

WORLD HEALTH ORGANIZATION  
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION  
REGIONALBÜRO FÜR EUROPA



ORGANISATION MONDIALE DE LA SANTÉ  
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ  
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

INDEXED

Working Group on Appropriate Levels for  
Continuing Care of the Elderly

Berlin (West), 11-14 November 1980

ICP/ADR 026/9  
20 October 1980

UNEDITED

ORIGINAL: ENGLISH

SERVICES TO AND SERVICES BY THE FAMILY

by  
Dr Henning Kirk\*



\*Assistant District Medical Officer, Frederiksberg County, Denmark.

The issue of this document does not constitute formal publication. It should not be reviewed, abstracted or quoted without the agreement of the World Health Organization Regional Office for Europe. Authors alone are responsible for views expressed in signed articles.

Dieses Dokument erscheint nicht als formelle Veröffentlichung. Es darf nur mit Genehmigung des Regionalbüros für Europa der Weltgesundheitsorganisation besprochen, in Kurzfassung gebracht oder zitiert werden. Beiträge, die mit Namensunterschrift erscheinen, geben ausschliesslich die Meinung des Autors wieder.

Ce document ne constitue par une publication. Il ne doit faire l'objet d'aucun compte rendu ou résumé ni d'aucune citation sans l'autorisation du Bureau régional de l'Europe de l'Organisation Mondiale de la Santé. Les opinions exprimées dans les articles signés n'engagent que leurs auteurs.

Настоящий документ не является официальной публикацией. Не разрешается рецензировать, аннотировать или цитировать этот документ без согласия Европейского регионального бюро Всемирной организации здравоохранения. Вся ответственность за взгляды, выраженные в подписанных авторами статьях, несут сами авторы.

During the past decade there has been an increasing debate on the health care of the elderly. The growth of the elderly population which is seen in most societies has a considerable impact on the health care systems, calling for a need of reorganization of service delivery in the individual countries.

At the WHO conference in Alma-Ata it was recognized that greater attention should be given to the family- and community-supported primary health care services with less emphasis on institutional care.

This working paper gives some examples of projects on health care of the elderly, particular those describing supportive systems involving the family- and community-based services. First, a few population studies are considered.

#### Population studies

A cross-national study published in 1968 (7) gave some figures representing health behaviour among elderly and their relatives in three different countries (USA, UK, and Denmark). Between a quarter and a third of the elderly in the three different samples had spent time ill in bed in the year previous to their interview. The spouse and children living in the household or elsewhere were the most important source of help with the housework at this time.

In Denmark 57% of the old persons interviewed were helped by the spouse or other persons belonging to the household. In the UK as well as in the United States the same figure was 62%. The social services were the source of help to 8% of the old persons ill in bed in the year previous to the interview compared with 4% in the UK. None of the American persons participating in the study had been helped by the social services. About a quarter of the elderly people

in the three countries relied on people living elsewhere than in the household, mainly children and other relatives.

During the sixties a change in the family pattern occurred in many countries following the growing tendency of women's working outside the household. The impact of this change on the supportive system for the elderly is difficult to ascertain, and there has not been any direct follow-up study of the cross-national study mentioned above. A Danish study, however, carried out by the National Institute of Social Research (to be published) showed figures indicating a changed balance of the supportive system in favour of the social services, and consequently, a decreasing importance of the family as part of the supportive system for the incapacitated elderly person. Thus it was found that only 11% of those elderly incapacitated persons living alone were helped by their children, while 26% were helped by a home helper from the local municipal social department.

#### The family structure in different countries

Under the supervision of The European Centre for Social Welfare Training and Research a cross-national study including 7 European countries was made in 1977 (1). The conclusion of this study was that in all 7 countries "the family is an indispensable source of hope, help and care, and support for the elderly, a world of permanent oscillation between separateness and connectedness, capable of being employed as a refuge for help and care, even in emergencies".

No big differences were found between the following countries: Austria, Denmark, Hungary, the Netherlands, Poland, and Yugoslavia. In these countries the supportive system for the elderly consisted of small family-households and social security schemes as well as

social welfare. In the seventh country, Greece, the pattern was found to be different. Here, the prevailing system of care for the elderly seems to regard the family by far as the most important and best functioning element.

The comparative analysis in this study was based on qualitative descriptions of the care system in the countries participating in the cross-national study. Generally, cross-national studies seem to have methodological problems when comparisons on these issues are made. The lack of comprehensive indices for the term "help" in the individual national settings might account for these difficulties.

#### Examples of community services

In recent years an increasing number of home care programmes for the elderly have been reported. However, such reports are seldom published in medical journals, as they rarely include more specific issues of medical importance.

Typically, home care for the elderly consists of home nursing or/and home help. A Danish survey from the municipality of Holbaek including all persons aged 80 years and over living at home showed that 44.4% received home help, while home nursing care was given to 6.5%. Most frequently, home help was found to be given to elderly women living alone, without relatives to help them with daily household activities. Examples of home nursing care were: Bandaging, change of urine bags or colostomia bags, and injections - problems which could not easily be solved by "non-professionals" (2).

Out of the total of 459 80<sup>+</sup>-aged persons only 49 were living together with the family. These old persons had comparatively poor health status according to a health index used in the survey, as compared with those elderly living alone or with a spouse. It might

therefore be concluded from the survey that the family in Denmark is a poor source of help to the elderly as far as the daily household activities are concerned. When family resources are available, however, the family seems to co-operate well with the home care team, even in cases where the elderly with poor health are living outside an institution.

Home care programmes with 24-hour services are now being started in several Danish municipalities. A report from Viborg Municipality (9) described this type of service which was offered to the elderly citizens of that town since April 1978. Elderly people living at home, who are known by the home care centre, have the opportunity to call home care personal during all 24 hours of the day. The report showed that most calls were made by relatives to such old persons, most often in situations where some kind of professional observation was needed.

The home care programme of this kind has made it possible for a group of comparatively frail elderly persons to live in their homes instead of being referred to nursing homes. The possibility of calling home care staff every 24 hours has been shown to give security to the elderly citizens as well as to their relatives.

A special group of elderly in the same municipality have received an alarm system enabling them to call immediately for a home care team in cases of emergencies, such as falls and loss of consciousness. After the first year of the programme it was found that most of the elderly with such alarm sets installed in their homes did not make any calls. In many cases the alarm sets were given to persons who were afraid of falling, thus giving them and their relatives a feeling of security.

The Danish home care programmes are community-based whereas programmes in several other European countries are hospital-based. A

review by Veylon (3) described such programmes in France (Hospitalisation à domicile). Evidently, such programmes make a shortening of hospital-stays possible with obvious economical advantages. Elderly patients with cerebrovascular disease or diabetes are examples of patients who are given hospital-based home care after discharge from hospital. The role of the relatives in these programmes are not mentioned. It is stated, however, that the relatives are satisfied with the home nursing programme, especially in cases where referral to a nursing home is thus prevented.

#### Terminal care

Another programme with hospital-based care in Sweden was reported in 1979 (3). Home care services were given by staff from a geriatric department, and the report give at the end of the first year of the experiment puts special emphasis on terminal care. 16.7% of the home care days were spent with elderly terminal patients, most of whom suffering from cancer. It is stressed in the report that the care is performed in close collaboration with the family of the dying person. In the last days in the home of the dying person a substantial amount of staff is required, and 4-6 visits in one home per day is the rule. Most of the time is spent, not with nursing in the ordinary sense, but rather in giving psychological support to the relatives, even in the period following the death of the elderly person.

In some countries such as United Kingdom hospices for dying patients have been established. Whether terminal home care or hospice care will become the future service for the terminal patients outside the hospital departments remains to be seen. The Swedish programme mentioned above could be regarded as "hospice at home", but which of the two solutions should be chosen in the individual country will depend - among other things - on the socio-cultural pattern

characteristic of that particular country.

#### Family education in health care of the elderly

Supervision of relatives is important in the course of terminal care at home. However, many problems in health care of the elderly make themselves felt over a longer period of time. In the case of senile dementia, for example, an elderly person might need support from the family and the community for several years.

An interesting report by Fuller and others described two years' experience of supportive groups for the relatives of the elderly demented patients (4). The impetus for forming such groups came from the obvious need such relatives had for discussion and support, especially in areas with inadequate inpatient resources for demented patients. The group education was carried out after relatives of elderly demented patients, both inpatients, day patients, and out-patients had been invited to join. The elderly spouses of demented patients appeared the most implicated, and for these, one hour every two weeks was arranged for group meetings. Other groups consisted of younger relatives, mainly the patients' children or grandchildren.

Some characteristic features could be identified during the course of the group meetings. It was seen that the relatives often look for similarities in the behaviour of the demented elderly, thereby trying to acquire knowledge on the "normal" pattern.

The report estimates that the average general practitioner in the UK has about 25 families with demented relatives in his care. Such supportive group education can easily take place outside hospital, and no special psychiatric skills are required.

### The family in nursing homes

Normally, several obstacles seem to prevent the active participation of the family in the daily activities in the nursing home after the referral of their elderly relatives to the institution. One explanation of this is the existence of medical problems requiring skilled nursing care which gives a defined role to the staff. Often much emphasis is put on the incapacities of the old residents, which are even categorized according to a rating scale.

A Danish project tried to involve the relatives of the nursing home residents in a number of institutions, and the residents were categorized by means of positive criteria. The first report described the interaction between the elderly residents, their relatives, and the institution staff (5). Another report, which appeared recently, described the experiences resulting from activities which tried to influence that interaction (6).

As stressed above, family education seems to be an important issue when elderly demented people are going to remain in their own homes. However, even in institutions family education is needed, especially if the staff and the relatives together are to make use of the capacities of the elderly instead of focusing too much on their incapacities.

### Conclusive remarks

The development in the industrialized countries during the past decade has affected the conditions of the elderly in many ways. In health care, the responsibility of the family has been pushed towards the community, and especially towards institutionalization. The economic crisis has initiated an ever increasing debate on the various

problems resulting from this development. Efforts at pushing back the responsibility in health care of the elderly from institutional care to home care, involving community services as well as the family, have already been seen over a couple of years.

Apart from demonstrating the economical benefits of the community /family model in health care of the elderly, some concepts of health behaviour and need-satisfaction among elderly and their relatives need to be analysed. Education on the community level as well as the family level seems to be the basis of a comprehensive health care system for the elderly, which includes both services to and services by the family.

### References

1. Amann, A. (1978) Cross-National Study on Elderly Care, Synthesis, European Centre for Social Welfare Training and Research, Vienna
2. Almind, G., Bundgaard, E., Larsen, B.S. & Schoubye, G. (1979) Ugeskr. Læg., 141, 465
3. Beck-Friis, B, Karlsson, O. & Gustafsson, G. (1980) Year-report on Hospital-based Home Care, Motala, Sweden
4. Fuller, J., Ward, E., Evans, A., Massam, K. & Gardner, A. (1979) Brit. Med. J., 1, 1684
5. Ramian, K. (1979) The Family in Nursing Home, Jydsk Teknologisk Institut, Aarhus, Denmark
6. Ramian, K. (1980) Family life in a Nursing Home - a Guide, Jydsk Teknologisk Institut, Aarhus, Denmark
7. Shanas, E., Townsend, P., Wedderburn, D., Friis, H., Milhøj, P. & Stehouwer, J. (1968) Old People in three Industrial Countries, London
8. Veylon, R. (1977) La Nouvelle Presse Médicale, 6, 2611
9. Viborg Municipality (1979) Report on the 24-Hour Home Care Experiment, Viborg, Denmark