

SPECIFIC PROBLEMS OF ELDERLY AND THEIR SOLUTIONS

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Rezumat: Întrucât problemele specifice persoanelor vârstnice reprezintă puncte de interes major pentru societatea actuală, fapt ce a condus de-a lungul timpului la identificarea unui set de probleme specifice vârstei înaintate, studiul de față își propune să prezinte din perspectivă teoretică principalele probleme ale vârstnicilor (probleme de sănătate, probleme financiare, sărăcia, dependență, marginalizare socială, pensionarea, ageism-ul, abuzuri). Fiecare dintre aceste probleme sunt abordate cu scopul de a evidenția cauze, efecte și eventuale soluții. De asemenea, studiul prezintă rolul rețelei de suport social, ca fiind unul esențial în situațiile de dificultate pe care le parcurg vârstnicii la un moment dat din viața lor. Concluziile indică faptul că: pentru prevenirea și rezolvarea problemelor specifice vârstnicilor este nevoie de o abordare integrată și multidisciplinară a serviciilor medicale și sociale; vârstnicii reprezintă categoria de persoane cea mai expusă riscurilor marginalizării sociale, în principal din cauza problemelor financiare; marginalizarea socială în strânsă legătură cu probleme financiare și de sănătate pot conduce la situații de criză în viața vârstnicilor; rețeaua de suport social alături de practicile intergeneraționale contribui la prevenirea marginalizării sociale.

Cuvinte cheie: vârstnici, ageism, marginalizare socială, suport social, practici intergeneraționale.

Abstract: Since the specific problems the elderly are points of major interest to today's society, fact that led over time to identify a set of specific problems of old age, this study aims to present the main theoretical perspective of elderly issues (problems health, financial problems, poverty, addiction, social exclusion, retirement, the ageism, abuse). Each of these issues is addressed in order to highlight the causes, effects and possible solutions. Also present study the role of social support network, as one essential in cases of difficulty the elderly through them at some point in their lives. The final conclusions of the study indicate that: prevention and resolve specific problems the elderly requires an integrated and multidisciplinary health and social services; elderly represent category most at risk of social exclusion, mainly because of

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financial problems; social exclusion closely financial and health problems can lead to crisis in the life of the elderly; social support network with intergenerational practices contribute to the prevention social exclusion.

Keywords: elderly, ageism, social marginalization, social support, intergenerational practice.

Résumé : Étant donné que les problèmes spécifiques des personnes âgées sont des points d'intérêt majeur pour la société d'aujourd'hui, qui a conduit au fil du temps pour identifier un ensemble de problèmes spécifiques de la vieillesse, cette étude vise à présenter le point de vue théorique principal de les anciens numéros (problèmes la santé, les problèmes financiers, la pauvreté, la toxicomanie, l'exclusion sociale, la retraite, l'âgisme, les abus). Chacune de ces questions sont abordées dans l'ordre de mettre en évidence les causes, les effets et les solutions possibles. En outre présenter étudier le rôle de réseau de soutien social, comme un indispensable en cas de difficulté les personnes âgées à travers eux à un moment donné dans leur vie. Les résultats indiquent que: pour prévenir et résoudre les problèmes spécifiques des personnes âgées nécessite un prestataire de services intégrés et multidisciplinaires de santé et sociaux, les personnes âgées représentent la catégorie la plus à risque d'exclusion sociale, principalement en raison de problèmes financiers, l'exclusion sociale de près problèmes financiers et de la santé peut conduire à une crise dans la vie des personnes âgées, réseau de soutien social aux pratiques intergénérationnelles aider à prévenir l'exclusion sociale.

Mots-clés: personnes âgées, l'âgisme, la marginalisation sociale, le soutien social, la pratique intergénérationnelle.

Introduction

There is a novelty that as people age, are likely to face some specific problems. In fact, in each of the stages of life (childhood, adolescence, youth, adulthood and old age), specific categories of problems are found, as each stage of life is characterized by a set of normal social tasks associated related suitably ages. Children playing and learning primary activity, teenagers are concerned about establishing the identity of the person and there is a shift from the family home at the same age group. Young people want to choose a profession and decide on the choice of spouse, adults founding and development focuses on family and / or building careers, begin to seek social and financial stability, and the older people of all ages, who retired from activity, have or ought to prioritize children who are already adults joy, joy grandchildren, return to personal social concerns (e.g. hobbies, volunteering etc.), recreational activities.

Specific problems of each period of human life depend largely on the socio-cultural living each (can be different from one region to another world and even from one region to another country). Is a lifetime experience that individual

and a unique form in their way. All experiences during life is the reference for each elderly person.

In recent years, concern for the situation of the elderly has led to rethinking and restructuring of specific problems of old age. First were those physical and mental health problems that appear with age, knowing that the body is deeply affected by numerous physical changes that occur throughout life. The next category listed, is related to the financial situation, which occurs due to lower incomes (in Romania this decrease is significant), compared with the active period of people in the labour market, which can lead to poverty. Due to health problems and / or the financial situation of elderly often get addictive, actually derived from two types of problems combined or separate. Social exclusion is also a difficult situation that accompanies retirement when elderly have a different status. Retirement is considered by most people in Romania, a phase with negative connotations, a stressful event, equivalent to loss of social status and social importance, to reduce social relations to their loss and lower material, leading to poverty. Discrimination due to age, associated with deprivation of certain rights as stereotypes, are found global, European and national level. Ageism is the term referring to all these shortcomings (stereotypes, discrimination, deprivation of rights etc.) You have to face people with advanced age. Finally, elderly abuse, is a current issue being recorded numerous and frequent forms of abuse (physical, mental, emotional, financial, neglect etc.) From family members, personal careers, employees of institutions care etc.

In short, the main problems of the elderly are: *health problems, financial problems, poverty, addiction, social exclusion, retirement, the ageism, abuse*. Will be addressed each of them aiming to highlight the causes, effects and possible solutions.

1. The main problems of elderly

1.1. Health problems are inevitable with aging physiological and often cause lack of autonomy / dependence (of movement, decision making). Strategy World Health Organization, Health for the 21st Century, adopted by EU member states, including Romania, considers health as a priority objective for the elderly. The objective of healthy aging provides for the Member States of policies and strategies to ensure promotion and health protection throughout life, to give people social opportunities, education and employment for a healthy old age. Also provides social policies that provide adequate social services, health and elderly with physical activity and involvement in social activities that contribute to increased self-esteem, autonomy and independence. Involvement of this population in making free benefit, increase the sense of utility and solidarity.

As noted, „The elderly population is a vulnerable social group with specific health and social needs compared to other segments of the population. Medical and social services should aim to prevent, restore and develop capacities of elderly to understand the nature of problems faced, to identify constructive solutions and to develop individual and collective skills to solve these problems”.

Primary care is the first level of contact with the elderly experiencing medical problems. The family doctor is essential. He should be encouraged to provide preventive services and early detection of disease outside the medical office by providing home health care, counseling to promote a healthy lifestyle and family medical support integrated. Another thing to consider is the establishment of community care networks nationwide (with priority in rural areas), as well as home care, palliative and terminal care, pain relief, etc. Health care should be oriented towards integration into family and community, while integrating the elderly in family policy must be based on the motivation of elderly cares home family.

A specific category of elderly, who require specialized health services, is represented by the very elderly (over 80). They need health and care services more numerous and essentially different from those needed by the younger population. In the future expect a significant increase in this segment of the population, which requires quick measures and effective health system.

Elderly health care system in Romania is facing many problems, mainly due to complex economic and social consequences of transition. According to data from Ministry of Health and Ministry of Labor, Family and Equal Opportunities since 2007, the number of contributors to health and pension system is decreasing during the process of working life low number of generations born before 1990. Currently, public expenditure on health is 4.5% of GDP, far below the level of EU countries.

In these conditions, current health system is unprepared to deal with complex issues involved in the aging population, there are no programs or health services specific needs the elderly, especially in rural areas.

According to Mărginean, "the health of elderly in Romania, as shown by statistics, is deteriorating. If the '60s Romania compares in many countries of Western Europe, the trend then was relative and absolute decline. Life expectancy at birth for men is 65 years and for women of 73 years, with an average of 69 years. Compared to Western European countries, life expectancy at birth in Romania is five years less" (Mărginean, 1999, pp. 344-345). According to the National Commission on Population and Development, the leading causes of death of elderly in Romania are the cardiovascular diseases (62.1%), followed by tumors (16.4%), digestive (5.8%), last place is owned by respiratory diseases and injuries and poisoning (with 5.3% each). But what experts define as "cardiovascular revolution" and has made significant contributions to progress in life expectancy at birth in developed countries since the 1960s, it was not even in Romania. It is true

that in developed countries in Europe, the main cause death continues to be cardiovascular diseases, but have made a statement. While to us it represents two thirds of all causes of death in developed countries it does not exceed 30-40%. Severe air pollution, poor nutrition, smoking, low incomes, are factors contributing to the health of the population.

The current health insurance elderly in Romania, is centered on institutional units (hospitals, homes, hospitals, retirement homes), something which the future will be amended in a way that emphasis is placed on primary health measures, ensure that care in their own home, in the family. Healthy aging must be prepared by a behavioral approach that is initiated from childhood. One of the main objectives of future social policies for the elderly is increasing the quality of health services, the proposal came from the European Council in Lisbon (2000) and European Council Goteborg (2001), which was required to report the preliminary guidelines adopted in health care and elderly care. In 1999, health care was established as one of the four areas of social protection at EU level. It is a challenge in the future, as to ensure high levels of social protection in this area. Following the two councils mentioned above, which emphasized the need to reform and adapt social protection systems (health care and understanding to cope with an aging population and ensure social cohesion), the Commission has identified three guidelines, which can serve as a framework for reform that have been approved by the Barcelona European Council (March 2002): availability of care, offer quality care, financial viability, all three offer long-term.

However, inequalities and difficulties of access to quality health services still persist, despite the universality guaranteed in principle by the system. Offer quality services is often insufficient in relation to population needs: financial imbalances remain in some systems, especially in new EU member states, their health indicators are generally less good and less sensitive to devote resources of their health systems.

What should be considered in the future is that elderly have an active life, independent and healthy. In this sense, the challenge is to adopt strategies focused on prevention, including improving the quality of food, physical activity and intellectual, from the lifestyle of young and middle aged people. In accordance with the terms of the Romanian School of Gerontology, which in our opinion, has always approached the elderly realistic and optimistic, good health throughout life is the main determinant of a satisfactory old age (in the absence of chronic degenerative diseases, life may increase 10-20 years).

Gerontoprophylaxy concept is basic orientation to the developed EU countries, in preparation to protect the health of old age and elderly. Prevention, is measures to delay the appearance of aging phenomena, comprises a complex of sanitary measures and active attitude.

An essential role in this process is doctor Geriatrics (along with other multidisciplinary team members) to be the main aim in the work they perform, extend the active period of life and the possibility of a useful and dignified old age. It's the medical and medico-social action. Economic and health are closely linked, that the economic situation affecting the health of the population, mainly the elderly. Poverty can restrict access to quality health services, contributing to mental stress, however influencing the health of the person concerned. Due to poverty, limited financial resources they may not receive full medication. Furthermore, limited financial possibilities, can not allow the satisfaction of needs of food, and of the appropriate medication, the need to abandon one of them. "For middle-class elderly, costs of acute or chronic illness can be devastating, so that financial security can be quickly modified to poverty. If you want to avoid this kind of situations, will require major changes in health care for elderly people". (McInnis-Dittrich, 2002, p.6).

For effective and rapid changes will be need based programs and continuing education for health professionals and health care to be reformulated (such as weight and by introducing new chapters - communication, home care, palliative and terminal care , mental health, social integration and community health services). It will also have to increase the share of research on aging, both in terms of continued growth in consumption of medical services and social impact of consumption on public expenditure and in terms of specific needs for services and access to them (in terms of economic, urban / rural, geographic area, etc..). „Increasing the degree of demographic aging in the context of enlargement the poverty of the elderly, will generate increased demand for health services. It is therefore anticipated increased demand for primary care services, Community services and specialized geriatric outpatient mental health”.

An integrated and multidisciplinary approach to health and social services is the most effective option for society, able to provide physiological aging and healthy aging.

1.2. Financial situation is another reality that the elderly face, mainly due to the reduction of personal income, the inevitable result when a person is no longer active in the labor market. Hence a number of issues: health damage, the risk of reaching a state of absolute or relative poverty, increased ability to reach socially excluded people etc. Incomes, as a process that accompanies retirement may gradually lead to the emergence of increased financial dependence, while the lack of social services to prevent deterioration of social and elderly care. As generally accepted, poverty is caused by financial difficulties. In Romania, pensions are low, and the public pension system cannot cope with the growing number of people reached retired status. During the transition, job insecurity has led many to agree with Romanian retirement at an age well below the threshold of

retirement, only to receive a small pension, but safe. There are frequent cases among Romania's current elderly who live in poverty, with great effort managed to basic needs met (food, housing, etc.), Giving comfort facilities (heat, water, energy) because of low incomes, most of them having to resort to social services in the community. "Problems of the elderly in Romania are generally the same facing older people in the world, there are some differences, including extreme financial problems" (Stanciu, 2008, p 28).

In the same sense, "research has shown that over all poverty rate is greater in elderly women than elderly men, due to financial difficulties arising for single mothers, the worst paid job in difficult conditions, activities business less productive, and it is therefore need increased financial support for them" (McInnis-Dittrich, 2002, p 6).

Once out of the circuit in active labor, the status of retired, elderly in Romania can reach extreme situations in terms of money, which leads to humiliating and painful experiences. Normally, any person having reached the retirement age is entitled to a decent life, as a proper reward after a long labor and social facilities to ease her existence. Contrary to this normality present in developed EU countries, Romania advanced age is a difficult financial perspective, in some cases dramatic. Low incomes do not allow a decent living, unable to meet basic expenses. Life becomes a multiple deprivation elderly, especially those that cannot be helped by children or other family members, who in turn face material problems.

According to data provided by the Anti-Poverty and Social Inclusion (CASPI), the elderly are a category of people most at risk of social exclusion, mainly due to financial problems.

1.3. Dependence in the context of problems facing elderly (elderly dependency we mean by others), is a term that can be defined as a forced relationship, more or less accepted a being, an object, group or an institution, which shows satisfaction of needs. 'Dependence' refers to a person's relationship with its environment. According H.G. nr.886/2000 by addiction to understand the situation a person as a result of loss of autonomy from physical causes, psychological or mental, requires significant support and / or care to perform basic activities of daily life. "The notion of dependence is integrated gerontology and geriatrics to which it is inseparable. It has specific geriatric and although not a disease, it may be caused by illness, accident, or gained an innate anomaly plus in the elderly, the process of involution. It determines the size of needs and services are necessary, require the allocation of resources in healthcare and social support families and other aid" (Bucur, 2001, p 27).

Advanced age is associated with a higher prevalence of chronic and acute diseases and increased risk of becoming functionally dependent. "About 5.3% of

adults aged 65-75 years requiring support for basic activities of daily living (bathing, dressing, walking, using the toilet and transfer from bed to chair). Less than 6% need help in instrumental activities of daily living (cooking, shopping, phone, home maintenance tasks and organization of the financial problems of life). At the age of 85 years, these figures rise dramatically to 35% and 40%" (Andreoli, Bennett, 1999, p 265). Functional dependence increases much need medical assistance, increase the risk of institutionalization and hence the requirement of a gerontological social worker.

Among the major changes occurring in the life of the elderly include the status of dependency on others, the transition from an active social position characterized by passivity and inertia, with the consequent emergence of deep feelings of fear, isolation, and personal disorder.

Changing social roles of active passive for most cases, creates situations of fear, discomfort and sometimes despair, leading to feelings of worthlessness. Elderly feel that no one needs them, all they have learned previously, and the whole experience becomes a repository useless. Also, for the lack of better targeting and freedom to decide on a life in which not much remains to be done, coupled with loss through death of old friends, a spouse, the links of communication and interaction, creating other sources of frustration. At the opposite dependence, the term stands for autonomy, which represents a person's ability to lead one, the right to choose their own initiative which rules its behavior, like his acts, the risks they entailed. In this respect, one of the objectives of social policies that address older people should promote actions aimed at facilitating the elderly maintains independence for as long time. To achieve this, we need specialists, the most important back geriatrics physician and gerontological social worker.

Elderly dependency is public health, and therefore a social problem. It circumscribes size needs and services are necessary, requires the allocation of resources in health and social care, family support and other aid.

1.4. Social marginalization is „peripheral social position, the isolation of individuals or groups with limited access to economic resources, political, educational and communication of the community, manifested by the absence of a minimum social conditions of life” (Law 116/2002 on preventing and combating social exclusion).

Breaking or narrow field of social relations, actions mean social marginalization, can affect both the separation (partial or total) and geographical space / residential and "in terms of communication, cooperative interaction, reciprocal social involvement" (Smith, 1993, p .73). The main reason for favoring social marginalization is the poor functioning of social support networks. On the one hand, it's social support network of formal and on the other informal social

support network. In the case the elderly, social exclusion is one of the major problems being experienced by a significant number of elderly. This problem is here, when people are in the situation of social roles change, the group of friends is restricted, the relations with family members is reduced, the degree of independence falls etc., All leading to the isolation of elderly . In the literature, can be distinguished two types of social exclusion:

- one determined by the social system itself, the inefficient operation of social networks. Individuals / groups are marginalized and pushed to social exclusion - by other groups and social forces - not that they want or accept this. In other words, external forces beyond their (exogenous) to push the margins of society, in a disadvantaged position compared to the rest of that social system;

- self-isolation of individuals / communities / social groups, either as a result of clearly defined goals (eg traditional Romanian village autarky) or as a result of patterns of deviant behavior (endogenous factors) that lead to marginalization (self-marginalization). In many cases, however, encounter a mix of the two forms of marginalization because they can generate each other: the marginalization of social groups react and behaviors of self-marginalization and self-isolating it, and vice versa.

Social marginalization occurs, especially when people are powerless to negotiate and fight for equal rights and freedoms (generally as a result of economic status, lower educational and professional, etc.).

The feeling of social rejection is felt by the person concerned, as a painful drop, from the fact that she feels useless because no one needs experience gained over the years. Sometimes appears related behavioral problems especially irritability triggered by recognition by other former professional status.

Social exclusion, in connection with financial and health problems, causes a series of problems in society, leading to situations of stigma / labeling, which often cause a crisis in elderly life. To prevent this kind of problem requires the existence and implementation of social policies specifically targeting actions by which to avoid social isolation of older people. In this sense, are very effective community social services that provide alternatives as different (senior clubs, day centers, home care services, intergenerational activities with, etc.).

1.5. Retirement is an important event in life, but for the few is a moment of happiness. As shown by studies over time, for most people retirement is experienced as a trauma, stressful life event. Upon retirement, the person emerges into the system all that work, the related social relations, and suddenly losing social status which he owned for decades. The fact that living in this position is felt most painfully. In addition, with the withdrawal of work, economic resources are dwindling.

Attitudes towards retirement are the factors concerning income, type of activity, upbringing and internal conditions. There are situations where people have a positive attitude towards retirement when work does not create satisfaction or where a person is convinced of its usefulness, it has some health problems or when there is total dependent wage income (and other sources has income). However, people who are involved in the profession, have high expectations with regard to it, have a high education level and high status, show negative attitude to retirement and the event can be experienced even dramatically.

E. Erikson defines crisis last period of life integrity versus despair. In his view, successfully resolving the crisis involves a process of life balance and getting a sense of peace and wisdom in how life was lived. However, this type of solution is particularly relevant for the last part of life, not for the immediately successful retirement.

To prevent negative effects related to retirement preparation time is needed before that time, including new targets in the person's life. These objectives must consider the compensatory activities previously carried out, which lead to increased confidence in the elderly and, of course, is consistent with the personality and individual concerns. That implies the existence and development, national and local information programs, education and communication for the elderly, promoting physical activity, active, healthy life, involvement in social activities, volunteering, etc., through which priority be increased self-esteem, autonomy and independence of elderly people.

One of the specialists who have a key role in this preparation is assistant social gerontology, which by its specific activity, may provide future retirees the support they need to easily switch to the new state, thus preventing crises characteristic of that period. Of course that is a significant and elderly, which must have an attitude of openness, to oppose the sense of futility, the sense of other social utilities, recovery experience, and wisdom sedimented in favor of other generations.

1.6. Ageism. The term ageism was coined in 1969 by Robert Butler, and then it defines as a "process of systematic discrimination against people just because they are older." Later, in 1989, the same author says that "ageism refers to the prejudices and stereotypes about the elderly, relying solely on their age." In the context of this paper, ageism fall under the difficulties faced by older people, representing one of the most recent issues of this social category, is a relatively new field of gerontology.

Now we can talk about there's ageism globally from its definition that is discrimination on account of age and deprivation of certain rights groundless.

Stereotypes about the elderly contain negative aspects, regardless of the age group of those who perceive such. However, the most common and most

negative stereotypes are the adopted children and adolescents, but this age may manifest differently.

Attitudes that have children and teenagers to the elderly are different, namely:

- some respect those older (not without offense, even more help if needed);
- others meet only their grandparents, other elderly is insignificant (and therefore respect for the elderly is limited only to those in the family);
- another group refers to those who show absolutely no form of respect, treating older people with indifference and outrageous attitude.

As mentioned earlier „to the old stereotypes are usually negative and transmit attitude that elderly are less valuable than other people, being treated as inferior and unequal. These attitudes usually develops early in life, when children observe negative attitudes towards older adults, the media are unfavorable information about the elderly, etc. Parents can inadvertently send the message that children and elderly parent’s grandparents are a burden in their lives, being forced to assist them in this way the elderly are perceived as something negative” (Stanciu, 2008, p 41).

Statements such as: „I hope not ever be the grandmother, better die than to reach burden for others, older people are a burden and not a resource, are unproductive and only consumers always have problems and need medical attention and care; Looks all the time and need supervision, can not enjoy life are sour and jealous, always unhappy if someone would have come about on their misery, and have lived life and should not be given any attention in May, youth are the future and not old, they should be given full attention”, are frequently used to address older people from both the youth and adults. In children, they can interpret, in most cases, as evil and negative.

However, if during childhood and adolescence is a positive interaction with older people, consisting of close relationships with grandparents, joint activities with the elderly, day centers visits. The perception of being a normal when children and adolescents develop positive attitudes to the aging and elderly. Television and other media all play an important role in determining these attitudes toward the elderly.

Public opinion in general about enabling older people to work, is that older people are less competent than younger, they cannot learn new things that they take more time off for health reasons, they are more expensive for an employer, etc. All these negative attitudes and prejudices, contribute to the phenomenon known today as the ageism.

Most of times, it overlooks the fact that a significant proportion of older people are independent, moreover it is a real support for children and

grandchildren, from different points of view (material, emotional, financial, etc.). For example, are commonly found positive relationship between grandparents and grandchildren (grandfather can be a pleasant company and become an important part of child's social world), in many cases grandparents provide emotional support (especially when the child is in conflict with parents), significantly influencing behavior grandchildren. Also, the elderly are an important resource for the community, through information and experience they have accumulated over time and they can transmit to younger generations.

Ageism site is currently a worldwide problem, being present in most countries that Romania is no exception either. In this respect, in 2005, was made a research that aimed to identify ageism's in Romania, and has demonstrated this phenomenon in our country, older age are stigmatized because they have so influenced firstly, the level of interaction between young and old (presence elderly family members, youth involvement in activities with the elderly, etc.), but also the education of youth. Regarding „how ageism's feeling the elderly, they said that the media are most often stigmatized are medical institutions, the street and on public transport in the Family” (Stanciu, 2012a).

1.7. Elderly abuse is a current problem, recording numerous studies and their various forms. If until recently the issue was discussed only abuse of children and the family, recently and elderly are in care.

The definition of abuse, supported by the World Health Organization, presents this concept as „and represents all forms of physical mistreatment and / or emotional, sexual abuse, neglect or negligent treatment, commercial exploitation or other products by a person over another person, the actual or potential harm to health, survival, development or dignity of abuse”.

A definition of elderly abuse as: „a single or repeated act or lack of appropriate actions that happen in any relationship where there is an expectation of trust which causes harm or distress to the elderly”.²

The main specific forms of abuse of older people, those in the literature so far were classified as: physical, emotional or psychological abuse, financial or material abuse, neglect.

Another classification of types of abuse, was one by the National Aging Resource Center on Elder Abuse (Narc) U.S. (Tatara, 1990), who classified such forms of abuse: physical abuse, sexual abuse, emotional abuse or psychological

² See: Abuse of older persons: recognizing and responding to abuse of older persons in the global context, the Report of the Secretary-General for the Commission for Social Development acting as the Preparatory Committee for the Second World Assembly on Ageing, 25 February - 1 March 2002, p 3-4.

neglect, financial or material abuse, humiliation and self-neglect, other types of abuse.

In cases of abuse of elderly gerontological social worker is one of the specialists who have an important role on the prevention and resolution.

2. Social support network in gerontological social work

A key role in preventing and / or specific problems the elderly is social support network, which consists of a set of public and / or private in the community and people close to the elderly. So there are two types of social support:

- formal social support;
- informal social support.

In both cases it is essential to prevent and overcome problematic situations. With both modes of social support received from various network sources, difficult periods in the life of older people can be avoided or minimized. As each person is unique, as the context in which each elder is in a difficult time in life, is unique and that is why, how they can intervene in situations of difficulty depending on the specificities of each situation.

Informal social support is a concept that includes specific types of support, regular contact with others, seeking, support person in difficulty. The main source of informal social support for elderly family is represented. In the family, spouses (husband/wife) are the most important sources of informal support, followed by adult children already arrived. In fact, according to studies conducted so far, people in all stages of their lives are more convenient to have relations with relatives than with strangers.

„Informal social support is a basic element of life for older people and difficult situations account for many positive aspects, such as physical and mental well-being, sense of personal control, autonomy and competence in reducing the negative effects of stressful life situations; completion period more easily and aging as shown by studies, even reducing mortality risk” (Stanciu, 2012b).

As the geographical separation of the other elderly family members (youth and adult), is an issue frequently found all over the world today, because the mobility of the latter, mainly in search of a better paying job, but also of their desire for independence, the future is expected to increase informal social relations, based on other resources than small family and formal intensification. An important role will return part of the community Elder (neighbours, friends, spiritual activity, etc.).

„In terms of formal social support, it depends largely on social policies applied by each country. In the developed countries of the EU network of social services is well established, there are multiple alternative or supplement compensation situations formal social support” (Stanciu, 2012b). Nationally,

however, legislative changes are necessary to govern the whole system of social situation of the elderly. It is, first, the adaptation of legal acts to the real needs of the elderly, through which to impose appropriate conditions such as: increasing the number of community social services (decentralized type), differentiation of the medical social services, create jobs (the organization to the social institutions with elderly) social workers according to the number of beneficiary; entering the profession of social worker in the list of occupations in Romania gerontologists, etc.

The role of social support network is essential in problem situations that elderly face at some point in their lives. Besides intergenerational practices, social support network can help to prevent social exclusion, frequent problem among the elderly in Romania.

Conclusions

All the difficulties facing the elderly are increasing and will continue to increase ever more rapidly in this century, in the context of demographic trends. In these conditions, social institutions including health care systems, education, income maintenance and social security programs, employment, social services, especially public and private (NGOs), will have to bear radically.

Although the elderly are common problems globally, there are some differences. For example, unlike the elderly in Romania, most elderly in developed countries faced with occasional health problems, continue to be active, involved, productive members of society, defying illness, isolation, stigma and difficulties that arise with age.

Regardless of continent, country or region, one thing is certain, namely that future generations of elderly will certainly be addressed in another vision, aging itself, as well as a services more valuable and productive reflecting the positive outlook, in this period of their lives. Along with major social services offered elderly and their families, social gerontologists to provide a variety of resources and skills to deal effectively with those of needs. In addition, a role which is the category of specialists, and others, is to promote quality of life of the elderly, solidarity between generations and of course active ageing.

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