

Ministerial Conference on Ageing
of the United Nations Economic Commission for Europe (UNECE)
in Berlin, 11 to 13 September 2002

Plenary Session on 12 September 2002 -General Debate
on behalf of
the accredited non-governmental organizations

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Topic: Home Care/Day Care

First of all I would like to thank for inviting me at this conference and giving me the opportunity to speak about our work

What means home care ?

Home care for elderly people is a new form of care that have been developed in the last 10-12 years in the countries from Central and Eastern Europe and the New Independent States. Besides the fact that it is a different way of caring, only for children existing something similar before 1990- a sort of home visits more, the value and great utility of this kind of care it is proving huge changes in many ways in all these societies.

What it is its significance?

- It is a sign that the civil society is functioning
- It is a sign that there is developed community care system, more on NGOs basis in these majority of countries, because we are speaking about countries where everything, and of course, all the services were functioning in a centralized way
- It is a sign of recognition and respect for the individual existence!

But the main change is in mentalities of the people:

On one hand it is the proof that the philosophy of care has been changed; this is not standardized way of thinking and caring any more, the tendency being not to offer to the people only general help, equal for everybody, but adapting the care to the specific individual needs/ so it is a centred person system of care.

On the other hand means gaining the TRUST again and this is a crucial element.

A political analyst well known in Romania has appreciated the changes in the civil society due to the contribution of the NGOs even if the financial support is consistently insufficient and even if they offer only models as a very important ; there is much much greater progress than economical and political changes in these countries.

It is also a sign that there were developed tools for doing these, and this means:

- Needs Assessments
- Professional training Care guidelines

- Elaboration of criteria for homecare and for admission in nursing homes or other specific institutions
- Caregivers (family members) education and support
- Integration in the medical and social care systems already existing General education of the population

Who had the initiative and who is involved in the needs assessments?

The initiatives belonged to the professionals in the majority of countries / doctors, nurses, psychologists, social workers, teachers, educators, but also to the older people representatives.

Older people were not too much involved in the needs assessment and subsequent design of homecare projects. In the Alzheimer society gradually the family members were more involved and in the last 2 years the sufferers at the very beginning of their disease are consulted, they are openly expressing their needs and wishes and fears and this has very much influenced the system of care.

Home care complementing the state services? Complementary roles? Too progressive? What NGO is adding to the state services? It is not adding properly, the NGOs are reoffering models of care that the state are not developing yet. They have only begun to change their views, modifying the ways of caring, accepting discussions about changes, and possible authentic collaboration in future ex. setting up day/centres, training of the personnel existing in the state institutions etc.

The state has not yet developed the community medical and social system of care. In the education process there are include new knowledge about community care and nursing but practically this is applied only in non/governmental or mixed projects in the 8 majority of countries.

For the future:

The integration with the medical and social system of care and support and other supportive factors / private persons, companies, religious organizations has to be developed:

- -homecare needs to integrate into the family doctor service to have a lasting effect and this can be initiated through training modules.
- -the medical insurance system is analysing the possibilities to support NGOs as a complementary system of care In Romania for instance the community system care is not officially declared and organized. Only NGOs are developing and practicing this kind of care, recently they are doing in cooperation with state hospitals.
- -combining with the social aspect of home care is crucial.

(Common meals for approximately 20 –30 beneficiaries are often included in the last minute in homecare projects but are highlights in the life of beneficiaries. The costs of these common meals are relatively high. This is an example of where the cost could be shared more with churches and local sponsors should be found. The common meals are also effectively for health education and cultural impulse. More generally there is a lack of attention to recreational activities of older people. Many beneficiaries have little leisure activities during the day. Celebrating your birthday at a day centre can be very important for a person with mild Alzheimer Disease.)

- More promotional community work could be developed such as for example careers support groups (ex, ECE experience / Alzheimer soc. And also other older structures and self/help groupings. This community dimension is lacking from many homecare projects.
- Continuous education for professionals and non-professionals