central role of beneficiaries in social services, which are organized around this role. "Elderly people constitute the largest social group that need the social protection" [1].

Another important role that emerges from the regulations of the standards is that of a vulnerable person in a situation of dependency. Elderly people who cannot take care of themselves are cared for by qualified staff, are helped to move in and out and are provided with means of communication. In this role, the elderly person receives specific services in relation to his needs.

The standards describe in detail the elderly person's relationships with family, friends from the community but also with roommates, in the case of institutionalized seniors, with care staff and those with the managers of social services. We thus identify roles such as parent, patient or assisted person.

The identity characteristics specified by the standards for the elderly are: age, needs, dependency, risks, urgency, functional status. They define the vulnerability of the elderly and demonstrate the need for social services: "a) has no family or is not dependent on one or more persons obliged to do so, according to the legal provisions in force; b) does not have a home or the possibility to ensure their living conditions based on their own resources; c) do not make their own income or they are not enough to provide the necessary care; d) cannot manage on her own or requires specialized care; e) is unable to meet his socio-medical needs, due to illness or physical or mental condition"[2]

3.2 The elderly in the relational system

From the results of the analysis, we chose to present the system of contractual relations that the elderly person has as a beneficiary of social services. Based on the contractual provisions, he has rights and obligations according to his status as a vulnerable person. From the category of rights we mention, as shown in table 3: the right to information, image, protection and safety, communication, privacy, dignity, lifestyle, recovery, rehabilitation, medication, personal care. The category of obligations, as also shown in Table 3, includes: financial contribution, depending on the situation, treatment, program, procedures, rules and regulations, diet, etc.

Table 3. Contractual rights and obligations in the relational system.

Rights	Standard regulations	
	Information	The Center provides continuous information to the beneficiaries / legal / conventional representatives on the activities / services carried out, the procedures used, as well as any aspects considered useful.
Picture	The image of the beneficiaries and the personal data may be made public in the informative materials (in the advertising ones, if any) only with their written consent or, as the case may be, of the legal / conventional representatives.	
Safety	The residential center provides the beneficiaries with a safe living environment adapted to their needs	
Communication	The center provides the necessary means for remote communication	
Privacy	The elderly have the right to privacy	
Dignity	Beneficiaries receive adequate help and care to continue their lives in dignity and respect	
Medication	The center ensures the supervision of the health condition, the administration of the medication, the performance of the basic medical care.	
Recovery	The center provides functional recovery / rehabilitation therapies	
Obligations	Financial contribution	The admission procedure specifies ... the way of concluding the service provision contract and its model, the way of establishing the beneficiary's contribution
	Treatment	For the monitoring of the beneficiary's health condition, but also of the physical / mental condition, the record of the medical treatment and the services provided, the center uses the beneficiary's service monitoring sheet
	Program	The individual social integration / reintegration program is established by the specialized staff, depending on the evaluation of the beneficiary's needs
	Proceeding	The Center develops and applies its own procedure regarding cases of abuse and neglect; In order to self-evaluate the quality of its own activity, the center owns and applies its own procedure for measuring the degree of satisfaction of the beneficiaries; The Center shall develop and implement its own procedure for terminal or death care
	Regulations	The Center owns and applies its own Code of Ethics which includes a set of rules which mainly concern ensuring equal treatment for all beneficiaries. Each social service is organized and operates on the basis of a regulation of organization and operation

Contractual rights and obligations place the elderly in a very clearly established relational system, with the family, the social service (staff and other beneficiaries) but also with the community. “The greatest need is to provide people with information about the services available to them, to enable them to make choices and to have a say in the services they receive, how and when they are to be provided” [3].

3.3 The elderly in the dynamics of integration

The dynamics of integration refers to the processes undertaken within the social services for maintaining/ improving the quality of life of the elderly in order to integrate/ reintegrate this vulnerable category. The provision of social services is based on a design that focuses on three fundamental processes: evaluation, planning, monitoring.

Older people have many needs and different kind of problems generated by different and complex factors familial, economical, social, and social work services have to respond to all these by using different strategies and social actions intended to improve of their quality of life [4].

The regulations of the minimum quality standards condition the admission of the elderly in a social service as well as the provision of services such as care and assistance, recovery and rehabilitation or socialization, the assessment of the individual needs and personal situation of each beneficiary: “The care and assistance of the beneficiaries in the residential center is performed based on the assessment of the individual needs and personal situation of each beneficiary”(table 4).

Table 4. Elderly statuses in relation to the services provided.

Status of an elderly person Process	Status of an elderly person Process
Evaluated person	<ul style="list-style-type: none"> • “The care and assistance of the beneficiaries in the residential center is performed based on the assessment of the individual needs and personal situation of each beneficiary • Each beneficiary is assisted and cared for in the center based on an assessment of individual needs. • The documents issued by specialists and family doctors, psychologists, physiotherapists, physiotherapists, etc., the evaluation documents made by the structures specialized in complex evaluation, as well as the social surveys performed prior to the beneficiary's admission to the center are used. • The evaluation / re-evaluation form of the beneficiary is used for evaluation”
Person who has an intervention plan	<ul style="list-style-type: none"> • „The residential center provides services to each beneficiary according to an individualized assistance and care plan / intervention plan • The center carries out activities / provides services based on an individualized assistance and care plan / intervention plan. <p>The plan shall include information on:</p> <ul style="list-style-type: none"> • the beneficiary and his needs assessment • activities performed / services provided • scheduling activities and services: daily, weekly or monthly; • the terms for revising the plan”.
Person whose services are monitored	<p>„The center ensures the monitoring of the beneficiary's situation and of the application of the individualized assistance and care plan / intervention plan.</p> <p>To monitor the beneficiary's situation, a service monitoring sheet is used, composed of 3 sections: health status and treatments performed, recovery / functional rehabilitation services and a section on services for social integration / reintegration”.</p>

The elderly person changes from the status of assessed person to that of a person whose services are planned. The individualized care plan is the “visual map” of the components

and the vision of the result. It provides an image of a situation, the people involved and the measures that could be taken to meet the needs of the elderly [5].

Sociological research and analysis of social phenomena allow an objective approach to the problems faced by social assistance beneficiaries [6].

4 Conclusions

The main conclusion is that the intervention of social workers in a quality management system can be correlated with these resulting dimensions, and one can start from these indicators when it comes to the elaboration of intervention techniques and tools.

“Older people want to be treated with respect, to be recognized and given the opportunity to actively participate and make their own contribution to society, as well as to be provided with the material assistance they need” [3].

The multitude of aspects related to the status of beneficiary is visible both in the institutional environment and in the administrative environment of social work [7].

The identity of modern social work has been strongly linked to the welfare state, and the accents and there have been many changes in these systems, with a strong impact on the beneficiaries' approach social work.

Analyzing the standards and procedures that ensure the functioning of social services, we identified the three dimensions that shape the image of the elderly beneficiary of social services. First, the roles of the elderly were in the spotlight. Then came into focus the rights and contractual obligations of the elderly that define his relational system. And finally, the processes that condition the quality of the beneficiary were in the center of attention: evaluation, service planning, monitoring of the services provided. All this, analyzing the standards and procedures mentioned, underlies the status of elderly person receiving social services.

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