Ageing and care of dependent old people within the family

Population ageing and other immediate demographic challenges require a new type of solidarity between generations. Today’s average nuclear family lives apart from its elderly kindred, the frequency and quality of communication between the generations is relatively limited and thus the family cannot bear the burden of caring for the old family members by itself.

Old people in general wish to stay in their own home environment until they die or at least for as long as possible. However Slovenian data shows that, due to the fear from becoming a burden to the family and the lack of different non-institutional solutions, they choose going to old people’s home over staying at home, as the solution for the time when they will no longer be able to care for themselves. One of the Slovenian studies from 2001 showed that three quarters of people would choose to go to old people’s home and less than one fifth (17%) would choose to live with one of their children (Nagode 2003, v: Hvalič Touzery 2007a). This was confirmed also by the study in the municipality Komenda, where 39,9% of people said that they would choose old people’s home and 29,5% any type of home care (social, private) (Ramovš 20005).

The willingness of family to care is very high. Eurobarometer study has shown that almost two-fifths of Slovenes see the solution of family care in cohabitation with disabled old family member (CCE 2002, v: Hvalič Touzery 2007). Half of the respondents said that caring for old people is for them personally one of the main tasks of the family. Therefore, the biggest problem is not the willingness to care but rather the ability to care. Overall we found that the “sense of moral responsibility and duty” constitutes the principle motivation for caring and it is followed by “emotional bonds”. The third reason was, that they “had no other alternative” than to care (Hvalič Touzery 2007). Based on our and other studies we can assume that family care will be less available due to the lack of support services to family carers and social policy measures rather than unwillingness to care.
The study among Slovenian family carers of dependent old people has shown that the needs of family carers vary. They are related to the level of dependency of old person and the characteristics of the carer. However, the first need is in common to all Slovenian family carers – the need for “respite care services” (47.1%), that are very scarce (almost non-existent) in Slovenia. Two fifths of family carers wish to have “more frequent visits from a district nurse” and “larger accessibility of home help services”. The fourth and fifth most expressed things that they miss are the “support from their relatives” and “the life they lived before taking over the caring responsibilities” (Hvalič Touzery 2007). The needs of family carers reflect the real situation regarding family care of old people in Slovenia.

**Social policy concerning family carers in Slovenia**

Until few years ago, Slovenia had no national policy that would deal with family carers directly. There were some acts, which indirectly concerned family carers (The *Act on Pension and Disability Insurance*–APDI 1999 – mentions the right to attendance allowance; *Health Care and Health Insurance Act*–HCHIA – the right to compensation for care-giving to a close family member, with whom the insured lives in a common household) and only one (Act Amending the *Social Security Act (SSA-C)*) that enables family carers as family assistants to get, under specific rules, a financial compensation. However, if it even comes to it, this compensation is so low, that it doesn’t influence the decision of family carers to care for an old family member.

An important document for family carers of old people was adopted in Slovenia in April 2006 – the *National Social Protection Programme 2006-2010* (ReNPSV06-10 2006). One of its goals is the support to the family and social networks at caring for people in need of help. Another important document is the *Slovenia’s Development Strategy 2006-2013* (SRS 2005), with its fourth priority: flexibility of employment. The third new document is the *The Strategy of care for the elderly till 2010 - Solidarity, good intergenerational relations and quality ageing of the population* (SVS 2006). This strategy was adopted by Slovenian government in September 2006. It is the only Slovenian document of this kind, in which different ministries joined together and set the goals regarding ageing population. One of the strategic orientations is the family policy in which two of the tasks are:

1. to give adequate training and services on the local level (day care, respite care) to the families who care for a disabled elderly family member,
2. to support measures allowing more flexible working arrangements (the right for part-
time work without the danger that the carer would loose social security).

The Law on long-term care and long-term insurance is currently being prepared, also the
National plan for mental health in Slovenia that will include family carers of old people.

Although the situation regarding the visibility and political interest in family care is
improving in Slovenia, many of those Laws and National plans didn't come into practice yet.
Currently there are only few services intended for family carers and are not provided on a
national level. There are not many possibilities for respite care, information and self support
groups are provided by different NGO’s for specific groups of carers, yet there is no centre
that would provide information, practical training in caring and other support to family carers
on the national level. Palliative care and hospice care is mostly provided by one association.
The situation of family carers is influenced also by social and health services intended for
dependent old people. In addition to old people’s homes, the most spread are social home help
services and visits from district nurses, which are the two most important sources of
information and practical help to old people and their carers. In the last decade, day-care
centres, sheltered housing, remote help (life-line system) are spreading throughout the
country, but the number of old people covered by them is still small.

Family carers therefore urgently need broader community support and professional
assistance in the form of home care and support, institutional day care, different respite care
services, needs assessment, counseling and advice, self-support groups, practical training in
caring and protecting their own physical and mental health, weekend breaks, integrated
planning of care for elderly and families etc (Hvalič Touzery 2007b).

Support to the family carers in Slovenia

In Slovenia old persons have been traditionally taken care of by their family members. Those
who did not have any relatives were partially taken care of by a local community. In 20th
century, homes for the elderly began to operate and were very much put into effect after 1970,
since a law regulated its financing through pension fund. After 1990 day care centres and
social home care started to develop, but they are still less developed as old people homes.
Today 5% of persons aged at least 65 years live in old people homes, while for the others,
who live at their own homes, it is estimated that 10% of them need more help and care, which
are mostly provided by their family members and partly by informal social network of
neighbours and volunteers. After 1990 a movement for help to the dying and their grieving relatives – Hospic – started to spread throughout Slovenia. It has its network of trained volunteers, groups for help to the grieving persons and it publishes its own bulletin. A civil movement “Forget-me-not”, the Alzheimer’s disease and related disorders association of Slovenia, is spreading all over the country with a help of some psychiatrists and nurses. It provides help to the relatives of patients with dementia and it also has its groups for self-help and publishes its bulletin.

Anton Trstenjak Institute for gerontology and intergenerational relations is central scientific and educational institution in Slovenia, which systematically develops and spreads new programmes for quality ageing and solidarity between generations. Some of them are intended especially for families with older member, others help them indirectly, by e.g. training elderly for quality ageing and communication with younger persons. The following programmes were well proven in practice:

- Family members are trained via **short courses for better understanding and communicating with old family member**. The method used in this and other similar courses is the practical social education within a small group of cca. 12 persons. It takes three four-hours sessions per week. The course is based on their own experiences and needs with the use of modern teaching techniques of personal communication with family members. It strengthens their mutual support in their care work and provides training for ongoing search of required sources of knowledge and help in everyday difficulties in family care for old persons. The course is performed directly in a local community. Family carers get to know each other there and are given a good experience of group self-support.

- After the course a self-support group is formed in the community, a so called »relatives’ club«. They later meet once a month for one and a half hour in order to further share their experiences, offer mutual support and continuous gerontological and intergenerational education. Few times a year a »relatives’ club« organizes lectures about topics, which are important for them and a broader circle of older and younger family members in a local community.

- A similar method of social education in small groups is used in number of other short courses. At a **course for quality ageing after retirement** we teach the elderly how to recognize and accept old age, practice active ageing and have quality relations with the younger generations.
• **Family members, who have an old kin in an institution**, shed feelings of guilt because they had to institutionalize the person. They learn to communicate well during their visits and to collaborate well with the residential care provider. We are establishing relatives’ clubs within the old people's homes.

• Our Institute has the longest and very good experience in gathering, thorough training and organizing of intergenerational volunteers of young and middle generation for regular socializing with older persons. This socializing takes form of a small local intergenerational group or individual companionship through personal conversation, taking a walk, while students teach older persons how to use a computer etc. The Institute has trained over 2000 volunteers. The underlying principle is that one hour weekly of quality personal contact with an old person is an excellent opportunity for personal growth, and a good way to learn about intergenerational communication, develop one’s own solidarity and prepare for one’s own old age.

• Research findings of our Institute discover the importance of the use of telecommunication means, especially telephones, for intergenerational connections and prevention of bitter loneliness of disabled old persons. A representative sample of subjects aged 60 years or over showed that these persons talk more than 9 hours weekly on their mobile phones and almost 7 hours via stationary telephone.

In the last few years we connect the before mentioned and other programmes in the model of **local intergenerational centre**. This is an establishment, which conducts the programmes for quality ageing and strengthening intergenerational solidarity on its own and not by the others. Its main task is spreading awareness of all local dwellers about the needs and potentials of personal and community work on this field. The local intergenerational centre is a complex model of community management for synergetically combining all political, civic and other programs, services, organizations and other subjects that provide for two vital areas of coexistence in a community: the quality aging of the growing number of old people and strengthening the solidarity between the young, middle and old generations. The priority tasks of the intergenerational centre are therefore a concern for age-friendly city or the countryside (WHO programme) and the introduction of the intergenerational contents into the curriculum from kindergarten to adult education.
In action and basic research into quality intergenerational relations, including the caring for disabled old people, we are discovering the importance of a balance between cost and benefit. With the help of the psychological findings of Viktor Frankl, we are learning where to look to make sense of human infirmity or addiction and of taking care of disabled old people. Apart from taking care of children, caring for the old is the best training to develop and strengthen human solidarity. People can knowingly take a positive attitude to solidarity and decide for it, develop and strengthen it by practically implementing solidarity caregiving to the weak person by their side. The caregiving and learning about solidarity is much easier and more successful if the caregiver and the care recipient accept human strength and weakness as complementary and interdependent and as a motivational base for the development of solidarity as a constitutive capability of a human being to make personal progress and to keep society going.

The paper concludes with two realizations.
1. The main danger in today’s society, marked by individualism and each person’s feeling of self-sufficiency, is the isolation and exclusion of the elderly and the family members who are taking care of them. The solution to this is interaction within the community, where professionals offer support to self-help while public authorities organize social structures so as to strengthen intergenerational solidarity and attain the conditions needed for quality aging in the community (our model of local intergenerational centres; Ramovš, 2008).
2. Due to the fast ageing of the population and the economic recession it is necessary to develop affordable programmes. This is possible by informing the entire community about the needs and possibilities of quality aging and solidarity between generations. It is advantageous to develop a partnership between the municipality, civil organizations, families and committed individuals, thus synergizing work on programmes for quality ageing and intergenerational solidarity.

REFERENCES

CCE (2002). Candidate Countries Eurobarometer 2002.1 Social Situation in the Countries Applying for European Union Membership (ZA4153). Nesstar Publisher


