

FAMILY - A BASIC PILLAR IN THE CARE OF THE ELDERLY AT HOME

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ABSTRACT: *As the population ages rapidly and chronic disease rates become more prevalent, families are experiencing a decline in their ability to provide care for the elderly. Society should increase the need for a long-term care policy to provide home care and social support for the elderly who are highly dependent. This paper aims to highlight how the needs of the elderly are met through family home care.*

Keywords: *home care; family; elderly person; dependency;*

Introduction

The elderly population needs different health care needs than younger adults, mainly due to the increase in chronic diseases and the appearance of disability in old age. Often, the elderly lose their ability to live independently due to limited mobility, physical or cognitive disabilities. In this context, they need some form of long-term care, which may include home care or residential (institutional) care.

According to studies conducted by the World Health Organization (WHO, 2014) it was found for a significant percentage of the population, old age is associated with increased dependence and vulnerability associated with decreased income or health and there is an increased need for care and support. The vulnerability of older people increases with declining incomes. At the same time, age is almost always the strongest predictor of human health and the predominant risks of morbidity and mortality among the population. A person's age reflects exposure to various external health risks whose effects accumulate over time, such as tobacco use or unhealthy eating.

In order to achieve a lasting level of health, it is necessary to invest resources for the prevention, early diagnosis and treatment of chronic diseases. Also important are campaigns to prevent and reduce tobacco and alcohol consumption, promote healthy

eating and play sports, even in old age.

At the biological level, aging is associated with accumulated cell damage that causes a decrease in the body's ability to repair itself and increases the risk of developing a number of different diseases (Stevés et al., 2012; Vasto et al., 2010; Beard and Bloom, 2015).

There are situations in which older people may experience declining health and functioning, others will experience a rapid transition from good health to death, while other older people will experience prolonged periods of alternating illness and disability. of periods of partial or total recovery. Substantial heterogeneity in the health status of older people requires the establishment and development of health systems that respond to the diversity of diseases they face.

Care needs may be different, each elderly person faces special, personalized care needs. For example, a healthier elderly person may not need support from another person to perform daily activities, while other elderly people bedridden may need more support in their daily routine.

The role of the family in caring for the elderly

It is well known that for generations the family is the first institution to provide care for the elderly in a situation of dependency, being a source of support and motivated

mainly by moral, emotional and inbreeding (Salgueiro, Lopes, 2010).

The well-being of the elderly depends largely on the level of family ties. In recent years there has been a decrease in the number of people who can provide care to this group of people. So in many cases, family members retire from work to care for their elderly relatives.

For the care of the elderly at home, families should take into account several criteria: their ability to provide for their care, stressors and any problems that may arise as a result of cohabitation with a dependent elderly person. The family environment offers the elderly the possibility to stay in their living environment (Stanciu, 2008).

There is a high need for long-term care services, driven by the growing number of elderly people who are highly dependent. Support networks can be both formal and informal. Family, neighbors, friends and the community are informal support networks. Public policies, welfare and social assistance, establish formal networks. In partnership, they help the elderly and carers to solve everyday problems.

Families may face difficulties when low incomes and pensions are insufficient to ensure a decent living, especially since the elderly person, a family member, suffers from a chronic illness or has a disability and needs permanent care.

The family remains the main provider of social services, functional, economic and emotional support for the elderly and their caregivers (Fratezi, 2011).

Families facing these life contexts need effective support from the community support network in order to remain socially and mentally healthy, in order to provide adequate care to their elderly relatives in their care.

According to Clark (2018), through the social interaction of the elderly with family members who support them, increases the level of satisfaction in their lives, giving them a sense of happiness. In this context,

the relationship with the descendants is the primary and most important support for the elderly, and the relationship and intergenerational relationship in the family is a determining factor in ensuring that the elderly are included and socially integrated, through family support and care for elderly.

A caregiver can be defined as a person caring for a sick or dependent person during daily activities. Today, the experience of home care has become more and more the responsibility of families.

The role of family caregiver is complex and demanding as the main provider of long-term services and support for older adults, with many tasks both domestic and self-care (getting in and out of bed, bathing, dressing, eating or toileting), and tasks related to the management of medical procedures and equipment at home, the supervision and administration of medicines.

In this sense, being caring means much more than monitoring the daily activities of individuals, it means providing attention and care in the life of the other in need, which leads to important changes in the lives of these people.

When care comes to a single relative, the activity becomes tiring, because they fail to meet their own needs, causing frustrations and social losses that may be reflected in the way care is provided. The elderly need constant attention, which requires vigilance and a desire to participate at all times.

In terms of changes in family routine, both the caregiver and the rest of the family adapt their lives to the needs of the elderly in the family. Often the living environment is changed and the objects in the home are adapted to the needs of the dependent person.

It can be said that the dependence of an elderly person causes a high commitment to family functioning, changing family dynamics and the health of family members who are responsible for care. Family members who provide care for the elderly may experience several feelings, including

suffering, fatigue, stress, sadness, nervousness, fear, anxiety, irritation, and crying (Lindolpho et al., 2014).

The impact of care on the caregiver's health depends on personal and family circumstances, for some, care gives confidence, provides meaning and purpose, for others, care leads to emotional stress, depression, anxiety and impairment of physical well-being.

The family caregiver sometimes feels the burden of losing the freedom that comes from the constant need for care that the family member requires, making it impossible to spend free time. Prolonged care activities have an impact on quality of life: interruption of social activities, depression and fatigue, withdrawal from the circle of friends and even job loss.

It is now widely accepted that for most dependent elderly people, a combination of services is needed to maintain an adequate level of care. Along with the family carer, support from social and health services would be needed to develop a range of services that complement home care to meet the complex needs of older people.

In all European countries, government policies have encouraged home care for the elderly as an ideal policy solution, being less expensive than the alternative to institutionalization.

Public social and health policies are still deficient and unable to meet the growing demands of older people and their families, and the need to improve the quality of care for the elderly by focusing on families in an interdisciplinary way, proposing effective measures to ensure care for promotion.

Conclusions

As populations age, the involvement of government institutions in the development of innovative policies and public services, especially for the elderly, is essential in order to ensure a healthy life and to promote social protection and the well-being of the population. Public policies are needed to alleviate upward pressure on national health care budgets exerted by rising costs of health care services for the elderly.

Health systems need to be reorganized to meet the growing demand for care, services and technologies for the prevention and treatment of chronic diseases associated with the aging population.

Hospitals have often been the main provider of continuing care. This alternative has proven to be costly, which has led service providers to develop alternative forms of long-term care.

In order to assess the prevalence and nature of family care for people but also the impact of care on the health, general well-being of people, it would be necessary for government authorities to intervene in several priority areas of action, starting from identifying, evaluating and supporting family caregivers. the provision of home care, the recommendation of policies that address the needs of family carers, and the focus of health care reforms should evolve from person-centered care to person-centered and family-centered care. Family carers should be included as an integral part of the collective responsibility for caring for the elderly who face certain limitations.

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