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REPORT

drawn up on behalf of the Committee on Women's Rights
on services for the elderly

Rapporteur: Mrs G. PEUS

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Or. De

On 15 April 1985 the President of the European Parliament referred a motion for a resolution on services for the elderly (Doc. 2-1257/84) pursuant to Rule 47 of the Rules of Procedure to the Committee on Women's Rights as the committee responsible and to the Committee on Social Affairs and Employment, the Committee on the Environment, Public Health and Consumer Protection and the Committee on Youth, Culture, Education, Information and Sport for their opinions.

At its meeting of 26/27 June 1985 the Committee on Women's Rights appointed Mrs Peus rapporteur.

The committee considered the draft report at its meetings of 27/28 November 1985, 16/17 December 1985 and 28/29 January 1986, when it unanimously adopted the motion for a resolution as a whole.

The following took part in the vote: Mrs LENZ, chairman; Mrs GIANNAKOU-KOUTSIKOU, vice-chairman; Mrs PEUS (deputizing for Mrs de Backer-van Ocken), rapporteur; Mrs d'ANCONA (deputizing for Mrs Garcia Arias), Mrs BLOCH VON BLOTTNITZ, Mrs BRAUN-MOSER, Mrs CRAWLEY, Mrs FUILLET (deputizing for Mrs Wieczorek-Zeul), Mrs GADIOUX, Mrs van den HEUVEL, Mrs HOFF (deputizing for Mrs Lizin), Mrs LEHIDEUX, Mrs LLORCA VILAPLANA, Mrs MARTIN (deputizing for Mrs Larive-Groenendaal), Mr NEWMAN, Mrs RENAU I MANEN, Mrs SALISCH, Mrs SQUARCIALUPI (deputizing for Mrs Cinciari Rodano), Ms TONGUE and Mrs TRUPIA.

The Committee on Social Affairs and Employment, the Committee on the Environment, Public Health and Consumer Protection and the Committee on Youth, Culture, Education, Information and Sport have decided not to deliver opinions.

The report was tabled on 14 February 1986.

The deadline for tabling amendments to this report will be indicated in the draft agenda for the part-session at which it will be debated.

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The Committee on Women's Rights hereby submits to the European Parliament the following motion for a resolution, together with explanatory statement:

A
MOTION FOR A RESOLUTION

on services for the elderly

The European Parliament,

- having regard to the Vienna Action Plan on Ageing,
- having regard to the national reports to the World Assembly on Ageing,
- having regard to the report drawn up on behalf of the Committee on Social Affairs and Employment on the situation and problems of the aged in the European Community (Doc. 1-848/81),
- having regard to the OECD report 'Socio-Economic Policies for the Elderly',
- having regard to the Council of Europe report 'The Social Protection of the Very Old',
- having regard to the report drawn up on behalf of the Committee on Social Affairs and Employment on the situation of old people in the Member States and Community measures to help them,
- having regard to the motion for a resolution by Mrs van Hemeldonck on home helps for families for the elderly (Doc. 2-1257/84),
- having regard to the report drawn up on behalf of the Committee on Women's Rights on services for the elderly and a recognized status for family and old people's care workers (Doc. A 2-219/85),

whereas:

- A. improved living conditions and medical progress have not only ensured longer life expectancy but allow people to retire in greater physical and mental health,
- B. old people are not passive objects, but an integral part of society, and are best qualified to judge which policy is the most suitable for them,
- C. the vast majority of old people wish to remain in their familiar surroundings as long as possible.
- D. even today, a very high proportion of old people are cared for at home by relatives,
- E. in providing such care, these relatives (usually women) should be supported by a wide range of non-residential and residential services,
- F. existing non-residential services are mainly staffed by voluntary workers (mostly women) and whereas in most Member States professional workers still form a small proportion of the overall number of care workers,
- G. fit as well as invalid elderly people encounter problems to which appropriate responses should be provided by both public and private institutions,

1. Calls on the Commission:

- (a) to carry out research into the following:
 - the reasons for the increasing isolation of old people, and particularly of elderly women,
 - the demand for different types of care and methods to meet this demand,
 - the efficiency of different systems of care,
 - the length of time spent by old people in the various institutions and their cost structures,
 - the entry and training requirements and the length of training for family and old people's care workers;
- (b) to draw up accurate statistics on the social, legal and financial position of those working in the domestic assistance services for elderly people and their families;
- (c) to bring out in particular:
 - whether and in what shape and role domestic assistance services exist in the Member States for elderly people and their families,
 - whether such services are of an interdisciplinary nature,
 - whether these include the services of medical staff, paramedical staff (nurses, physiotherapists, etc.), social workers, domestic workers, etc.,
 - whether, in respect of domestic assistance personnel professional or specialist qualifications are required and whether specific periods of training for the various qualifications are laid down,
 - whether and to what extent such services are managed and financed by public bodies (state, social security or local authority):
 - (a) using their own staff,
 - (b) by means of agreements with cooperatives set up for the purpose, welfare organizations or voluntary bodies,
 - whether and in what way such services are rendered by private individuals or volunteers;

2. Calls further on the Commission:

- (a) to take account of the specific situation of elderly and aged migrants in the Member States and the types of assistance best adapted to this specific situation;
- (b) to draw up a comprehensive report on the nature of services and facilities provided in homes for the elderly in order to establish a basis for minimum acceptable standards of care;

- (c) to give support to the Member States in drawing up framework legislation on domestic assistance services and the work of those engaged in them;
- (d) to submit to the Council a proposal for a directive harmonizing legislation in the Member States on a recognized status for workers in domestic assistance services for the elderly and their families;

Calls on the Member States:

3. To give priority to care in the home and to make improvements as regards the personnel situation in domestic assistance services;
4. To ease the burden on those providing care and support them by taking measures as regards housing, the provision of equipment and appliances which facilitate care, particularly the free provision of an alarm system linking the home directly to the town hall, and by improving counselling in connection with care in the home;
5. To provide special facilities for the elderly in the form of free off-peak public transport and free access to museums, art exhibitions, theatre and cinema performances, swimming baths and other sports facilities;
6. To ease the financial burden on those who provide care by introducing a care allowance and changes in the tax system and by ensuring that this group is covered by social insurance;
7. To expand the opportunities for short-term residential care when the main person providing care is temporarily unable to do so and to expand forms of day-hospital care; in this connection it would be desirable to provide rebates to reduce the burden of rates or income tax; similarly, adjustment of, or indeed exemption from, the television licence fee for elderly people would be advisable;
8. To give more active support to local services offered by voluntary organizations and adult education establishments which are aimed specifically at women;
9. To involve members of the migrant population in the work of volunteer organizations and to train second-generation migrants for professions such as care assistants for the elderly, social workers, etc.;
10. To step up measures to improve opportunities for social contact, to make worthwhile leisure facilities available and to facilitate travelling by the introduction of reduced rate cards for transport and subsistence expenses;
11. Expressly to encourage neighbourhood and old people's self-help groups, the establishment of which should be promoted by the local authorities who should provide a wide range of activities;
12. To carry out research and pilot schemes for the continuing education of the elderly, with women being the main target group;
13. To develop psychomotor and sports activities for the elderly;

14. To encourage joint activities by the young and old people and to use the experience of the elderly for society as a whole;
15. To set up old people's advisory committees in towns and cities and/or regions, define their responsibilities and powers clearly and involve them in all decisions affecting the elderly;
16. To assist regions and local authorities with the provision of appropriate domestic assistance services by means of investment aid and other grants;
17. To expand the network of social service centres, community care centres, social welfare centres and other establishments offering an integrated range of leisure and contact facilities, advisory services and medical care, in accordance with needs, involving the elderly themselves in the control and management of such centres;
18. To ensure, when drawing up town planning legislation, that housing is provided with facilities and services which are part of the community structure so that the elderly are not isolated, and to give special consideration to the needs of the elderly in transport planning;
19. To provide, in addition, specific aids to elderly people for home improvement and conversions necessary for their specific needs;
20. To envisage a subsidy for the cost of the rental and/or installation of telephones in the homes of those living alone;
21. To carry out public education campaigns, using radio and television, to inform the whole population about the process of ageing and the elderly and about the economic, cultural and social contribution that the elderly can make to society;
22. To encourage the states, regions and local bodies to make use of elderly people in socially useful activities;
23. To teach students in all the caring professions, doctors, nurses and social workers the principles and practice of gerontology, geriatrics, psychology and care of the elderly;
24. To provide sufficient rent subsidies to ensure that elderly people are not forced to leave their homes due to financial constraints;
25. To ensure that institutions and homes for the elderly are visited regularly by public authorities to ensure that the staffing levels, the care and services provided are consistent and corresponding to the fees being charged;
26. To provide free counselling on financial entitlements and benefits for elderly people, and especially elderly women who have not been part of the salaried work force;
27. Calls on the Member States to give priority to providing the necessary financial resources for the implementation of a policy of family housing for elderly people, with the provision of the public services essential to them, including medical staff;
28. Instructs its President to forward this resolution to the Council, the Commission and the governments of the twelve Member States.

B
EXPLANATORY STATEMENT

At the beginning of 1982 the European Parliament adopted a report by the Committee on Social Affairs and Employment on the situation and problems of the aged in the European Communities. One of the points made in the report is the need for a flexible approach to retirement. Early retirement should not just be a preventive measure on the part of crisis-ridden economic sectors, but also a solution in the case of chronic illnesses and accidents which did not take place at work, and also disabilities which are not occupational, to but which lead to a reduced capacity for work.

In the report the European Parliament calls for an end to the different treatment of men and women, which becomes more marked in old age, inter alia by improving the legal, social and financial situation of women who work in family businesses, including farms. The report devotes considerable attention to housing and the elderly. Old housing should be converted so that old people are not uprooted from their familiar surroundings. New housing should meet the special needs of the elderly. Housing occupied by the elderly should be integrated with normal residential areas to prevent the formation of ghettos. The Commission is requested to present, within one year, a comparative study of the situation of the aged in the Community Member States and to ensure that over the next few years, in the context of the restructuring of the budget, the necessary resources are made available for a genuine Community policy for the aged.

The Committee on Social Affairs and Employment is currently preparing a report on the situation of old people in the Member States and Community measures to help them. Key elements of the report are the call for a European Charter for the Aged, the harmonization of pension systems and a policy on preparation for retirement.

The report contains comprehensive statistics about the proportion of the elderly in the population as a whole, birth and death rates, the proportion of women among the elderly and a comparison of pensionable age in the individual Member States.

This report can therefore largely dispense with statistics on population structure. It concentrates on the assistance which can be given to families who look after their elderly members themselves, on non-residential, semi-residential and residential care for the elderly and on the legal and social situation of those involved in working with old people.

Care of the elderly in their own families

Over the past few decades there has been an upsurge in the number of those needing care who are looked after at home by their families. This has necessarily followed from the huge increase in the number of old people in need of care, itself the result of a change in the age structure of society. Even 30 years ago there were far fewer old people than now. The number of very old people, in particular, has increased substantially. Between 1950 and 1982, for example, while the number of 60 - 69 year olds increased by over 30% and the number of 70 - 79 year olds by more than 100%, the number of 80 - 85 year olds rose by 210% and those over 85 by 1500% (Federal Government (FRG) report of 5.9.1984 on social care: community needs, p. 8). In the FRG 63% of those in need of care are cared for by members of the same household and 31% by family members living in another household (Federal Government report, p. 5).

A breakdown of those providing care shows that substantially more women than men are involved. In terms of the main person providing care, in the FRG the split is 24% men and 76% women (Federal Government report, p. 5). The women who provide care are generally wives, daughters or daughters-in-law. Women who do not live in the same household as the old person in need of care form a very large group. In this case, in addition to an old person's own children, other relatives, friends and acquaintances are also fairly frequently involved (Ageing in the FRG: history, situation and prospects, German Centre for Age Problems, Berlin 1982, p. 378). About 10% of those in need of care are looked after in a household covering more than one generation.

The importance of care in the family varies widely from one Member State to another. In Greece, for example, care of the elderly by State or private services is extremely underdeveloped. In rural areas, in particular, care of the elderly is solely a matter for their families, and primarily, the women. The range of non-residential services which is already taken for granted in the other Member States does not yet exist, with the exception of a few pilot schemes in Athens. By comparison with other European Communities, the national budget for health and welfare care is very small, according to the Greek report to the World Assembly on Ageing held in Vienna in 1982 (3.5% of GDP on health care and less than 2% on welfare care). Family care in Greece is indispensable, particularly in the rural areas, because this is where 42.5% of the elderly live and facilities for care outside the family are virtually non-existent.

Those providing care in the home often have to carry a heavy burden. The following figures from the survey show the extent to which they put their own needs last, give up certain aims in life or reorganize their own lives. Thirty-three per cent of all those providing care spent more than six hours a day with those in need of care, 16% experience detrimental effects on their work, 50% adverse effects on their free time and 37% find that their own health is affected (Social care: community needs, p. 6). In addition, there is the financial cost for private households of care in the home. A study of the financial burden affecting parents with handicapped children gives an idea of the scale of the cost. Parents' monthly outlay on paramedical equipment alone varies between DM 71 and DM 400, depending on the degree of care needed and the nature of the disability (Social Care: community needs, p. 8).

The present-day nuclear family with one or at most two children, especially in the lower classes, is rarely in a position to provide care without incurring some cost, simply because of lack of space. This is particularly true if the family depends on the wife working to supplement the family income. It can no longer be assumed that the wife will give up her job so as to provide the relevant care needed. The multiple burden imposed by work combined with care and assistance, frequently not only has a detrimental effect on emotional relations within the nuclear family, but may also affect the wife's physical and mental well-being. Very long-term care may be a burden with harmful effects which - if they can be remedied at all - entail greater costs than if the family had received appropriate help at an earlier stage.

If family care is provided voluntarily and with the agreement of those concerned, the family should be given every possible support. Help must be provided which will simultaneously reinforce the family's willingness to provide care in the home and protect them from being overburdened. The following are essential if care in the home is to be made easier.

The cost of converting homes to make care easier should be reimbursed and assistance provided for the acquisition of such property. In July 1984, in adopting guidelines on new rules for tax concessions on owner-occupied property, the Government of the Federal Republic of Germany decided to clarify in negotiations with the Lander whether and how the concessions could also cover the situation of parents moving to live with their children. Some arrangements make it possible for young and old to lead their own lives but to have close contact with each other, and to cater for the family's changing needs, without major conversion work. There are no reliable figures, however, as to how widespread such arrangements are.

In France the emphasis is on renovating homes, with the conversion being designed to meet the specific needs of the disabled person. A national network of centres for the improvement, maintenance and conversion of housing is the main channel for funds for such work. Since 1982, the State has provided a grant of FF 6 000 for each conversion project, which may be doubled in the case of a physical disability. This grant is topped up by local authorities and pension funds, which have special budgets for social expenditure.

Equipment and fittings which are needed to make care easier should be made available, or their costs should be reimbursed. In a number of towns and cities it is already possible to obtain technical aids such as lifting equipment, special beds and chairs, commodes, wheelchairs and orthopaedic appliances, on loan. Such an appliance centre should be set up in every municipality if possible. The public should be informed about the possibility of borrowing such equipment. Another important facility is provided by what are known as training flats, which already exist in a number of old peoples' homes, and particularly in Malmo, in Sweden. In these training flats for the physically handicapped, the elderly can learn how to cope with modern household equipment, so that even the disabled can run their own homes as much as possible.

There should be further tax concessions for care in the home. A care allowance should be paid on a sliding scale according to the degree of care needed. The insurance contributions of those providing care should be paid from public funds. Help must be provided under the compulsory health insurance system if the person providing care is unable to do so, on account of sickness or enforced absence, and nobody else in the household can step into the breach. In this case there must be a temporary replacement for the person providing care. In general terms, there must be better cover for those who provide care.

In opting for home or residential care important decisions are involved which are often too much for those concerned to cope with. Consequently, there must be substantial improvements in counselling.

There should be more financial support for Lander and municipalities, so that non-residential care services can be developed more swiftly in accordance with needs.

Old people's self-help groups, communication and educational work

Social contact, entertainment and leisure activities are the keynotes of old people's self-help groups. Anniversaries and similar festive occasions are celebrated communally. Hobby activities are very important: do-it-yourself, public talks, music-making, slide shows, dancing, bowling, other sports and cards are worth mentioning. Joint leisure activities often lead to types of mutual assistance, such as setting up telephone chains, visiting sick acquaintances or accompanying other old people when going to the doctor or public authority offices. Some of these self-help groups develop contacts with other groups in society, e.g. children in children's homes or adolescents who are psychologically disturbed.

A few of these groups have a political slant. They publicize general problems affecting the elderly. The attempt to make contact with political decision-making bodies or bring about changes in society through public information activities and protests.

The old people's advisory committees which exist in many towns have the task of representing the interests of the elderly vis-à-vis the town council, the municipal administration and the public bodies providing services for the elderly, and advising the first two about such services. Problems affecting these committees are that their aims and powers are not yet defined clearly enough, their legal position is tenuous and they have inadequate funding and accommodation.

The dividing line between old people's self-help groups and non-residential services for the elderly is not clearly defined. Old people's clubs and day centres provide a meeting place and help to ease the loneliness of many old people. Scientific studies show that between 5 and 10% of old people suffer from loneliness. The number of lonely women is noticeably higher than the number of lonely men, because they have a higher life expectancy, outlive their spouses more frequently and are more often to be found living alone. Retirement and the loss of a spouse, but also years of caring for a dependant on a full-time basis, may lead to a sharp decline in the amount of contact with the outside world. Old people, and old women in particular, often find it very difficult to make new social contacts (Bundestag leaflet on the situation of elderly and very old women in the FRG, July 1984, p. 30).

Day centres often develop into service centres offering advice and information, particularly on questions relating to social rights. Danish day centres also offer keep fit classes, occupational therapy and meals. These centres are authorized by the local welfare committees, which also set the charges for their users.

Self-help groups, old people's clubs and day centres can encourage involvement in cultural activities, the formation of music groups or the production of in-house magazines. Some groups even act as employment clearing houses for the elderly and run their own job centres.

Many old people are very keen on the idea of organized further education. Retirement and old age may be seen as a privileged period which a person can use to develop cultural awareness. France's positive experience in this field, with its 'universities for the third age', goes back a number of years. The range of activities offered is very wide, with the emphasis on

handicrafts and creative activities, social contact and travel. The French report to the 1982 World Assembly on Ageing, however, makes it clear that whole groups of old people remain excluded from these cultural opportunities. This is attributed to the limited income of many old people and the fact that our society is production- and consumption-oriented. According to this report, initiatives aimed at the elderly are still too often characterized by welfare thinking (p. 22). There are also universities for the elderly in most parts of Belgium, at least in the French-speaking region. Italy sets great store by continuing education for the elderly, because this group's average educational level is substantially lower than that of the population as a whole. Italy puts particular emphasis on fostering old people's creativity. In addition to universities for the elderly, there are local authority recreational classes which are mainly attended by old people. Italy stresses the important role of the mass media, particularly radio and television. The media should make the positive experience gained with education for old people accessible to a wider audience. Television universities could also make a worthwhile contribution in this field (Italian report to the 1982 World Assembly on Ageing, p. 40 et seq.).

In the Federal Republic of Germany, the Minister of Education and Science is sponsoring a pilot scheme, the aim of which is to develop a course of study for older people (minimum age 50) in preparation for doing voluntary work after retirement. The course is centred on social gerontology and teaching skills in relation to the elderly. In addition to the basic subjects of sociology, psychology and teaching skills, the highly motivated students select additional options from 17 different subjects. This course at the University of Dortmund is timetabled to fit in with other courses so that young and old study side by side. So far, 90 people have received the diploma granted on completion of the four-semester course, with women forming a clear majority. Nearly all those who complete the course do some kind of voluntary work (involving activities up to twice a day), either as coordinators for specific activities in the scientific/musical field, in particular, or offering their services as advisory teachers and counsellors for old people's groups. Further research and pilot schemes for adult and continuing education should be strongly encouraged, with women being the main target group.

Special mention should also be made of recreational facilities for the elderly. The concept of recreation on the outskirts of cities has become increasingly important, especially in large conurbations, and has become a central feature of recreational facilities for the elderly. Some countries give old people the opportunity to buy very cheap rail tickets. In the Netherlands, the national 65-plus pass enables holders to be involved in public life by giving reductions on cinema and theatre tickets, museum entry charges, etc.

Non-residential services

Non-residential services help to keep old people in their familiar surroundings for as long as possible and maintain their independence in running their own homes. The services described below exist in virtually all the Member States.

Meals services

These are either 'meals on wheels' or a mid-day meal provided at a centre. Apart from maintaining social contacts, promoting old people's health through meals which are prepared according to nutritional principles is also an important aim. In the Flemish region of Belgium, for example, the number of meals provided has increased from a weekly figure of 18 000 in 1977 to 45 000 in 1980 (Belgian report to the 1982 World Assembly on Ageing, p. 12).

Domestic help

This means help in the home which is not covered by the organizations which provide paramedical care, such as shopping, cleaning, cooking, window cleaning and gardening. The dividing line between this and paramedical care is fluid. In France, financial support for domestic help has been considerably increased. Some 55 000 home helps provide assistance for 380 000 old people, mostly women, every year. Those making use of these services contribute to the cost according to their incomes (French report to the 1982 World Assembly on Ageing, p.32). Domestic emergency services, laundry services and transport on request are also found in France. Domestic help services for families and the elderly were officially recognized in Belgium in 1960. In the Flemish region alone, the number of hours spent by home helps with families and old people increased from 6.1 million in 1975 to 8.8 million in 1980 (Belgian report to the World Assembly on Ageing, p. 11).

Over the past few years information, laundry, shopping and equipment loan services have expanded rapidly. In the Netherlands the number of hours of domestic help provided for the elderly increased from 28 311 769 in 1975 to 30 122 182 in 1979. It is estimated that in 1985 old people will receive 46 629 920 hours of assistance through this service (Dutch report to the World Assembly on Ageing, p. 11). Old people who draw only the basic pension receive such help free of charge. In the United Kingdom the role of domestic help in complementing paramedical home care is fully acknowledged. Particular emphasis is placed on community care services. The cost to the user is decided by the local authorities, but national guidelines are intended to ensure that charges are arranged in such a way that no one is prevented from making use of the services. The services in question are domestic help in the narrower sense, i.e. cooking, laundry, provision of equipment to facilitate the paramedical care and transport. The amount of time varies between 3-4 and 9-10 hours a week.

In a few towns in the Federal Republic of Germany domestic help services are organized jointly by the social services department and voluntary associations in the form of a paid neighbourhood help service. The extent to which commercial laundry services, window cleaners and dry cleaning firms can be involved in domestic help services should be investigated. Special publicity and press campaigns should be used with the aim of recruiting home helps to assist old people. The fact that such work offers appropriate pay should be publicized more widely. Those interested should also have the opportunity for further training.

Home nursing services

The function of these services is to obviate or shorten a stay in hospital. In most countries the services are available to all sections of the population. The situation virtually everywhere, however, is that these non-residential services are mostly taken up with caring for the elderly. It is reported from Belgium that old people absorb half of home nursing services, while in the Netherlands, 93% of those working in home nursing devote all their time to old people (Maintaining the Independence of the Elderly, volume 33 in a series published by the Federal Minister for Youth, Family Affairs and Health of the Federal Republic of Germany, p. 60).

The nature of the services provided varies considerably from one country to another. In the United Kingdom, for example, care workers are forbidden to provide nursing care - even just monitoring the taking of medication - because this is the health visitor's function. In France, home nursing care has been considerably expanded since 1970. The service covers nursing, paramedical treatment and personal care. The services are backed up by the local doctor or the hospital from which a patient has been discharged. The sickness insurance funds monitor these services. In the summer of 1982, 10 000 people were reported to be receiving such care (Protection of the Elderly against acute need and chronic ill-health in 18 Countries/Information and International Comparisons, Berlin 1983, p. 32).

In the Netherlands, home nursing care is mainly provided by the mutual benefit societies to which about 85% of the population belongs. In Ireland, since July 1982, all pensioners with a medical card have been guaranteed free health and social services (with some exceptions which have still to be clarified), irrespective of their financial situation. Non-residential services cover preventive medical care, home nursing, dental treatment, home help services, meals on wheels, etc. (Protection of the Elderly, p. 51). In Denmark home nursing care on a daily basis may be provided for many years, although the level of provision is naturally scaled down (Protection of the Elderly, p. 55).

Social service centres

In the Federal Republic of Germany, these are staffed by teams of professional social workers with health and community care qualifications; their function is to provide the population within their own catchment areas with uniform, permanent cover in terms of nursing and family care and care for the elderly. The centres themselves are coordinating headquarters; care is mostly provided by the staff in the home. The social service centres enable work to be rationalized and help the care workers, to an extent which would be impossible without such central coordination, with regard to regulated leave, replacements during absence through sickness and on leave, and appropriate pay. Planning social service centres solely with the provision of care in mind is the wrong approach.

In the Netherlands there is a network of help centres which cover social work, home help, home nursing, meals on wheels, medical treatment and leisure activities. The centres are often attached to residential facilities for the elderly. Each municipality in Belgium runs a welfare centre staffed by social workers and nursing staff.

The long-term objective should be to develop all these centres into genuine community care centres fulfilling a range of functions as medical/social service centres, information and coordination centres, meeting places, kitchens and distribution centres for meals and leisure centres. The following specific services could be provided: simple medical care, checking possibilities for claiming financial assistance, information about pensions, social legislation and insurance funds, consultation with welfare organizations, coordination of all services for the elderly provided by the local authority, restaurants, leisure clubs, film shows and television, handicrafts and other courses and libraries. Such service centres could combine the functions of day centre, neighbourhood centre and social service centre. The service centre in Malmo also has a bank, large rooms for occupational therapy, a shoemaker's shop, a darkroom and a training centre for the physically handicapped which also serves to display technical equipment (Maintaining the Independence of the Elderly, p. 83 et seq).

Day care facilities

Different countries have had different experiences with such facilities. In France, they were planned as centres for non-residential care and communication. They have been fairly unsuccessful so far because of uncertainties about finance and opposition from local doctors. In the Netherlands there are day residential centres and day clinics for the elderly. In Denmark the day centres, which offer social contact, keep-fit classes, occupational therapy, counselling and meals, are regarded as an important service. There are also day nursing homes which are usually attached to residential nursing homes.

Residential facilities

Old people's homes offer specific care and attendance services (e.g. meals and nursing care). In residential accommodation, those who are no longer capable of running their homes themselves, but do not require nursing care, are looked after. Denmark abolished such residential accommodation in 1974. Independence within certain limits is still possible in a residential context: making rooms available to residents for their own activities and involving them in decisions to do with the running of the establishment are examples which come to mind. The aim is to preserve their independence and initiative as long as possible.

Modern geriatrics and gerontology stress the need for active rehabilitation in nursing homes. The provision of rehabilitation treatment such as movement therapy, exercise and speech therapy, however, has hitherto been inadequate. Increased information should be provided for doctors, hospitals and social service centres to ensure that appropriate use is made of the full range of rehabilitation services.

In Belgium there are two kinds of nursing homes: those for patients with somatic conditions who need medical care, but not the full range of hospital services, and nursing homes for those with mental disorders. There is also a fairly large number of geriatric units in hospitals and geriatric hospitals.

In the United Kingdom, geriatric units within general hospitals provide care for elderly patients. Nursing homes have hitherto not formed part of public provision. Within the National Health Service, however, investigations are under way into whether greater use can be made of them.

There must be flexibility between the various types of residential facilities so as to ensure that admission to one type of care is not an irrevocable step.

Requirements for improved services for the elderly

It is still a common belief, in many quarters, that old people are passive recipients of help from experts and the authorities. Consequently, any measures must ensure the retention of the maximum degree of freedom, including the right to reject any help which is offered. The elderly must be regarded as integrated members of society; they should be encouraged to establish self-help organizations and to acquaint the public with the needs and wishes of the older generation. As far as possible, they should have a say in decisions on programmes for the elderly; an old people's advisory council should be consulted by the relevant ministries on problems facing the elderly, and asked to submit opinions. Many surveys have shown the older generation's great need for advice and information. Such services may be provided at counselling centres for the elderly, at existing facilities or through home visits or counselling sessions at social services departments. In addition, many local authorities issue special leaflets or bulletins which provide the elderly with much-needed basic information. Advice is particularly necessary on pension and financial matters, housing, rents, social security questions and health, family and mental problems. Trained workers are needed with expert knowledge in these various fields. Mere commitment and understanding of the elderly are not enough when it comes to giving advice and communicating information. In addition to full-time staff, the use of voluntary workers makes sense; these could be retired doctors, pension and financial advisers, legal experts, former social services employees, etc. Apart from trained staff, the location of advice centres is also important. Many old people are still very reluctant to visit the offices of any public authority. There is a particularly acute need for information for the elderly in country areas, so mobile advice centres also make sense. Greater use should be made of the mass media to spread information.

Special consideration should be given to the problems facing the elderly in plans and legislation concerning town planning and urban renewal. This includes more accessible and protected public thoroughfares and public transport. Traffic arrangements should also be adjusted to the needs of the elderly.

The statistical recording of all activities in the field of services for the elderly, which is still in its infancy, is needed urgently for planning purposes. Substantial improvements are needed with regard to cooperation and coordination between all these activities. Establishing central information offices would be a rational move. New administrative offices can often be attached to existing establishments.

There should be much more detailed research in the field of care for the elderly, covering such subjects as the reasons for the increasing isolation of old people, and particularly of elderly women. The government of the FRG will shortly be publishing the final report on a pilot scheme on the formation of self-help groups for elderly women, which was sponsored by the Federal Minister for Youth, Family Affairs and Health.

In all countries there should also be research into different systems of care for the elderly, including caring for themselves or being cared for by nursing staff in their own homes, the length of time spent by old people in the various institutions and their cost structures, the demand for different types of care and the development of methods to meet this demand. International

exchanges of experience should be used to suggest ways of improving the efficiency of the various social services and of ensuring that fewer of those in need of care slip through the net.

Public education on the process of ageing and on the elderly should start in early childhood and continue throughout the educational system. The whole population should learn how to care for those old people who need help. Students in all the caring professions, doctors, nurses and social workers should be taught the principles and practice of gerontology, geriatrics, psychology and care of the elderly. Radio and television programmes on the situation of the elderly can play an important part.

It is very important to use the experience of the elderly for society as a whole. Joint initiatives by the young and old people, such as setting up outdoor facilities at old people's homes or children's homes, the interior fitting-out of civic centres or collaboration on planning civic centre events can foster good contacts between the elderly and young people. The Protestant Church in Berlin is trying to publish the historical experiences of the elderly in booklet form. Such experiments should be copied. The elderly can also be involved in adult education, youth work, schools and political parties, as witnesses of living history. Operations making use of retired experts, such as the scheme currently involving retired businessmen in about 60 projects abroad, should be encouraged.

The personnel situation

Those who work with the elderly are mostly women (all those involved in the Nuremberg Project, a scheme providing home nursing care, were women). There are no overall figures for voluntary workers. In Bavaria, more than half of those working on meals services were volunteers; 59% of the full-time employees had vocational qualifications, but only one-quarter of them had trained in one of the caring professions. Sixty-five per cent of the volunteers had a vocational qualification; in 1976, 94% of those working with old people's clubs in Bavaria were voluntary workers. Two-thirds of the full-time employees in day centres had a vocational qualification, compared with 58% of voluntary workers.

Professional workers are necessary and cannot be replaced by volunteers, but they may be more effective with such back-up. Studies have shown that voluntary workers should be organized so that they have a supporting network of professional colleagues; without such support the demands on volunteers are often too great and they lose their motivation to provide help. If the expansion of non-residential services were based solely on non-professionals such as those doing non-military national service, or one-year community service volunteers, this would cause additional problems. Such workers are only involved for a limited period, and this is a disadvantage for any service requiring a permanent input. Since these workers are non-professionals they can only take over part of the work and then only if professionals are available to guide and supervise them. There are as yet no reliable findings on whether it is better for voluntary workers to gain the necessary knowledge through preparatory courses or through practical experience. In the pilot schemes sponsored by the Federal Government, the results of on-the-job training have been somewhat better, but no definite conclusions are possible (Situation of and Future Prospects for the Elderly, p. 55).

Important background information is missing from all the surveys on the situation of personnel in the non-medical caring professions. The survey results give no indication, for example, of the specific types of residential establishment covered, the number of residents cared for by staff, the number of hours worked each day or week or the level of care provided. Nevertheless, it is clear that the proportion of staff providing therapeutic care is very small.

There is generally more material available about staff in residential establishments than about those involved in non-residential care of the elderly and the social services. The only figures available are those on home nursing care which are based on information from the respective organizing bodies. In Belgium, for example, there are 37 000 family and old people's care workers, of which 1 300 are full-time and part-time old people's care workers. A figure of about 10 300 is given for those employed in providing home nursing care. The British home nursing services also give very high figures: there are about 65 000 people employed in providing home nursing care, of which 61 000 are part-timers. The Dutch figures show that even in 1971 there were 130 000 part-time workers providing home nursing care for the elderly (Maintaining the Independence of the Elderly, p. 62).

France reports that in 1981 3 700 new posts (if calculated as full-time jobs) were created to extend services for the elderly; many employees, particularly women, work on a part-time basis. In addition, in order to make work caring for the elderly more attractive financially, the State Secretary responsible for the elderly increased hourly pay rates by 36% in 1981 (French report to the World Assembly on Ageing).

Under the public sector pay-scale system in the Federal Republic of Germany, nurses who provide home care, health visitors and home helps have recently been regraded and their pay adjusted.

The status of family and old people's care workers

In order to improve the status of those working in the non-residential and residential sectors, and put them on an equal footing with comparable professional groups, they should be entitled to the following:

- pay according to agreed scales,
- regulated working hours and free time,
- properly organized replacements during absence through sickness or on leave,
- additional staff to deal with peak workloads,
- social security benefits, health monitoring and insurance protection,
- further training.

Better equipment is needed to make the work easier. Care and administration should be separated and routine visits dealt with by non-specialists. The task of care workers will also be made easier by improved coordination with local social services authorities, increased cooperation with the various non-residential services, improvements in administration and rationalization. Care workers should also be given assistance with dealings with the social security authorities. Bearing in mind the different conditions obtaining in the two areas of work, jobs in the non-residential services must be on an equal footing with those in residential establishments.

The most important prerequisite for a draft directive on harmonizing the status of family and old people's care workers in the European Community is the harmonization of training in this field according to European guidelines. With regard to training and recognized qualifications in this field, training courses vary widely at present and there are different entry requirements. There are even fewer statistics available about this than about the numbers employed in this field, nor is there any detailed information about further training facilities for those working in it. There are signs that not enough further training is available and that teaching staff to provide it are too few. Greece has reported that health sector personnel other than doctors are inadequately qualified. Less than 35% of nursing staff have completed a full training, which lasts 3 to 4 years; most have not completed a recognized course and are only trained to a low level. Courses on care for the elderly have only been introduced in nursing schools over the past few years (Greek report to the World Assembly on Ageing, p. 44).

In the Federal Republic of Germany the Lander wish to introduce framework legislation from the Ministers of Employment, Social Affairs and Education to establish national minimum standards for training and qualifications, including improvements in the theoretical component and a minimum training period of two years. This framework legislation has now been approved by the Conference of Ministers of Employment and Social Affairs.

In setting entry requirements it must be borne in mind that there are two very different groups of applicants. Many of them are seeking a change of direction for personal, work-related or health reasons. They are generally housewives seeking a satisfying occupation once their own children have grown up, or women who need to support themselves because of divorce or other reasons. The motivation of these people for a career in caring for the elderly is usually very high. Previous experience in other fields is brought to bear in this new work. Their greater maturity gives these applicants a good grasp of the problems of the elderly. They should not be excluded from access to training to care for old people by a requirement for substantial educational qualifications. Entry requirements should be comparatively high for young people, for whom the deciding factor is frequently not commitment to working with old people, but the consideration that they have no chance of training for another of the caring professions because their educational qualifications are too low.

In future, training schemes should be drawn up in all the Member States in accordance with uniform national guidelines. In addition to adequate numbers of teaching staff for the theoretical and practical aspects, and adequate teaching and study materials, sufficient provision must also be made for students to have the requisite training placements in suitable establishments caring for the elderly and in hospitals.

**MOTION FOR A RESOLUTION (DOCUMENT 2-1257/84)
tabled by Mrs VAN HEMELDONCK
pursuant to Rule 47 of the Rules of Procedure**

on home helps for families and the elderly

The European Parliament,

- A. having regard to the Treaty of Rome, in particular Article 3 and Title III thereof on the free movement of persons and services,
- B. having regard to the sustained efforts of the Commission to secure uniform conditions throughout the Community for exercise of medical and paramedical professions and to the case law of the European Court of Justice in this area,
- C. whereas home helps for families and the elderly fulfil an important task in providing primary health care; whereas, however, the relevant training and the conditions for practising this profession differ in the various Member States; whereas, in addition, this is the most recent of the paramedical professions and is exercised mainly by women; whereas, owing to the abovementioned factors, it is an undervalued profession, and whereas those who practice it are in great danger of finding themselves unemployed in the current crisis,
- D. whereas the training for and practice of this profession can best be harmonized at European level,
 1. Requests the Commission to forward to the Council a proposal for a directive harmonizing the status of home helps for families and the elderly in the European Communities;
 2. Instructs its President to forward this resolution to the Commission, the Council and the governments and parliaments of the Member States.

