

RESOURCE ALLOCATION, PERSONAL AND PRACTICAL EXPERIENCES OF PROVIDERS AND BENEFICIARIES OF SOCIAL AND HEALTH CARE SERVICES FOR ELDERLY AND DISABLED PERSONS. A QUALITATIVE ANALYSIS

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Abstract

This study aims to gain a better understanding of the allocation of resources for social and health services. The research focused on the analysis of the personal and practical experiences of providers and beneficiaries of social and health services for elderly people and people with disabilities. We have developed a qualitative methodology based on a semi-structured interview guide to find out the views of key informants about the integrated health and welfare and well-being field, tackling service innovation and the opportunity for peer-to-peer involvement for the elderly and the disabled. We interviewed key informants from non-governmental organizations and representatives of childcare centers with deficiencies, namely homes for the elderly managed by local authorities and non-governmental organizations, as well as users and beneficiaries of social and health services (N=15). The results highlighted the need to modify the legal framework governing the provision of care services. The analysis of the data collected through interviews shows the willingness and willingness of the beneficiaries to get involved in the care process as peer workers. Future research will add more detailed arguments for this innovation in care: the involvement of former beneficiaries with multidisciplinary team experience as peer workers.

Keywords: peer workers, service innovation, practical and personal experience, social care, health care

Résumé

Cette étude vise à mieux comprendre l'allocation des ressources pour les services sociaux et de santé. La recherche s'est concentrée sur l'analyse des expériences personnelles et pratiques des prestataires et des bénéficiaires des services sociaux et de santé pour les personnes âgées et les personnes handicapées. Nous avons mis au point une méthodologie qualitative basée sur un guide entrevue semi-structurée pour trouver des vues des informateurs clés sur la santé intégrée et de l'assistance sociale et le bien-être, avec privier au ser-

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vice de l'innovation et la participation des travailleurs pairs occasion pour les personnes âgées et les handicapés. Nous avons interrogé des informateurs clés des ONG et des représentants des centres de garde d'enfants ayant une déficience ou des foyers pour personnes âgées par la course des autorités locales et des ONG, ainsi que les utilisateurs et les bénéficiaires des services sociaux et de santé (N = 15). Les résultats ont mis en évidence la nécessité de modifier le cadre juridique régissant la fourniture de services de soins. L'analyse des données recueillies au cours des entretiens montre la volonté et la volonté des bénéficiaires de s'impliquer dans le processus de soins en tant que pairs pairs. Les recherches futures ajouteront des arguments plus détaillés pour cette innovation dans les soins: l'implication des anciens bénéficiaires avec une expérience d'équipe multidisciplinaire.

Mots-clés: pairs-aidants, innovation de service, expérience pratique et personnelle, assistance sociale, soins de santé

Rezumat

Acest studiu își propune să obțină o mai bună înțelegere a alocării resurselor pentru serviciile sociale și de sănătate. Cercetarea s-a axat pe analiza experiențelor personale și practice ale furnizorilor și beneficiarilor de servicii sociale și de sănătate pentru persoanele în vârstă și persoanele cu handicap. Am elaborat o metodologie calitativă bazată pe un ghid semi-structurat de interviu pentru a găsi punctele de vedere ale informatorilor importanți cu privire la domeniul integrat de sănătate și asistență socială și bunăstare, cu priver la inovarea serviciilor și oportunitatea implicării lucrătorilor de la egal la egal pentru persoanele în vârstă și persoanele cu handicap. Am intervievat informatori-cheie din partea organizațiilor neguvernamentale și reprezentanți ai centrelor de îngrijire a copiilor cu deficiente, respectiv camine pentru varstnici administrate de autoritățile locale și organizațiile neguvernamentale, precum și utilizatori și beneficiari de servicii sociale și de sănătate (N = 15). Rezultatele au subliniat necesitatea modificării cadrului legal care reglementează furnizarea serviciilor de îngrijire. Analiza datelor colectate prin interviuri arată disponibilitatea și dorința beneficiarilor de a se implica în procesul de îngrijire ca lucrători de la egal la egal. Cercetări viitoare vor adăuga argumente mai detaliate pentru această inovație în procesul de îngrijire: implicarea fostilor beneficiari cu experienta in echipa multidisciplinara, ca peer workers.

Cuvinte cheie: lucrători de la egal la egal (peer workers), inovare de servicii, experiență practică și personală, asistență socială, asistență medicală

1. Introduction

This study starts from the assumption that very important factors of efficiency and success of the caring process are resources – human, financial, technical, legal – and opens for innovations. The study is based on a common experience of professors, students and practitioners from Romania and Norway in developing cooperation in education and practice on caring of elderly and disabled persons. Looking for the innovations on social and health care process, the authors and the team have analyzed the opportunity of involving former beneficiaries as peer workers.

One of the specific objectives of the CompEd project¹ was to build and develop collaboration on a joint study-analysis. In order to achieve that, we developed a common methodology (Axxin, Pearce 2006) for (1) mapping the professions involved in integrative health and social care field and welfare for elderly and disabled persons in Norway and Romania, and (2) finding the views of important informants on integrative health and social care field and welfare, on service innovation and peer workers for elderly and disabled persons in both countries.

The method used for mapping the professions involved in social and health care services was based on a desk research type of approach and it involved the analysis of specific governmental acts and statistical data for the social and health services for elderly and disabled persons from Norway and Romania.

We analyzed and compared several sets of indicators – demographic, social, economic, health (Walker and Mollenkopf 2007; Bowling 2007) – at the national level and regional level. For the comparison of the integrative health and social services at the regional level we chose The North-Eastern Region of Romania and Sør-Trøndelag Region from Norway. The main criterion for the comparison of the regions was the volume of population. The findings of this stage of the study were reported and discussed during the seminar “Joint study-analysis in welfare, health and social care,” held on October, 27th-28th 2016 at the Norwegian University of Science and Technology in Trondheim, Norway. This seminar served as a platform for building the qualitative methodology and the research instruments for the second stage of the study (Soitu, Johansen 2017, 5-17).

2. Study design and methodology

The qualitative methodology (Strauss&Corbin 1990; Creswell 2007) required the construction of a semi-structured interview guide (Gillham 2005; Seidman 2006; McPhee&Terry 2007) with the research participants’ profile and four main dimensions: (1) the system for health and welfare (a general overview; positive aspects and problems, barriers and opportunities),

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(2) resources of any type (technical, financial and human resources), (3) personal and practical experiences, and (4) proposals for better change regarding the quality of services and a more efficient and innovative use of the resources. We interviewed key informants from non-governmental organizations and representatives of the day care centres and residential centres run by local authorities and non-governmental organizations, different municipality bodies, and also users and beneficiaries of social and health services (N=15).

The research participants were selected from three organizations: a residential centre for the elderly, a residential centre for the disabled and a non-governmental organization that coordinates a day centre and home care mobile units. The residential centre for the disabled targets children and runs day care centre specific activities. Three volunteers, three care services beneficiaries, two managers and seven professionals took part in the research. The volunteers selected for the sample work at the residential centre for the elderly and accompany the home care mobile teams. The interviewed managers represent the residential centre for the disabled and the non-governmental organization.

We collected the data after setting a meeting with the research participants. Before doing the interviews, the participants were presented the study objectives, the interview guide, and the discussion topics. In addition, we asked for the participants' consent for recording the conversations. The research instruments were discussed and validated by the Ethics Committee of the Faculty of Philosophy and Social Political Sciences ("Alexandru Ioan Cuza" University of Iasi).

3. Data analysis and findings

After transcribing the interviews we verified the accuracy of the transcriptions. The data analysis included codifying the text and outlining certain categories that express the perspective of the research participants on resource allocation and their personal and practical experiences. The codification took into account the topics outlined in the interview guide, the research questions, the discussion themes not included in the research instrument and the objectives specific to the research framework.

3.1. Financial resources

The research participants have different views on the identification and allocation of the financial, technical and human resources necessary in

providing social and health care services. These differences derive mainly from the participants' status in the care process. Secondly, these differences are influenced by the needs specific to the participants' activities in their daily and/or professional life. The beneficiaries believe that the financial resources are insufficient for ensuring good quality social and health care services. However, there are differences of intensity when expressing this deficiency dependent on the beneficiaries' status in the care process. Institutionalized persons do not display a high intensity when referring to insufficient financial resources, as they avoid elaborating on the matter. They only refer to specific situations and state that they are pleased with the way their basic needs specific to daily living (food, accommodation, health care, etc.) are met. The elderly living in residential centres state that, in most cases, their pension is enough to cover their basic needs and sometimes to purchase other goods and services. Uninstitutionalized persons express the lack of financial resources with a much greater intensity, and state that they do not have sufficient resources to meet their basic needs. This situation is much worse in the case of disabled elderly.

B_CR_64_F: Good food, and plenty, on time. If I have a headache for instance there is help, there can be extra help if it exceeds them... they call an ambulance immediately. But when you're alone at home, your prospects for the future are six feet under.

C: So you say there are only good things here, aren't there any problems?

B_CR_64_F: There aren't, in my opinion. Well, there's always something, but there aren't any problems. The staff is kind to us.

C: So here there aren't any problems with the financial resources, nor with the staff.

B_CR_64_F: Well, almost everybody here has a pension. And after you pay your fee here, you still have some left for some medicine, for some extra diapers, unfortunately you need this too... that's life, whether you like it or not. The staff take care of us, they change the diapers and wash the elderly on time. I mean it is very well.

The opinions of the professionals on the financial resources necessary for the care process differ according to the status of the organization they work for. The professionals we selected for our sample work for non-governmental organizations and for centres subordinated to local public authorities. These opinions also differ depending on the category of beneficiaries they work with. The professionals selected for our sample provide medical and care services for the elderly, disabled or not, institutionalized or not, and for institutionalized disabled minors.

The professionals for non-governmental organizations state that the financial resources are insufficient to provide good quality medical and social services. Non-governmental organizations only have small subsidies for the state, and most of the budget for providing services comes from donations and grants. Also, the beneficiaries' financial resources are insufficient to cover the cost of medical care and of assistance. Most of the beneficiaries have difficulties in ensuring their food and medicines.

S_ONG_41_F: There are barely any resources. We have a tiny subsidy from the Ministry of Labor, they have very small pensions. We bring what we get from donations in terms of finances, and in terms of medical care, we offer it for free as well as help for daily chores. Of course, it is on Caritas centre's expense. Only they know, don't they? Those from Accounting.

We try to raise as much donations especially during holidays season, in order to provide them with material support, food, this is what they want most because this is what they lack. Many of them don't realize what socialization means, they're overwhelmed with problems and don't have the patience to talk to others anymore, to listen. We try to tell them that there are many people like them, to make them see the good side, but it's difficult for a person who waits for those 400 lei to split it... I don't know how they do it because we all have bills to pay and believe me, they are monthly. We go visit them once a week, we have many beneficiaries, and we also go alone where we're needed, where there's regular treatment, but we usually visit them once a week and offer them once a month two cleaning products, usually a washer or a liquid soap. If we're past the day they're used to us visiting them, as we receive the products on a certain day in the month, the phones start ringing: "When do you bring the soap because I've run out of?" Can you see how desperate they are?

The professionals from the centres subordinated to the local public authorities believe that the financial resources for providing medical and care services are satisfactory.

Both the professionals from the non-governmental organizations and those from the centres subordinated to the local public authorities believe that their wages are insufficient.

According to the volunteers interviewed for our research, the financial resources are generally insufficient for ensuring good quality medical and assistance services, but they do not refer to specific situations. The volunteers' opinions do not differ depending on the category of beneficiaries they worked with nor on the type/status of the institution they worked for. Their opinions are the result of their experiences in the care process.

The opinions of the managers of the institutions that provide social services differ depending on the status of the institution they run. According to the managers of the non-governmental institutions, the financial resources are insufficient to ensure good quality medical and social services. This is caused by the differentiated allocation of financing depending on the typologies of the illnesses and on the social typologies of the beneficiaries. This reflects the lack of a unitary financing system for the beneficiaries, in order for them to be able to request the financing of services depending on their needs. The differentiated financing of services leads to the fragmentation of care and implicitly to a decrease in the quality of services. There is also another problem, that is the difficulty of finding money from alternative financing.

According to the managers of the centres subordinated to local public authorities, the financial resources are sufficient, but the various changes in legislation hinder the directing of resources to certain activities. One example is a situation caused by the change in the legal framework regulating public acquisitions.

Irrespective of the status of the institution they run, the managers state that there are insufficient financial resources for the wages of the professionalized staff.

3.2. Technical resources

As for the technical resources, the beneficiaries have different opinions. According to the elderly in the residential centres, there are sufficient technical resources to provide social and health care services. The elderly benefiting from home care state that the lack of financial resources is the cause of a low level of technical resources. The situation is even worse in the case of the disabled elderly. The technical resources they refer to are absorbant underwear, personal hygiene products and mobility aids. The interviewed elderly do not include the devices necessary for medical services in the technical resources category.

B_ONG_70_F: Of course, I don't have the same needs as other beneficiaries of the health care and social protection system, but we are all allotted the same number of visits from nurses and social workers. Thus, the technical, human and implicitly financial resources should be allotted on the basis of some standards generated by the knowledge of personalised needs for every type of illness and/or disability. In my case, the nurse from... visits me only once a week and the physiotherapist was cut the sessions for me from 20 to 15 a

month. That's because the Romanian state only funds these visits. But my needs as an elderly with movement disability are much greater and I'd need to be visited more often at least by the nurse.

Irrespective of the type of institution they work for or the category of beneficiaries they provide medical or assistance services with, the professionals define technical resources as devices necessary for medical services, movement aids, personal hygiene and home cleaning products, media devices used by the beneficiaries and office equipment. The professionals from the non-governmental organizations state that they have access to medical devices and assistance in the centres they work in, but it is difficult for them to provide home care services for the disabled beneficiaries. According to the professionals in the residential centres subordinated to local public authorities, there are not any problems concerning medical devices and assistance.

C: What is your opinion on the situation of the services system for the disabled in terms of technical resources?

S_CR_38_F: Me personally, in order to find out whether the beneficiaries are satisfied, especially older children who aren't very intellectually challenged, let's say, or who have only a slight mental deficiency, and who are able to make decisions, I asked them to fill some questionnaires to find out what they wished for, what objects they needed for their rooms and, generally, we try to meet those in time. So, as for learning materials, their needs are always met... sometimes, when they see other children having a brand name pen or a pen with a favorite cartoon on it, they want those... we cannot always fulfill these wishes... we may try to give them those on other occasions, such as Christmas or December, the 6th, but we cannot always get them the exact thing they want because they are more expensive... they require extra spending... generally, the teens who have a PC per group, especially in the family like modules, in apartments, that were purchased, they didn't have a PC 2-3 years ago, but now there is a PC per apartment, so, for instance, there are 6 children per PC. For those who aren't able to walk, we purchased wheelchairs and other adapted mobility aids, so we try to meet their technical needs as well. As for me, as staff, I cannot complain, I can work on a PC, I can use the institution phone, therefore I think our resources are satisfactory.

However, the professionals' opinions differ regarding the other categories of resources. According to the professionals working for the non-governmental organizations, there are insufficient technical resources such as personal hygiene and house cleaning products, especially in the case of the beneficiaries of home care services.

According to the volunteers interviewed for our research, there are insufficient technical resources to ensure decent living conditions especially for the elderly.

V_SICE_22_F: Here you never see clean white bedsheets... here you see that dirty sticky nightstand. The floor is very sticky. The one on the hallway as well as that in the rooms. I don't know... since many of them are bedridden, they should be helped and have their bedsheets changed more often. There are mattresses especially designed to avoid bedsores. So I mean the furniture. And many many more. There should be something more positive about the rooms.

The managers' opinions on the technical resources necessary for social and medical services differ depending on the status of the institution they run and the category of beneficiaries they provide care services for. A common point in these opinions is the direct link between the financial and the technical resources. As in the case of the professionalised staff when talking about resources, the managers distinguish between the types of resources in a similar manner. According to the managers of the non-governmental organizations, there are sufficient technical resources such as medical devices or material resources for care only in the centres. Even if there are insufficient technical resources for home care, there are efforts to ensure the basic needs for the beneficiaries of home care services. The managers of the institutions subordinated to local public authorities state that there are sufficient technical resources to meet the needs of the beneficiaries.

3.3. *Human resources*

The beneficiaries' experiences in the care and assistance process reflect different opinions on the allocation of human resources in the system. Institutionalized beneficiaries do not complain about insufficient human resources in the care process. They also appreciate the quality of the medical and assistance staff and state that their care and social needs are duly met. Uninstitutionalized beneficiaries also appreciate the quality of the medical and assistance staff, but they highly complain about the insufficient human resources necessary in the care process. The disabled elderly who benefit from home care and assistance state that the frequency of the visits of the care staff does not meet their needs. This category of beneficiaries also point to another problem, that is their socialization needs are not satisfactorily met. In many cases, the assistance staff and/or the volunteers cannot make

for the lack of contact of the beneficiaries with their family or with people their age and interests.

According to the professionals in the non-governmental organizations, the allotment of human resources is not a problem. However, they recommend a better scheduling of visits especially in the case of home care beneficiaries. When their medical care and assistance needs cannot be met, the beneficiaries are referred to another care centre.

The allotment of human resources in the care system is a problem for the professionals working for the residential centres subordinated to local public authorities. According to them, the allotment of human resources should comply with legal standards and the lack of or their insufficient allotment may lead to a decrease in the quality of services.

Both categories of professionals distinguish between the human resources that should ensure care services and those who should meet the social needs of the beneficiaries, emphasizing the deficit of human resources who should meet social needs. This problem is specific to the elderly benefiting from home care services.

The analysis of the experiences of the volunteers in the care process reflect the fact that the allotment of human resources is lacking in satisfying the beneficiaries' social needs. According to the volunteers, one should increase the frequency of activities designed specifically to meet the beneficiaries' social needs. The adequacy of the activities to the specificities of the categories of beneficiaries is another problem.

According to the managers, the allotment of the human resources necessary in the care process is another problem, irrespective of the status of the institution they run. When talking about human resources, the managers distinguish between human resources necessary for running standardized procedures for the care of the beneficiaries and other types of human resources necessary for other activities (socialization, support for various activities, emotional support, etc.). The human resources necessary for activities other than the standardized ones can be supplied by volunteers or through other methods, but the human resources necessary for standardized activities cannot be replaced because the budget the managers must work with is not enough to employ staff who can comply with the legal standards.

Moreover, because the norms in force condition the functioning of social services with licencing, the allotment of human resources implicitly conditions the functioning of those services.

4. Conclusions

The analysis of the personal and practical experiences of the research participants reflects disfunctions concerning the allotment of the financial, technical and human resources in the care and assistance system. Even if the opinions of the research participants on the resource allotment vary according to their status in the care process or to the necessities specific to the activities in their daily and/o professional life, these differences point to the lack of a unitary system for resource allotment. The dysfunctional allotment of the financial resources in the care system negatively influences the allotment of the technical and human resources necessary in the care process. This leads to the fragmentation of care and to the decrease in the quality of the social and medical services.

The analysis of the personal experiences of the beneficiaries shows that the resources necessary for care are insufficient in order to ensure good quality social and health care services, but there are significant differences in the intensity these dysfunctions are conveyed with. For instance, the disabled elderly who benefit from home care services talk about the lack of financial resources with a greater intensity, stating that they do not have sufficient resources to meet their basic needs.

The analysis of the personal and practical experiences of the specialized staff interviewed for our research mainly reflects the passion and commitment to the profession and to the beneficiaries. Secondly, both the professionals in the non-governmental organizations and in the centres subordinated to local public authorities state that the allotment of the resources necessary in the care process is dysfunctional and hinders the satisfying of the beneficiaries' needs irrespective of the category they are in. Also, the opinions of the specialized staff involved in care differ depending on the status of the organization they work for and on the category of beneficiaries they work with. Both the professionals in the non-governmental organizations and in the centres subordinated to local public authorities state that their work is underpaid. This is also shared by the managers running the institutions involved in the care process.

According to the volunteers interviewed for our research, the financial resources are generally insufficient in order to ensure good quality medical and assistance services, but they do not point to specific situations.

One important conclusion of this study points to the need to change the legal frameworking regulating the provision of care services. Even if the

changes in the legal framework are seen as dysfunctions because they either hinder the acquisition and/or the allotment of resources, or they condition the functioning licencing and implicitly the existance of social services, they should be seen as innovation opportunities in social services. The existing legal framework provides for standards especially regarding the allotment of human resources. The analysis of social and health care services systems in Norway and Canada shows that the implementation of the peer working system is feasible firstly because the services are provided by persons who experienced vulnerability. The analysis of the persons interviewed for this study shows the availability and desire of the beneficiaries to get involved in the care process.

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