

PATERNALISM OR ACTIVE INVOLVEMENT OF THE ELDERLY IN RESIDENTIAL CARE CENTRES

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Abstract

Elderly's points of view and their active involvement in the delivery of social services, from the perspective of paternalism, reflect the practitioners' complex responsibilities in decision-making.

The present article is part of a larger study that aims to identify the modalities of implementing the minimum compulsory standards in residential care centres for the elderly. We intend to highlight the results referring to the elderly's involvement in assessing / re-testing, planning, and providing their needs / services.

We based our study on a qualitative method, on the mandatory "person-centred" minimum standard, which states it should involve the beneficiary "in the process of delivering social services and in decision-making". The difficulties encountered by social service providers when implementing the minimum mandatory standards if considering or not the beneficiaries' expectations referring to their active involvement or paternalism were in the focus of our research.

Reflecting the analysis of our study, we identified several types of beneficiaries, such as dissatisfied, indifferent or optimistic ones and the need for individualised interventions became clearer. By identifying the beneficiaries' different attitudes and expectations, we may conclude that studies on how it would be possible to shape the services according to a particular need are a necessity.

Keywords: decision-making, person-centred minimum standard, services according to particular need

Résumé

La prise de décisions dans le travail social de l'assistance des personnes âgées, dans la perspective du paternalisme, ou de l'implication active de celles-ci dans la prestation des services sociaux reflète la complexité des responsabilités qui reviennent aux praticiens de l'assistance sociale.

Les informations contenues dans le présent article font partie d'une étude plus vaste qui se propose d'identifier les modalités d'implémentation des normes minimales obligatoires dans les centres résidentiels destinés aux personnes âgées. Les résultats que nous allons présenter font référence à l'implication du bénéficiaire personne âgée dans l'évaluation /

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réévaluation de ces besoins, dans la planification des services qui lui sont adressés et dans la prestation proprement dite de ces services

Construit sur une méthodologie qualitative, l'article est fondé sur la norme minimale obligatoire qui est « le centrage sur la personne » qui prévoit non seulement que le bénéficiaire soit impliqué « dans le processus concret des prestations des services sociaux, mais aussi dans le processus décisionnel ».

Les principaux résultats de la recherche mettent en évidence les difficultés auxquelles les fournisseurs de services sociaux se sont heurtés lorsqu'ils ont implémenté les normes minimales obligatoires et notamment celles liées à la prise des décisions dans le sens de tenir compte ou non des attentes des bénéficiaires concernant leur implication active ou paternalisme). En procédant à l'analyse des résultats de la recherche, nous avons identifié quelques types de bénéficiaires tels les bénéficiaires mécontents, ceux indifférents ou optimistes, ce qui confirme l'idée de la nécessité d'une intervention individualisée. Par l'identification des différentes attitudes et attentes des bénéficiaires, nous pouvons conclure qu'il s'impose de continuer de faire des recherches relatives à la possibilité de modeler les services en fonction de divers besoins personnels.

Mots-clés: le processus décisionnel, le centrage sur la personne, normes minimales obligatoires, intervention individualisée

Rezumat

Luarea deciziei în asistența socială a persoanelor vârstnice, din perspectiva paternalismului, respectiv a implicării active a acestora în furnizarea serviciilor sociale, reflectă complexitatea responsabilităților practicienilor în domeniul asistenței sociale.

Materialul prezentat face parte dintr-un studiu mai vast, ce-și propune identificarea modalităților de implementare a standardelor minime obligatorii în centrele rezidențiale pentru persoane vârstnice. Rezultatele pe care le vom evidenția sunt cele care fac referire la implicarea beneficiarului vârstnic în evaluarea / reevaluarea nevoilor sale, planificarea serviciilor care îi sunt adresate și în furnizarea acestor servicii.

Construit pe o metodologie calitativă, articolul este fundamentat pe standardul minim obligatoriu „centrarea pe persoană” care prevede faptul că beneficiarul trebuie să fie implicat atât „în procesul concret de acordare a serviciilor sociale, cât și în procesul decizional”. Rezultatele principale ale cercetării evidențiază dificultățile întâmpinate de furnizorii de servicii sociale atunci când implementează standardele minime obligatorii și în special dificultățile în luarea deciziilor de a ține sau de a nu ține cont de așteptările beneficiarilor (implicare activă / paternalism). În urma analizei rezultatelor cercetării, am identificat câteva tipuri de beneficiari, precum beneficiarii nemulțumiți, beneficiarii indiferenți sau cei optimiști, întărind ideea necesității unei intervenții individualizate. Prin identificarea diferitelor atitudini și așteptări ale beneficiarilor, putem concluziona că sunt necesare studii referitoare la posibilitatea de modelare a serviciilor, în funcție de diversele nevoi personale.

Cuvinte cheie: proces decizional, standarde minime de calitate centrate pe persoană

1. Introduction

The theme we expose in the present article is the dilemma of paternalism or the elderly's active involvement / participation in residential care centres for

implementing the mandatory minimum standards and the functionality of these centres.

The study is part of a wider interest that aims to identify ways of implementing mandatory minimum standards in residential care centres for the elderly. The results we highlight are those that refer to the elderly beneficiaries' involvement in assessing / re-testing their needs, planning and providing services for them.

Applying a qualitative method, we got the research results from interviewing ten institutionalised elderly in the counties of Sibiu and Braşov. The elderly whose capacity of discernment was confirmed by medical diagnoses were in our interest. The interviews include, among other issues, questions related to the beneficiaries' involvement in the evaluation / reassessment of their needs, planning and delivering the services addressed to them.

2. Analysis and interpretation

As Albert Weale explains, three criteria are common for paternalism in social policies / social work: interference for the choice of the social assistant and the life style of the assisted person, the extent to which the purpose of the actions corresponds or not to the elders' personal plans, hopes and aspirations of life, and the external constraints and failures from the assisted point of view (Weale 1978, 60).

Some authors mention concepts such as the involvement and active participation of the beneficiary in association to notions such as a partnership among citizens (Gramberger 2001; Greer 2006; Bădescu, Cucu-Oancea and Şişeştean 2009), empowerment of citizens in policy-making (Gramberger 200, 30, Mungiu 2002), sharing decision-making power between civil servants and those they serve (Shardlow 2004, 93; Doel and Shardlow 2006, 21-63), social equality in implementing social policies (Doel and Shardlow 2009, 63-134; Kempshall and Littlechild 2000, 215-232).

We highlighted in our research the elderly beneficiaries' involvement in testing / re-testing their needs, planning services addressed to them and how to provide these services.

Social workers and specialists show respect for their clients if they consider their clients' active participation and paternalism. One value of the seven principles of social work, as defined by Biestek and accepted as early as 1961, is the respect for the beneficiaries, among other values such as the social workers' relationship with his client, the respect for each person's

emotions, personality, feelings, the control of the emotional involvement of the social assistant, accepting (recognising the value of) each person, not judging for not being judged, respecting the customer's right to self-determination (choose and decide), respecting confidentiality (Biestek 1961, 17).

The main outcomes of the research highlight the difficulties encountered by social service providers when implementing minimum mandatory standards, in particular the difficulties in taking / or not taking decisions relating to the beneficiaries' expectations (active involvement / paternalism).

Some authors point out the beneficiaries' involvement in the quality of social service (Mayer and Timms 1970). Mayer and Timms provided suggestions made by the social services' users and offered an interpretation related to the beneficiaries' availability and level of involvement. Later, Reid and Epstein described the procedures for the client engagement in decision making, and the useful methods in assistive interventions (Reid and Epstein 1972). The supporters of behavioural social work emphasise the assistants' involvement in mutual help processes, which increases the effectiveness of interventions.

The results of our research reveal different types of beneficiaries, according to their attitude when they were consulted, the way they expressed their point of view, and the various activities they were involved: *pessimistic / denial, indifferent, and optimistic*, with a positive attitude towards the specialists' proposal.

Shardlow discusses two reasons for justifying paternalism in the practice of social work for the elderly and not only: legislative sanctions (considering that social workers have to comply with certain legal documents) and moral constraints. In Shardlow's opinion, the conceptual framework in social work seems to enhance the paternalist position. Using expressions such as unsatisfactory needs, material deprivation, social exclusion, the impossibility of solving certain problems, seem to encourage the paternalist positions that can lead, at least, to certainty, safety, security in times of crisis (Shardlow 2004, 97). If we take this into account, the beneficiaries' participation in the evaluation, planning and implementation of activities is mandatory, while the way of involvement remains at the beneficiaries' choice.

The minimum quality standards stipulate: "Evaluation / reevaluation of beneficiaries' needs is performed according to the beneficiaries' involvement."; "The beneficiary realises the need for being involved in the evaluation process and for providing real information to the Assessors." (Order 2126/2014, Annex 1, Standard 1.4).

Analysing elderly's responses to the question of their involvement in the evaluation / reevaluation of their needs, we could classify the answers into three categories:

1. The category of responses that assesses the *positive value of elderly being asked, involved and tested*, that their information is important and that nothing is done without focussing the attention to them. The beneficiaries emphasise that the centre staff involves but not their family. "I have never been given enough attention as much as I have been given here, all day someone is asking me what I am doing, what's wrong with me. They're not the problem, my family is the problem. I helped them a life, and now they brought me here, and strangers are closer than my own children." (AM 79. F).

2. The category of answers that reflect *negativity, anger, and rebellion*: "I do not care about evaluation, information ... We are here to die. We do not count on anyone. I am given documents to sign and I sign anything." (CV 82. M)

3. The category of answers that reflect *grief, tenderness, sensitivity, dissatisfaction related to staff's attitude*: "Most often I feel that no one cares, that I am an object in her hands and I had to do what she and commission decide, without my thinking, approval or reaction." (SM 73. F)

These answers hide the need for optimising the activities for institutionalised elderly, such as psychotherapy, social activities, leisure, integration, reintegration and recovering.

The supporters of citizens' active participation, the necessity to reduce the power to the decision-makers underline how important it is freedom and citizens' empowering (Shardlow 2004, 94). Due to the paternal intervention in a person's life, there is a risk for a person of being forced to undertake or refrain from certain activities that affect negatively his or her life (Thomas and Buckmaster 2010, 3). The study *Social Work with Older People* (Hall and Scragg 2012) adopts a person-centred approach, claiming the older people need for high-quality social care services, recognising their wider needs, aware and sensitised to the complex and painful problems the beneficiaries face with. Field practitioners concern on implementing specific values such as human dignity, personality, individual value, self-determination, autonomy, respect, justice and equality (Biestek 1961, Cabot 1973, NASW 1975).

There is another important provision of mandatory minimum standard services addressed to beneficiaries' implication: "Individualised help and care / intervention plan should be drawn up by consulting the beneficiaries." (Order no. 2126 / 2014, annex no.1, Standard no. 2.4).

Considering the responses beneficiaries gave to the question if they take part or are encouraged to express their preferences / wishes for individualised help and care / intervention plan, we may categorise the elderly into two categories:

1. Beneficiaries whose *wishes couldn't be fulfilled*: “I would like to be no longer on this earth.” (SI 91. M.); “I cannot get enough food, it's too little. For the money they receive from us, I should have as much food as I want. The doctor does not want to prescribe more food for me as I want.” (DM6 5. F_D) and

2. *Happy beneficiaries* with everything that's going on in the centre: “It's all in heaven here, we're given whatever we want. I wanted to be hair dressed every morning, and the nurse comes and dresses my hair.” (AM 79. F)

There is a question that arises in our study: When can we speak of paternalist attitude in the assisted intervention?

In Dworkin view (1972), paternalism is accepted to preserve and enhance the ability of individuals to make rational decisions under their own interests. He suggests that only irrationality may justify the paternalist interventions (Dworkin 1996, 278-288). Paternalistic interventions could be accepted when the beneficiaries cannot decide for themselves, because of their health impossibility.

In Romanian social policy, we found two orientations: the state paternalistic support and the beneficiaries' involvement in decision-making. Law 466/2004 that refers to the status of a social worker and the mandatory minimum standards supports the beneficiaries' involvement in any decision related to them and it contains clear paternalistic elements to prevent the beneficiaries' state dependence. An overview of the orientation based on the beneficiaries' active participation is provided by Law 466. The law stipulates, one hand, the active involvement of the assisted persons in the decision-making process - the social assistants ensure equal opportunities for the access of assisted persons to information, services, resources and the beneficiaries' participation in the decision-making process (Law 466/2004, Article 20), and on the other one, that the main purpose of a social worker's activity is to assist persons or communities in need by involving them in identifying and understanding the correct assessment and solving social problems (Law 466 / 2004, Article 19).

Besides legislation that supports the elderly involvement in decision making, in Romania there is also an institutional frame for favouring the need of the elderly (National Council of Old Persons and Committees in Prefectures). But these institutions are only formal, and at a desired level

(Sorescu 2010, 166-168). At a similar level, there are also discussions about the necessity for a large variety of services and social benefits addressed the elderly for ensuring them a good quality of life (Bodogai 2009, 76). There are no relevant studies referring to the specific services in residential care centres.

To the institutional and legislation frame, a social worker has also to consider what is the social image specific for each age behaviour. Along the history, “the society has achieved and is still carrying out a general framework of conducts of an age which states a series of obligations and rights that someone converts into the conduct of people of different ages”. (Şoitu 2006, 42).

In our research we want to find out the beneficiaries’ point of view related to their involvement in providing good services in residential care centres. In the interviews regarding active life and social contacts, polarised responses have emerged: *pessimistic* perspective, elderly who could not depart from their families: “What an active life, that’s not life, staying here, away from yours, after you have grown them up and you gave them life, they do not care. Help by strangers, lady ... May God help them, as they helped me.” (CV 82. M.) “If they celebrated my day? Well, you do not know what old age means, lady You do not enjoy, lady, when your day comes, death follows.” (CV 82. M.) There are also *appreciative beneficiaries* who engage in all kinds of activities but not hide the lack of happiness: “Yes, yes, we do often gymnastics, dance, play chess different games, tables ... but we do not enjoy too much (AM 79. F). There are also *dissatisfied beneficiaries* who are *revolted*, having aggressive language and attitude: “Well, why wash myself, why should I make my bed? Are you kidding me? What are the caregivers paid for? Let them work as I worked all my life and look where I am now.” (DM6 5. F_D)

Beneficiaries’ clothes and footwears must accord to their preferences, as legislation stipulates. The questions referring to preferences for clothes wearing revealed the same beneficiaries: *indifferent* ones: “Where can I wear nice clothes, maybe in the church, but I cannot go there anymore ... yes, let me put on what I want.” (AM 79. F) or *dissatisfied*: “No, they do not buy what we want, they give us what they think it is for us Yeah, I got my clothes and what about it. I’m not happier. Give me food and cigarettes, not clothes. (DM 65. F_D)

Concerning accommodation, dining, and spending free time, beneficiaries’ responses reveal *melancholy* for the period before being in the centre: “We have here everything we want, it is clean and nice but we are not at home.

We are alone, waiting death to come.” (CV 82. M.) or *dissatisfaction, revolt*: “They want to show it’s good here, to have them jobs, to give them money, they do not fool me.”; “And what, if I notice it is not good, and that death is coming faster? With or without our opinion, we are all alone and still not getting younger.”

We conclude that we must ground any change in the roles and social workers’ responsibilities on the beneficiaries’ views. Both in pedagogy and in social care, the human personality’ s construction is a very important issue. If we consider that interactions with certain individuals and living environment counts for the development of the assisted personalities, and for the assistants’ limited possibilities of choices, then paternalism may have different acceptations. In Clark and Asquith’ perspective, the paternalism might be justified by the support that could be given to those in need to clarify their perceptions of certain situations, events and resources by helping and directing them towards the development of important capacities and skills in building their personality (Clark and Asquith 1985, 17-20). This is possible only if the paternalistic attitudes of social work are not defined by exploitation, denial of clients’ skills, extremist behaviour, etc. If social assistants exercise their authority in carrying out their professional tasks, and refer to the clients’ wishes, opinions, feelings and rights, they will help the beneficiaries to have similar attitudes in relation to others. (Shardlow 2004, 98). Shardlow's conclusion is that it is not possible to analyse paternalism – clients’ active participation - without considering the structural and organisational aspects of the political and professional nature of social work act. Quoting Davies (1985), “the goal of social equality is political, not social work”.

Recognising and respecting the clients’ rights is a very important support for social workers, determining them to involve the beneficiaries in decision-making, to respect their rights to choose, and to be free in conscience and action. Thus, it is possible to turn from a repressive authority, to the ideals of democracy, investing each individual with responsibilities, in building / rebuilding his / her own personality. Beresford and Croft have identified ambiguities in ensuring a balance between centralising and decentralising decision-making power in social policies that support well-being (Beresford and Croft 1986, 278).

Barclay (1982), quoted by Shardlow in *The Work of Change in Social Work*, identifies three approaches to social policies: safety, welfare state, and community participation. The last one seems to avoid the growing tensions between the first two (Shardlow 2004, 102-103). The issue that was

the subject of ideological debates between 1980-1985 was not related to paternalism or partnership, but to its individualization or common recognition. Bamford (1982) noted that trends in ideological thinking were no longer focused on manipulation of individuals, but on professional, political, ethical and managerial trends in decision-making.

The roots of the concepts referring to paternalism and active participation may be found in many structures and fundamental social systems. However, the complexity of the debates reflects the responsibilities of social work practitioners as being a balance between paternalism, and clients' / communities' participation in the social work act (Shardlow 2004, 103-105).

The question that arises from our study is how much active participation should count and which aspects of paternalism we must preserve. From the answer to this question, many dilemmas related do the goals of social work services occur. So, who decides the social work functions – communities, potential beneficiaries, specialists, professionals, social work providers? We all know in times of crisis, services providers restrict their activity to statutory objectives, to the detriment of prevention or promotion activities.

Models of good practices in social work seek to balance the perspectives. Regardless the chosen model, we cannot reduce the social work to a list of statements related to aptitudes, attitudes, inter-personal relations or political ideals. However, regardless of changes in social policies, there are principles and values that must not be lost and some that can be adapted to the ever-changing rules and standards in this field (Shardlow 2004, 107).

3. Conclusions and recommendations

We can relate the respect for the institutionalised elderly to the way the beneficiaries involved themselves or take part in the decisions referring to their lives in residential care centres. Our research configures polarised characteristics of the institutionalised elderly (optimism-pessimism, indifference, exaggeration), which amplifies the difficulties faced by the professionals when they have to take decisions that should affect the life of the assisted.

Beneficiaries' involvement in testing their needs and in the modalities of planning and implementing different activities are a must for social service specialists, but how much the beneficiaries should involve themselves remains at their own choice.

Elderly main need in residential care centres is not the one of their participation and involvement in the decision-making process. What the

study revealed is that the elderly expects being understood and helped to accept the situation of being institutionalised, whatever type of beneficiary is (sensitive, indifferent, melancholic, demanding, etc.). The need to accept their status of being institutionalised is urgent, and it seems to be the one that motivates and stimulates their behaviour in residential care centres.

Having the dilemma of state paternalism or institutionalised elderly active involvement in the decisions related to their lives, we should conclude that the choice depends on the particularities of each case and situation. Dealing with and satisfying beneficiaries' need of accepting the situation of being institutionalised would be useful in the decision-making process. The specialists and the different therapeutic interventions must have in view the beneficiaries' need to accept being institutionalised.

We recommend a special program addressed to the new institutionalised elders for accepting their status of being institutionalised. This program should include clinical interventions with therapeutic purposes. Such a therapy might determine elderly to engage in decisions related to assessing their needs, planning and implementing specific activities. How to shape the services according to the clients' need requires new studies.

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