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Introduction

According to the Act of 12 March 2004 on Social Assistance (Journal of Laws of 2009 No. 175, item 1362, amended), social assistance is an institution of the state social policy, aimed at enabling individuals and families to overcome difficult life situations which they are not able to overcome using their own powers, resources and opportunities. Social assistance is organized by authorities and local government bodies, working in this field in partnership with social organizations and NGOs, the Catholic Church, other churches, religious organizations, and natural and legal persons. Social assistance supports individuals and families in their efforts to meet the necessary living needs and enables them to live in conditions corresponding to human dignity.

The term “support”, as defined by Dąbrowski [2006], is the interaction with an entity in a situation difficult to carry out on a normal level of their primary activity. It consists in restoring normalcy of the situation, preventing developing of a difficult situation or in facilitating or improving situations being within normal limits. In turn, Wysocka [1992] describes support as a relationship between two people: a helping person and an assisted person. Help is unilateral, it is a deliberate and conscious activity, and the conduct must be assessed by both parties as helpful. Help is primarily the support allowing the person concerned to develop in the expected direction. Therefore, two basic characteristics of aid measures emerge: being voluntary and self-reliant. Basic functions of support are preventive and compensatory. Prophylactic or preventive activity is manifested in the activities of social workers, environmental guardians and probation officers. Compensation includes e.g. the creation of institutions and establishments of social welfare like family-based children’s homes, family-based assistance houses, emergency shelters,

youth clubs, senior clubs, pensioners' homes, day care homes, and also the effects of the activities of foundations and associations of higher public utility. In these cases, compensation is intentional, deliberate and planned as a result of the social diagnosis.

Social assistance system in Poland provides for the existence of different types of establishments of permanent and temporary residence, taking into account different deficits of people whom they are supposed to serve. They are complemented by centers run by health services, associations, foundations and individuals.

Social assistance concerns individual people, families with many children, the chronically ill with somatic and mental illnesses, people with mental disabilities, the unemployed, the homeless, and the elderly not coping with life.

The elderly are more likely than younger people to require help from others. CSO data [1999] show that almost 30% of people over sixty-years old need constant assistance, and with those over eighty years of age, more than 60%.

Contemporary social assistance can be characterized by its deep humanization, the attitude not to relieve somebody or do something for them, but to support them, and its tasks are: social emergency, early intervention, counseling, diagnosis, therapy, prevention, temporary and long-term environmental support, temporary and permanent residence care services.

Taking into account the historical and current experiences as regard organizing care and social assistance, both through philanthropy, mercy and by work of deliberately organized institutions, it should be noted that the charity is a value appreciated by Poles [Szarota 1999].

The origin of the Polish social assistance

The history of Polish social assistance, previously referred to as custody, in its current form started in 1923. Then on August 16 the Parliament passed the Law on Social Welfare, in which it was decided to satisfy from public funds the necessary living needs of those who are permanently or temporarily unable to do it by their own material means or through their own work. The system would provide care for infants, children and youth, especially orphans and half-orphans, children at risk of harmful influences from the environment, protection of maternity, care for the elderly and invalids unable to work, for prisoners after serving their sentence, the homeless (especially the victims of war) and the fight against beggary, alcoholism, prostitution and vagrancy [Broda – Wysocki http://www.eapn.org.pl/expert/files/Pomoc_spoleczna_w_Polsce_-_dr_P.B-W.pdf].

Custody actions included: food and clothing, housing assistance and employment assistance, while its implementation rested mainly on the so-called communal unions, i.e. municipalities, counties and cities.

Regulation of the Minister of Labour and Social Welfare of July 30, 1924 entrusted the Minister with the supervision of associations “with purposes of social

welfare”, which was based on the necessity to file and register those associations and also to legalize their statutes.

In the years 1945-1990 social assistance (still referred to as welfare), acted formally on the basis of the law from 1923 still in force. In 1970 teams of health care were created, in the structure of which departments of social welfare were separated, whose task was, among others, to provide material benefits. In the early 90's separate social assistance system was reactivated by passing the law on social assistance. The responsibility for its operation and supervision was transferred from the Ministry of Health to the then Ministry of Labour. Communal and municipal centers of social assistance were created, and then after the administrative reform of the country, district family assistance centers. The tasks of social assistance were divided into those associated to central and local government administration. And so the system began to correspond to the model of support, according to which social assistance is complemented by the network of social security, which also includes institutions and solutions used in family, housing, health and employment policies.

The development of social welfare homes occurred in the fifties of the last century and was the result of the transformation of previously functioning nursing homes. In addition to centers providing twenty-four-hour care, daytime social welfare homes were established.

Institutions supporting elderly people

Social welfare homes are state budgetary establishments or private institutions of permanent residence, which provide twenty-four-hour care to people not coping with everyday problems due to old age, suffering from a chronic physical or mental disease, mental retardation or severe physical disability [Szarota 2004]. These are the facilities that are designed for people who do not qualify for hospital treatment, but due to old age, illnesses, family, housing and financial conditions and life situation require constant care [Świętochowska 1994, p. 19].

Social welfare homes are run by legal authorities, the Catholic Church, other churches and religious associations, organizations and public associations, foundations and other legal and natural persons, after receiving the authorization from the governor, which must meet a number of requirements in terms of service quality, presenting the regulations of the institution or appropriate documents proving the legal status of the property on which the center is located.

These centers operate under the status granted by the governor, which specifies the type of center or home, detailed rules of its functioning, the scope and level of benefits and also rights and obligations of citizens [Sułkowski 2004].

At the organizational core of social welfare homes lie the following assumptions: the need for diversification and the maximal possible adjustment of the conditions and nature of the home to fitness and efficiency and also state of health of the

inhabitants; and systematically varying proportions of the number in different types of establishments depending on the needs of the society and giving homes family and personal character so that the charges felt as good as possible in them [Zych 1999, p. 61].

Social welfare homes are non-gratuitous institutions and the amount of the fee is specified in the Act on Social Assistance. In accordance with applicable provisions, the fee for stay is incurred in due order by: charge (no more than 70% of their income), the spouse, the municipality - in a situation when the spouse or another committed to this person evade the fees. The municipality has the right to seek reimbursement of incurred expenses for this purpose. In exceptional cases it is possible to be partially or completely exempted from the fees for staying in a social welfare home [Act of March 12, 2004 on Social Assistance, art. 61, paragraph 1-4].

Statutes of institutions define the rights and responsibilities of their inhabitants who have the right to organize themselves autonomously in order to represent their interests. Total care facilities are designed to meet the basic needs such as place of residence, furniture and equipment, catering, personal hygiene products, clothing and footwear, nursing care, medical treatment and rehabilitation, drugs and dressing products, as well as the sense of peace and feeling of security within the home, and also financial support for the elderly who do not have their own income.

At the turn of the last several years there has been a significant increase in the level of education, and thus the professional qualifications of people employed in social welfare homes. There has also been some improvement observed in the quality of services provided by such institutions, which was due to the Act on Social Assistance entering into force in 1990, and later its amendment and the introduction of the so-called process of standardization of services in these institutions.

An important role of social welfare homes is to pursue higher needs of residents through: attractive cultural and recreational offer, inclusion of elderly people in the interactions with the environment and local community residents. The mission of these centers is to create conditions that, beyond addressing the needs of living conditions, also suit the residents' personal development. Among many tasks performed by social welfare homes one should pay attention to: revitalization, activation and stimulation, organization of leisure time, integration of inhabitants, and care for their well-being. In these institutions various recreational and cultural activities are organized such as dances, singing, music therapy classes, tours, meetings at the fire, visiting museums, watching theatre performances, visits to concert halls, or organizing the review of the artistic achievements of the residents of social welfare homes. There are also rehabilitation camps organized. Social care homes also conduct classes in art therapy which means activity through dance, movement, music, performing works of fine and literary art. Ergo therapy occupies

an important place as well, in this case, it means creating conditions and assisting residents in performing useful, tailored to their strengths and abilities works. Thus, residents cook, sew, work in the carpenter's workshop or in the garden.

In social welfare homes bedside therapeutic rehabilitation is carried out. In these institutions adequately equipped laboratories, libraries, gyms, clubs and day stay rooms are the most common. There are musical instruments and equipment for listening to music available for the residents. The homes provide a chaplain, religious services are performed, as well as organized community movements and pilgrimages. Unfortunately, enriching the bedside therapy is the neglected problem. Residents of social welfare homes are encouraged to maximize self-management and mutual assistance.

It should be noted that residents of social welfare homes are totally dependent on the institutional way of meeting their needs. Sometimes due to the location of the facility away from other buildings, the residents have no possibility of contact with the local community, despite the fact that there is a need to maintain contacts. This type of facility, according to Kaminski [2008 pp. 292-293] should be an open institution, hence there is a need to adopt certain rules, such as:

- The principle of freedom and responsibility of the resident of social welfare homes;
- The principle of subsidiarity (instrumentality), which is associated with the possibility for the charge of meeting their needs, and only interfering the moment when they cannot manage themselves;
- Support for mutual assistance, which applies to treating the person in such a way so as not to make them dependent on others and not become confirmed in their own helplessness;
- Self-governing of the residents of social welfare homes;
- Activation and organization of leisure time of the charges;
- Opening to the outside, which will enable the inhabitants the contact with the outside world.

Another form of social assistance of an institutional nature, targeted to the elderly are Day Care Homes. They are constituted by small centers with a small number of incoming residents. They fill the increasingly important task in the context of institutional care for the oldest society representatives. Home day care is a more user-friendly form for the seniors, who are not forcefully removed from their well-known environment. It is a facility that is relatively inexpensive to maintain and which guarantees meeting the needs of its charges. The elderly who live together with their families, thanks to the ability to participate in activities, do not require constant care from relatives, while for single seniors participation in activities is an essential support that allows them to preserve their autonomy and independence. Community of day care homes does not remain isolated from the environment and society. It is a form that combines the temporal care with creating and satisfying the free time needs and interests of the charges.

Day care homes fulfill numerous tasks which include: providing their residents with proper care, creating the conditions for long-hour stays, inspiring the formation of support groups, strengthening social bonds through activities involving the environment, ensuring hygiene, appropriate rehabilitation, meeting the cultural needs of its residents, conducting occupational therapy [Szarota 2004 p. 88]. In the context of occupational therapy, biblio therapy, ergo therapy, and art therapy are conducted. Recreational and cultural activities are held such as literary meetings, poetic corners of the reader and crossword solvers meetings, as well as social gatherings and special days such as on the occasion of Grandma and Grandpa's Day or Women's Day. There are organized visits to the houses of culture, lectures, songs meetings, balls, dances, going to cinemas, theaters, museums and tours.

Stay of an elderly person at a day care home enables the stabilization of their emotional state and normalizing their behavior [Mielczarek 2006].

In such institutions there are houses council appointed, who together with the management establish the program of activities. Day care houses have both rooms used for occupational therapy and recreation, as well as social infrastructure which includes: kitchen, dining room and sanitary-hygienic rooms.

Day care homes are open daily for at least eight hours every working day. Using their service is paid and the fee is established by municipal social assistance centre.

Care services, according to the Law on Social Assistance of 12 March 2004 (Article 17.1) can also be provided by support centers which provide their customers with: twenty-four-hour stay, basic welfare, and recreational, cultural, and educational provisions and benefits, and also meals. In these centers rehabilitation activities can be carried out, too [Szarota 2004 p.89].

Kawczyńska-Butrym [1998, p. 86-90] depending on the type of support awarded differentiated the following types of support: informational, emotional, financial, through the provision of services, in development. The support provided to the elderly creates many opportunities for psychological impact, leads to overcoming apathy, passivity, the sense of lesser value and uselessness. It is believed that the lack of support in connection with loneliness deteriorates the condition of a human being and is associated with higher mortality [Knoll, Schwartz 2004].

Protected flats are a new solution in Poland, it is a form of environmental support providing adequate support in the environment, allowing independent life, not requiring, however, both because of age and disability or illness, services in the field provided by the house of social assistance, when the care services in the place of residence are insufficient or impossible to implement. This form is cheaper than the others.

Among the institutions providing assistance to the elderly family-based assistance houses are also included, they are organized on the model of family

children's homes and social welfare homes for older people from the local community. It is assumed that the organization of small, especially family-based assistance houses for the elderly is the right way to optimize social support. This new form of service is provided within the framework of social assistance under a contract with the municipality.

The purpose of such houses is to provide full time care for not less than three and not more than eight elderly people. Nursing and living services should be provided in accordance with applicable standards: dressing, feeding, washing, bathing, organization of leisure time, help with buying clothing and footwear, care in sickness and assistance in the use of health services. Adequate housing conditions, catering and adequate sanitation conditions must be provided. In situations of the lack of funds for the creation of new centers, the idea to solve the problem of providing care for the elderly, may be towards the creation in local communities so called "Small families" made up of people of various ages, not necessarily related, jointly and voluntarily living in small homes.

The office of the Provincial Physician also deals with social welfare along with hospital services and social workers employed there, specialist clinics, geriatric wards, and care and treatment centers for the chronically ill, which remain under the control of the provincial health department, providing twenty-four-hour, long-term, comprehensive medical care for patients not requiring hospitalization, who, however, are prevented from independent existence by their disease.

Conclusions

There is no doubt that social welfare homes will not replace a true family home for an elderly person, but as long as they are needed, they must exist. The scale of social needs in this area is large and still growing. It seems necessary to provide more places in institutions of stationary stay, to organize centers with a small number of residents in order to prevent anonymity and alienation of their inhabitants. These small houses should be linked with the local community by organizing frequent meetings with the families of charges, as well as by opening up to the local environment.

Abstract: The development of social welfare homes occurred in the fifties of the last century and was the result of the transformation of previously functioning nursing homes. In addition to centers providing twenty-four-hour care, day care homes were also established and other forms of support for the elderly such as protected housing, family-based care homes or environmental nursing homes. These institutions, apart from securing the living needs of the elderly, are supposed to provide them with revitalization, activation, and integration. They organize their residents' free time and care about their well-being.

Key-words: the elderly, institutions supporting the elderly

Streszczenie: Rozwój domów pomocy społecznej nastąpił w latach pięćdziesiątych ubiegłego stulecia i był efektem przekształcenia wcześniej funkcjonujących domów opieki. Poza placówkami zapewniającymi całodobową opiekę, powstały również domy dziennego pobytu oraz inne formy wsparcia osób w wieku podeszłym, takie jak: mieszkania chronione, rodzinne domy pomocy czy środowiskowe domy pomocy społecznej. Placówki te poza zabezpieczeniem potrzeb bytowych osób starszych mają za zadanie ich: rewitalizację, aktywizację, integrację. Organizują czas wolny pensjonariuszy oraz dbają o ich dobre samopoczucie.

Słowa kluczowe: osoby starsze, placówki wspierające osoby w podeszłym wieku,

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