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Towards a Balanced Care Strategy

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Three main questions:

- **What is the current state of policy-relevant knowledge in this area?**
- **What would be the recommended course of action for governments in developing policies for care?**
- **What are the main challenges for policymaking in the area of care?**

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CURRENT STATE OF POLICY RELEVANT KNOWLEDGE

Europe is the most aged continent. One out of every 5 Europeans is already above the age of 60. This percentage is expected to increase further within the next 47 years. It is estimated that by 2050 every fourth person within Europe will be older than 60. In all European countries increasing old age is combined with more frequent and longer phases of being in need of care.

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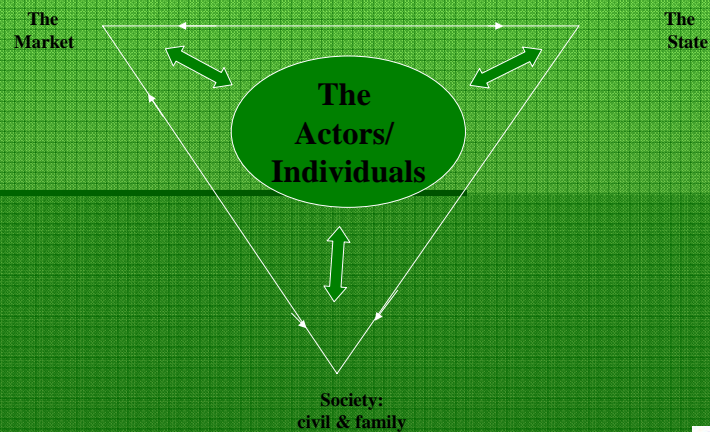
It is necessary to identify three types of welfare/care which have been operating in Europe catering for the Europeans' socio-economic and health needs:

- The 'Market Welfare'
- The 'State Welfare'
- The 'Welfare Society'

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The Triangulation Process of Welfare/Care



Source: based on Abrahamson, 1991, p.35



Various writers locate the principal sectors of care within a three-way system within which the State, the market and the family are each located at the three corners of what can be called *The Triangulation Process of Care*.

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The Regional Implementation Strategy recognises four main key players/stakeholders in the provision of care for those older persons who are in such need.

- The Family
- The State
- Civil Society
- Older persons themselves

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In meeting the challenges of population ageing especially in the sphere of caring of older persons in Europe, we must be aware of the following salient features:

- **the heterogeneity of our continent. It consists of societies at vastly different levels of economic and social development and that a number of countries are less equipped to face the challenges of population ageing;**

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- **the needs of the older ethnic minorities.**

A problem for a number of countries will be to take into account the diverse health and social needs of a growing number of older black Africans and various white ethnic minorities. Many return to their motherland, but greater numbers are settling down in their homeland;

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• Care should not be seen only from the point of view of health but also take into consideration the totality of the individual. “... the economic, social, cultural, environmental and behavioural factors are reliable predictors on how well both individuals age”;

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• Moreover, care should be seen as a continuum spread over the life course. Furthermore “promoting health and well-being over the entire life course requires an inter-sectoral approach”;

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• Not only structures and family and social relations are changing, but also attitudes, aspirations and expectations, more particularly with respect to providing and receiving assistance, help and care.

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One must recognise two sets of needs and preferences which, although not mutually exclusive, are not the same.

On the one hand, we have the needs of the dependent older persons themselves, while on the other hand we have the needs of those who provide care.

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Until recently, in various countries, ageing was perceived as an issue to be resolved by the family.

Many governments depended on the traditional role of the family for the welfare of their elderly population.

Very often, the family unit was taken as a convenient means of shouldering the sole burden in the family care and financial support of older relatives in need.

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Over the past decades, the family has undergone a significant structural and functional transformation in many regions of the world.

Its traditional role of being the provider of daily care and support of its older members, is being subjected to severe economic, social and psychological strains.

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These demographic, economic and social pressures on the traditional family's structure, functions and kin relationships on the one hand, and the dramatic population ageing on the other, are inevitably leading to an increased awareness of the fact that the needs of the older population can no longer be met by the family alone without the support of specialised programmes and services from the formal sector.

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These, in turn, should complement family care and at the same time reduce the burden on the family.

Policy-makers should deeply recognise the fact that unless family traditions of mutual aid and support are strengthened, a vast service infrastructure will be required to replace and expand the informal care-giving.

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There is ample evidence that the modern social pressures which are undermining the traditional forms of care and support, are leaving increasingly large numbers of older persons with hardly any supportive care at all.

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**RECOMMENDED COURSE
OF ACTION**

Governments should be careful not to repeat the past experience of a number of countries which considered institutionalisation as the best principal societal response to their dependent older citizens.

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Such a strategy resulted in emarginalising older persons from the community at large and usually entailed a surrender of personal independence.

Older persons were being relegated to mere passive observers and deprived of the opportunity to participate in and to contribute to the very development process of their countries.

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RIS emphasises the fact that “where institutionalisation is unavoidable, it is imperative that the dignity and individuality of the older person be respected”.

Moreover “Geriatric and gerontological assessment is an effective instrument to determine whether institutionalisation is required”.

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One cannot, however, deny the fact that, in certain countries, providing alternatives to institutional care will take time. Given the scarce financial resources, the emergence of some private homes can scarcely replace the large institutions.

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One must also bear in mind the fact that the private and nursing homes which are growing in a number of countries, usually cater for the more affluent while the traditional institutions catered for the lower classes and poorer older persons.

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AGEING IN PLACE and the care of older persons in the community has become the accepted perspective of present social policy in a number of countries.

Various studies show quite clearly that older persons prefer to continue living in their own environment.

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The social services, by providing care and support where the family and the individual are unable to manage alone, help maintain older persons in the community, and enable families to cope, thus preventing or, at least, delaying the need for institutional care.

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It is wrong to consider older persons only as receivers of care. Many of them are also care givers.

“It is necessary to recognise and support the contribution of older persons in family care”.

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EMPOWERMENT. Older persons especially those who are dependent on care are to be involved “in the design, implementation, delivery and evaluation of policies and programmes” aimed at improving their health and well-being.

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“ Older persons should, where possible have the right to choose between different options of long-term care”. They “need to be made aware of the range of social and health services available in their country”.

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EDUCATION AND TRAINING: “The ageing of populations in the region requires that formal and informal care providers possess adequate professional as well as personal qualifications and skills”.

“Education and on-going training programmes for professionals in the field of health care and social services at all levels should be offered and enhanced”.

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Education and training are not to be restricted to the formal and informal care providers but also to the older persons themselves.

“The quality of life and independence of older persons through self-care, health promotion, prevention of disease and disability requires new orientation and skills among older persons themselves”.

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All those concerned are to facilitate the adoption of healthy life-styles. “This should be achieved through a range of policies, including appropriate information campaigns and education starting at an early age”.

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Adequate and acceptable care policies need to be embedded in the common value system of a given society. They must be based on the fundamental human rights. *The Berlin Ministerial Declaration* emphasised that the “promotion and protection of human rights and fundamental freedoms are essential for the active participation of older persons in all aspects of life and for the creation of a society for all ages”.

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MAIN CHALLENGES FOR POLICY-MAKERS

The Experts at a workshop on “Care Provision in Ageing Societies: What are the Policy Challenges and How to Address them” which took place in Malta between 19-21 May 2005 identified the following issues as being of primary importance and requiring urgent policy action in addressing care-provision:

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- **The prevention of dependency in old-age and helping older persons to maintain their autonomy and independent living;**

- **The provision of a continuum of care across, health, social, economic and psychological services;**

- **The provision of an appropriate organisation and financing of long-term care provision, based on comprehensive need assessment;**

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- **Ensuring the quality of care services;**

- **The economic, social and psychological recognition and protection of informal carers, including the role of older persons as care-givers;**

- **Ensuring a balance of paid employment and family responsibilities;**

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- **Meeting the needs of carers and of older persons who are suffering from mental disabilities and those suffering from dementia.**
- **Ensuring environmental and physical factors as reliable predictors to maintain independent living and dignity.**

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CONCLUSION

The demographic changes which the European countries are facing pose profound economic, political, cultural, psychological and social consequences and implications and pose unique policy challenges to our societies.

Every part of society, including government, civil society, the private sector, has a responsibility to seize these opportunities and fully respond to these challenges.

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The provision of care should constitute a commitment of every society towards all citizens. It lies in the general interest of every society and represents a common good for which the State is particularly responsible.

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A great need has been created to encourage the maintenance of inter-generational family solidarity.

On the one hand, the family needs to be supported, protected and strengthened so as to enable it to continue responding to the needs of its older members.

On the other hand, the continued involvement of older persons within their family should be more than encouraged.

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The continued involvement of older persons within their families should be more than encouraged.

Governments, while trying to support and strengthen the family's traditional role, must, at the same time, provide public delivery systems for those older persons who cannot rely on themselves or on their families.

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A major issue which governments have to tackle is precisely to strike a proper balance between the formal and the informal support services for older persons within their population.

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A new equilibrium has to be found to reconcile individual and social needs and responsibilities more particularly with respect to intergenerational solidarity, aid and care.

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All the stakeholders need to agree on various issues including:

- +effective care assessment,**
- +possible forms of care,**
- +efficient structures and divisions of tasks,**
- +quality standards,**
- +methods of financing,**
- +training,**
- +protection of users and providers,**
- +as well as monitoring, and evaluation**

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THANK YOU
FOR YOUR ATTENTION