

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

Technical Group on Services and
Systems of Care for the Elderly

Helsinki, 2-4 October 1980

ICP/ADR 041/11
25 August 1980

UNEDITED
ENGLISH ONLY



TRENDS OF CARE FOR THE ELDERLY IN EUROPE*

by

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*This paper has been prepared for the WHO Preparatory Conference for the UN World Assembly on the Elderly (Mexico City, 8-11 December 1980) under the reference IRP/ADR101/15

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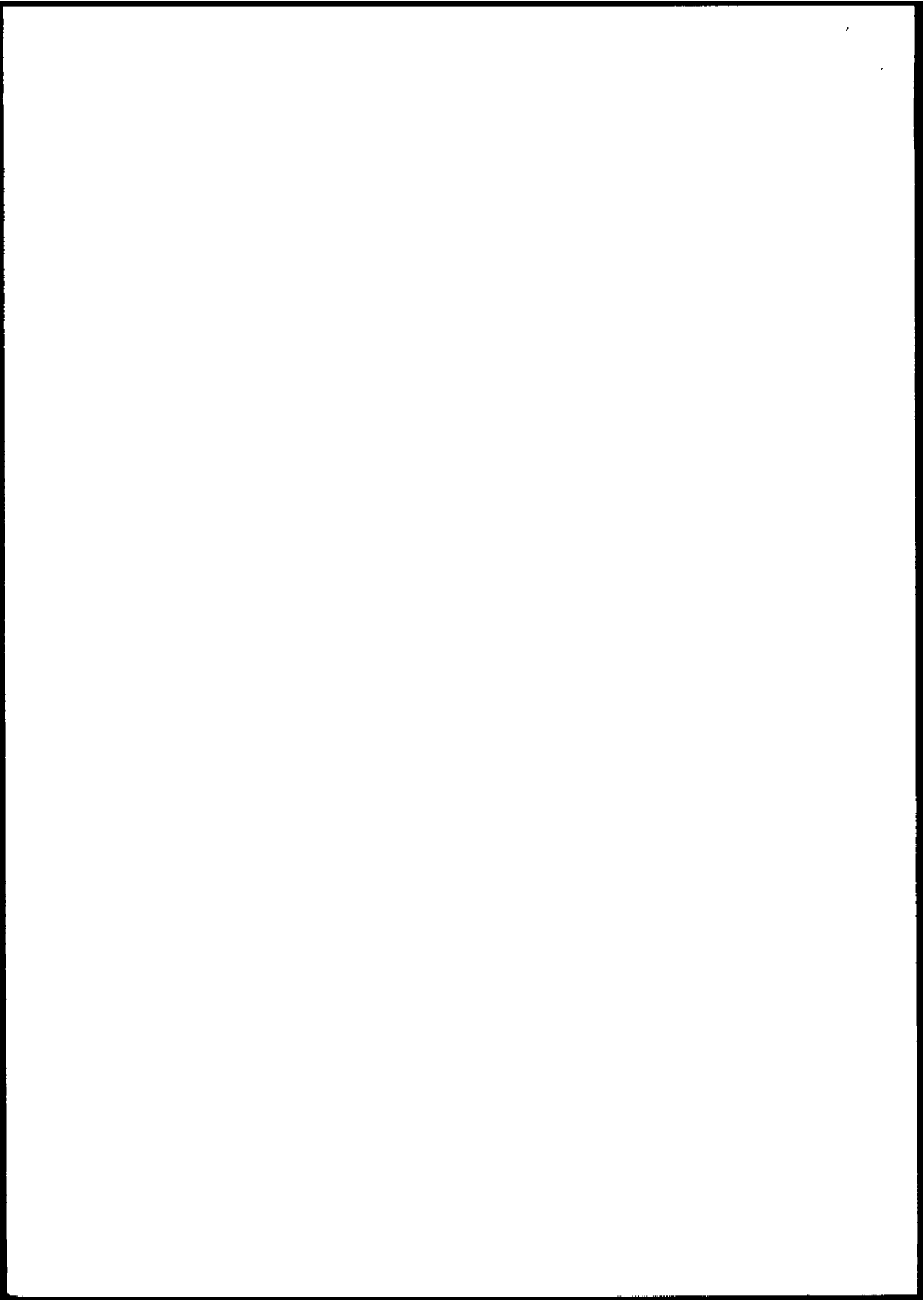
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SUMMARY

Different systems of care for the elderly should be considered under several perspectives including the demographic and socio-culture perspective. The paper provides a demographic profile of the aging trend in Europe in recent decades which shows that the proportion of the very old (75 and over) has risen and will continue to rise sharply. The question of the aged in Europe is dominated by the, demographically seen, greater number of elderly women which has an impact on the need for providing financial security. In recent years there has been a marked increase in the development of composite forms of care incorporating elements of both open and closed systems, or day care homes, with elements of self-care and institutional care. There is a trend to decrease the rate of institutional care. The socio-cultural perspective has an important influence on the problems and systems of care for the elderly in different countries in Europe. Those countries with deeprooted systems of family unity seldom have organized ^{and} professional open care system for the elderly the responsibility still remaining with the family. This is in striking contrast with the more industrialized countries in Europe where organized and official help for the elderly is becoming more common than assistance from relatives. There is a trend to establish a proper balance between closed and open care and flexible systems which are strongly founded on the individual needs of the elderly person, the family being regarded as an inevitable element in every well-balanced system of care. The more the outcome of socio-gerontological research is distributed on the international level, the more apparent will become the deficiencies and gaps in the methodology of cross-national research, the development of theories on aging and its needs, the application and implementation of research knowledge into practice. The author develops this viewpoint by providing illustrations of uncertain results of investigations carried out in different countries, ^{and} incompatible statistical methods used in the collection of data. He concludes that the rising demand for information in terms of basic knowledge for social planning requires the development of international gerontological research and cooperation with, and evaluation through, scientific research.



Trends of Care for the Elderly in Europe

1. The demographic profile

Care for the elderly has to be seen at least under two perspectives which may explain different types of care, amounts of the national budget spent, and the types of people who are taken care of : the demographic and the socio-cultural perspective, the latter also comprising aspects of historical change and economic situations.

With respect to age composition, Europe has experienced a marked aging trend in recent decades. In all regions the proportion aged 60 and over increasing 10 to 15 per cent to one of nearly 15 to 20 per cent. Austria shows 20,2 per cent being 60 and older, Yugoslavia 12,2 per cent. Denmark has a proportion of 5,2 per cent of age 75 and over, Poland 2,9 per cent. In cities like Vienna (Austria) proportions of 28 per cent aged 60 and over are to be found. "The very old" (75+) are of special interest for care programmes and activities. As a matter of fact, the clients of the care organizations for elderly are the very old, those who are suffering from the loss of their partner, who are chronically ill, bedridden and housebound, who are not able any more to fulfil their daily tasks without help. Some of their needs are of the same kind as other people's, some of them are of a special quality which call for special training and experience. As far as future trends are concerned, there is no permanent and increasing development towards an ever rising percentage of the elderly in the industrialized societies. This process has already reached a maximum in some countries, in other countries the point of change will come about within the next years. The idea of an "explosion" of the elderly group is misleading. However, the proportion of the very old (75+) will continue to increase sharply. 1)

Another aspect is also of importance : the analysis of the sex ratio proves that women by sheer numbers constitute a significant subgroup of the aged. Thus, the entire questions of the situation of elderly people is, demographically seen, characteristically dominated by the large number of elderly women. This becomes a matter of discussion for the selection of care personnel; older people often refuse help for bodily hygiene etc. by helpers of the opposite sex. It becomes a matter of discussion in terms of financial security; women often have "derived" pensions, meaning only a small income, since they often had to interrupt their professional career by pregnancies, household work etc. and are, therefore, far less provided for in material terms. As a matter of fact, they are far more likely to be bereaved of a spouse than men. 2)

A last demographic aspect should be mentioned that is closely connected with questions of care and support. The highest concentration of elderly is to be found in big cities on the one hand and in small towns and villages in agricultural and semi-industrial areas on the other. Thus, residential distribution is a category which is linked to the care system. Old age care is developing in a very concentrated way mainly in the conurbations, while one might call it underdeveloped in many rural areas and in small municipalities. It needs to be stated, however, that the quality of data available for measuring progress or status of urbanization is very uneven in the various parts of Europe. Moreover, changes over time and inter-country differences in the definition of urban and rural populations distort the significance of comparisons. Denmark and the Netherlands show high degrees of urbanization, whereas the other countries seem to rank behind. At the same time, the two show also the most developed care systems in terms of quantity and differentiation. Thus, the distribution of care is to be characterized by a regional-disparities-hypothesis : urban areas are in a favourable situation. Thus far, demographic aspects have been under consideration. In the following section aspects of the care systems will be analyzed. Most of the information which follows is taken from a cross-national comparative study initiated and supported by the European Centre for Social Welfare Training and Research (co-sponsored by the European Coordination Centre for Research and Documentation in Social Sciences). 3)

2. Composite forms of care

In recent years there has been a marked increase in the development of composite forms of care, incorporating elements of both open (extramural) and closed (intramural) care. Day care homes, including day places at nursing homes, are intended for elderly persons with extensive nursing needs, but nevertheless capable of coping in their own homes because relatives or others can look after them the rest of the time, particularly at night. This solution is often combined with transport arrangements. This tendency is reported by Denmark⁴⁾ but holds also for the Netherlands, Austria, Yugoslavia etc. In more general terms, this tendency shows a functional equivalence of the different systems. Some of the elements can fulfil several functions, whereas on the other hand one function is fulfilled by different elements.

At first sight, the quantitative emphasis seems to be on closed care (in terms of costs and/or people cared for), the Netherlands being on top with more than 12 per cent of elderly people living in institutions. Denmark, for instance, shows 6,1 per cent of people 65 and over staying in nursing homes only. However, a second step in the analysis shows already a different picture behind these highly aggregated statistical data. The Netherlands are trying to decrease the high rate of elderly people in institutions since 1975 with the clear notion, that "this programme can only be realized by offering more open care facilities too".⁵⁾ In the case of Denmark, the most important supportive measures for the elderly living in their own homes are the home nursing and home help schemes. The legislation stipulates that all local authorities are to have a home nursing service, and the duty of providing home nursing, free of charge, upon referral by the doctor, is imposed on the local authority.⁶⁾ Similar tendencies are reported from Austria, Hungary, Yugoslavia, and Poland, Greece being an exception which is to be discussed below. According to G.L. Maddox, one has, thus, to state, that "Western European countries, particularly the Nordic countries and the Netherlands, have extensive and successful experience with both home help and home health services. The visiting nurse is typically an integral part of the health delivery system in the countries".⁷⁾ The visiting nurse is the symbol of a twofold policy for the handicapped and aged ill, aiming at the development of integrative domiciliary systems as well as at the reduction of the institutionalization rate. Introducing this report, the argument has been put forward that the socio-cultural perspective has to be employed for the clarification of care problems. This can be shown in a contrast of the main characteristics of the care systems in different countries.

The countries under study can be put on a continuum between developed and developing, indicating their relative position by care-related attributes. These attributes are:

- part of the national budget spent on care for the elderly
- number of people cared for
- development and differentiation of public statistics on care categories
- amount of social-empirical research available and institutions treating questions of old age and care mainly.

A socio-cultural perspective would have to consider the development of industrialization and urbanization, of the family system, the labour market, and the social security system (pension- and insurance schemes); the position of the elderly in the family, the interplay between help from the public and help from the family would be of central importance.

A comparison between the case of Greece and more developed countries (in terms of the development of the care systems), indeed, shows the impact of these background-variables.

"Generally, in recent years, the structure of the Greek family shows a change from the patriarchal extended family to the nuclear family unit. Besides that, close relationships between the two types of family units exist; the younger people respect the older, and still accept them (...). In conclusion we can say that the customary family care of the elderly is still strong." ⁸⁾ This is reflected in the dowry system which still exists in Greece: the wealth offered by the bride's father to the bridegroom for the "relief of the marital obligations" according to the Civic Code. ⁹⁾ As a consequence, parents very often starve themselves and cease to satisfy all but the vital needs in order to respond to the demands of the dowry system. Thus, the dowry quite often determines the economic condition of the elderly and shows very clearly the impact of certain obliging value systems on people's social action. This socio-culturally deeprooted system of family behaviour which shows the central significance of the family is in line with the fact that the organized and professional open care system is almost undeveloped in comparison to the situation, for instance, in the Netherlands. There, the obviously contrary picture is to be found as far as the interrelationship between the development of the social

welfare and the primary structures is concerned. In the Netherlands organized and official help is becoming more familiar than assistance by relatives. 10)

However, it would be intellectually irresponsible to compare the help given by families in the different countries and to decide from this evidence whether one country ranks higher than another one. There are only a few studies on this subject and most of them lack comprehensive indexes for the term "help". Categories and variables used in public statistics are too heterogenous, often not comparable to each other. Thus, one may state that in all the seven countries the family is an indispensable source of hope, help, and support for the elderly, a world of permanent oscillation between separateness and involvement, a refuge for help and care, even in emergencies. Only the case of Greece with a clearly advancing system of care for the elderly seems to regard the family as by far the most important and best functioning element in this system.

3. Trends of developments of care systems

Finally, some prospects may be formulated concerning trends of developments of care for the elderly in Europe:

- domestically-oriented care is going to be given priority over closed institutional care if it is medically defensible and feasible from the social assistance point of view; this is to be seen in connection with the demands for institutions which will not disappear. Thus,
- it will be regarded more and more as a prior task to establish a proper balance between closed and open care, and a flexible system which is strongly founded on the individual needs of each elderly person - able to sustain them at home if that is what they want, need and can cope with, ready to give partial institutional support when they become frail and ill, but able to sustain the desire for independence.
- the family is regarded as an inevitable element in every well-balanced system of care; the more the economic development slows down the expansion and improvement of social welfare expenditure,

the more the public agencies will be forced to call upon the primary structures (family, neighbours, well-knowns), to motivate and support non-professional care and help.

- in countries with advancing care systems for the elderly the position of the family and its potential for care functions will be considered as the central element; sound solutions will be necessary for those situations where family members would be able and willing to care for their elderly but are limited by their participation in the labour-force (at the time being, mainly a problem of middle-aged women).
- all functions of care elements can be seen under a perspective of social integration and disintegration; old people are a valuable potential in its own right. Much of what is now being done for the elderly could also be done with the elderly, regarding them as an active element.

4. Conclusions and Recommendations

In most of the publications on socio-gerontological topics which are on the market today, one can find arguments or even chapters or articles on the world-wide importance of the problems of the elderly. It is surprising that, despite this conviction, there are so many gaps and deficiencies in cross-national research concerning techniques and methods as well as general theoretical approaches to the aging process and the analysis of personal needs and group-demands. There are - compared with the overall amount of socio-gerontological research - only few real cross-national studies on aging problems. Examples like those of E. Shanas, P. Townsend, D. Wedderburn, H. Friis, P. Milhoj and J. Stehouwer, of B.G. Myerhoff and A. Simić, of D.O. Cowgill and L.D. Holmes, of E. Shanas and M.B. Sussman ¹¹⁻¹⁴ are to be mentioned here. They assume a pioneering role.

Thus, I would like to introduce the following considerations based on a hypothesis: the more the outcome of socio-gerontological research will be distributed on the international level, the more we will be confronted with the deficiencies and gaps in:

- the methodology of cross-national research
- the development of theories on aging and its needs

I shall try to illustrate this hypothesis further~~on~~ by a mosaic of impressions / and examples stemming from the background of the study referred to above. Some suggestions should provide arguments for further discussion.

The comparison of results of investigations carried out in different countries is often but a mere illustration of concrete questions by uncertain examples. Statistical values of the frail and ill, the people cared for, the institutions giving care and help etc. are lacking information about the sample used, the concepts which cover terms like "ill", and the socio-cultural background on which such values assume their special meaning only. Thus, the comparison of results of different countries is often a mere parade of empirical data without relation to the structures behind.

The different systems used for purposes of official statistical documentation differ quite often in their basic categories. Data on household composition, consumer expenditures, marital status, or life expectancy and sex ratio are not comparable because breakdowns by age categories, place of residence, or sex and occupation are not available.

Many studies of the situation and problems of the elderly and the institutions established for their needs are - understandably - carried out with respect to the special needs and problems in the country or town under consideration. However, a critical evaluation of what is reported suffers from the difficulties of transferring the results to another situation. The analysis of organization, coöperation, and integration in the aforementioned study is an example in itself. Range, levels, and types of organizational approaches reported by the different countries are manifold and completely different in scope and nature. Naturally solutions depend on the level of social, economic, and political development as well as geographical circumstances in a country. It can be seen, however, that even in those countries where social service systems are far developed and widely available, the ways in which the problems are solved are more a result of administration tradition, historical adaptations, and ideologies. The preparatory phase of the study mentioned made it necessary to discuss and evaluate concepts and models already investigated. One example was the notice of the so called "day care centre". A first impression of the literature and from personal experiences of experts was a mixture of descriptive and normative or prescriptive elements, what a day care centre could be, rather than what it really was. It was, thereby, impossible to answer very central questions to our study, like:

- which types of people do the centres really use
- do they really relieve younger women from care obligations for elderly relatives
- what is the real functional relationship between these centres and other care institutions
- do they really serve as meeting points to safeguard against isolation
- can they take over nursing care, usually given by home nursing, i.e. is there a functional equivalence?

As far as models and types of care for the elderly are concerned, there seems to be a general lack of evaluative research which could allow one to determine why and under which specified conditions a model works the way it actually does.

Taking into consideration the international character of social gerontology and the rising demand for information in terms of basic knowledge for social planning, two conclusions can be drawn from what has been said so far:

- the further development of international gerontological research will demand much better availability of national research materials, and the compilation of bodies of substantial knowledge kept up to date concerning basic demographic, socio-cultural, and organizational variables. This basic knowledge should be available across national boundaries and would have to be organized according to a shared core of categories.
- the improvement of care and help practice will rely more and more on cooperation with and evaluation through scientific research (analysis of demands, control of costs etc.); success in this field will depend on the permanent exchange of relevant knowledge, which, in itself, demands the development of methodologies of cross-national research as a main prerequisite.

One way to fulfil these tasks could be the development of an international research office for the dissemination of socio-gerontological information. The business of collecting, editing, classifying, aggregating, and analysing data has to be done according to a common core of categories, using specified techniques, both of them defined and agreed upon by an international commission with research members of each of the cooperating countries. Experience from

other international documentation systems like the "Atlas of Economic Development" by Ginsburg 1961, "World Handbook of Political and Social Indicators" by Russet et al. 1964, or "Data Archives for the Social Sciences" edited by Rokkan 1966 as well as from the special information dissemination system of IFA etc. could be useful in this respect.

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