REPORT ON THE INTERNATIONAL SYMPOSIUM

"Home Care for Dependent Older People in the Latin American Southern Cone"

Buenos Aires, June 28th- 29th, 2012

HelpAge International

personas mayores protagonistas

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REPORT ON THE INTERNATIONAL SYMPOSIUM
" Home Care for Dependent Older People in the Latin American Southern Cone"

This Symposium, organized jointly by HelpAge International and Isalud University, was held on June 28th and 29th, 2012 at the seat of Isalud University, in the City of Buenos Aires. The purpose of the Symposium was to establish the basis to develop a home care programme for dependent older people taking into account the social, economic and cultural diversity existing in the Latin American populations.

The activities which led to the organisation of this symposium were developed six months earlier and included the analysis of specific statistical data related to the Southern Cone countries. This data enabled to identify the existing needs that have to be met and to conduct deep research by applying the so-called "snowball" strategy aimed at individualizing appropriate and successful community practices currently developed in the countries of the region.

The report called "Design of the Home Care Program in the Southern Cone. First Progress Report", prepared by Professor Silvia Gascón for HelpAge International, includes a survey of the main existing public and private programmes and a processing work of the data extracted from the national statistic systems. The activities developed in the framework of such report provided the basis to think about this issue and formulate recommendations. Among such recommendations, the most remarkable one was the proposed organization of this Symposium. As a result, the Symposium program content was defined, the profiles of the international experts to be invited were designed, and the appropriate operational dynamics was established in order to attain the established goals.

1.- Organisation of the International Symposium "Home Care for Dependent Older People in the Latin American Southern Cone"

The information resulting from the research confirmed the increase of the demographic ageing process in the countries of the Southern Cone, especially the ageing from the peak of the age pyramids, or the increase of people aged 80 and older ratio over the total population. Statistical evidence shows that the increased share of people aged 80 and over conditions the increase of the percentage of people with permanent physical or cognitive limitations that prevent them from performing their daily activities in an autonomous way.

Since the demographic ageing in the three countries is increasing, they have put in place national systems of social protection. Currently, they are giving a wide coverage in the three countries. However, the social problem related to dependent older people has not yet been addressed by public policies or by the social security, as it is still believed that the very families are responsible for taking care of their dependent older people. On the other hand, a program to train geriatrics assistants or "home caregivers" is in operations since twenty years ago as part of the first efforts to give an alternative response to the admissions in geriatrics nursing facilities when dealing with the increasing demand from fragile and dependent older people and their families.

Up to date, there is a marked division between the training centres for the so-called "home caregivers" and the institutions or organisations which are potential users of the service. Likewise, there is a lack a coordination between the health, social, labour and education sectors, all of which are involved in the training and use of human resources. Finally, the great task of training "home caregivers" is yet to be translated in the organization of comprehensive services to take care of dependent people.

There are few cases of cooperatives or self-managed organizations that provide comprehensive services, but even in those successful experiences, the need for a higher encouragement and assessment is clear. Besides, there is a lack a regulatory framework to control such activities and services. For these reasons, the admission in geriatric institutions is virtually the only response for those who losttheir autonomy to perform daily-life activities. By the other hand, the whole region shows a scarce fulfilment of the care cycle: a) prevention, b) care, and c) follow-up.

Both the analysis of statistical data and the survey of qualitative data conclude that the development of community-based activities and services involving families, society and government to support dependent people is getting more and more critical. Furthermore, they reveal the need to develop deep studies regarding their cost and financing. The report concludes that the first step is to agree on a conceptual and regulatory framework from the point of view of human rights. In other words, the starting point should be the need to promote comprehensive services to support dependent people based on the very people and on the communities where they live.

The contents of the Symposium were developed on the basis of eight basic questions:

1. Why is home care necessary in the region, and specifically in the Southern Cone?
2. How are home care needs established?
3. How are care responses established?
4. How are the services organised?
5. How are the financing sources for the services and benefits established and combined?
6. Which are the key factors, main competencies and appropriate methodologies to train managers, caregivers and other home service providers for dependent people?
7. Which are the main lessons learned from the experiences in countries with a higher level of development?
8. Which are the good practices identified and which are their attainments and bottlenecks?

The invitation to and organization of the International Symposium started from two premises:

- A dignified, reliable and high-quality care can be attained in a great extent in our cities and countries, no matter if they are rich or poor.
- To recognize older people's rights, needs and abilities is not just an ethical imperative but rather a need of societies at this stage of increased longevity in the world

In order to answer the above basic questions, a strategy of eight sessions organized in an experts' panel dynamic was designed. Each session was preceded by a thirty-minute conference presented by an expert specialised in the subject matter. After the lecture, a dialogue began among all of the invited international panel members. The questions and consultations from the attendees were asked in writing and answered or discussed during the last two hours of the final session. This method was chosen in order to avoid interrupting the discussion, which would result in extended sessions, besides the fact that some of those questions would be clarified in later sessions.

Based on the diagnostic and axiological considerations, the profile of the invited experts was defined. Three wide profiles were outlined for the professionals to be invited: a) experts from countries who pioneered the respite care services for dependent people and have a wide experience in managing this kind of services; b) workers with successful Latin American experiences (good practices); and c) local and foreign public servants from the region who are familiar with the development of policies related with the subject matter[1].

The list of experts was defined as follows:

International experts:

- Miguel Ángel Vázquez Vázquez, Physician specialized in Geriatrics, Associated Professor of the Vigo University, Spain
- Jean Michel Caudron, ConsultantinGerontological Engineering, France
- Marg McAlister, Director of Policy and Researchof the Canadian Home Care Association, Canada

Officers from national and international regional public institutions:

- Enrique Vega, Regional Advisor of Ageing and Health from the Pan American Health Organization
- Sandra Huenchuán, Specialist in Ageing from the Latin American and Caribbean Demographic Centre (CELADE) - ECLAC Population Division.
- Mónica Roqué, National Director of Policies for Older People from the National Secretariat of Children, Youth and Families, Ministry of Social Development, Argentina .
- Teresita Ithurburu, Head of the Unit of Quality Strategic Development and Management from PAMI, Argentina.
- Rosa Kornfeld, National Director of the National Service for Older People (SENAMA), Chile.

Workers with successful experiences in the region

- Lilliams Rodríguez Rivera, Research Center in Longevity, Ageing and Health, Cuba.
- Gilberto Marín, Care Network for Older People, Costa Rica.
- Josefina Sánchez Sol Trecha, Chaco Trentine Society, Argentina
- Cristina Lombardi, SIDOM Foundation. Coordinator of Institutional Relations.City of Buenos Aires, Argentina.
- Susana Rodríguez, Secretary of Older People of the Montevideo City Council, Uruguay.
- Claudia Covarrubias, National Technical Advisor for Older People, Hogar de Cristo, Chile.

Académicos y funcionarios participantes en los paneles

- Armando Vázquez, Pan American Health Organisation (PAHO), Buenos Aires.
- Claudia Jaroslavsky, Head of the Active Ageing Programme, Ministry of Health.Argentina
- Eugenio Zanarini, Vice-Chancellor of the Isalud University. Argentina
- Carlos Garavelli, Chancellor of the Isalud University. Argentina
- Nélida Redondo, Professor and Researcher of the Isalud University. Argentina

The general organization of the Symposium was conducted by Silvia Gascón, Director of the Master's Degree Program of Management of Gerontological Services of the Isalud University, Argentina, and Catherine Dusseau, Regional Health Advisor for the HelpAge International Regional Centrein La Paz, Bolivia.

1. It is worth mentioning the contribution of Louise Plouffe to facilitate the participation of a representation from Canada.

2.- Development of the Symposium "Home Care for Dependent Older People in the Latin American Southern Cone"

The Symposium caught a great interest, which was evidenced by more than 200 registrations. As a result, the signing up chances had to be closed one week earlier than expected. Simposio despertó un gran interés entre profesionales, expertos y funcionarios del cono sur, que rápidamente completaron el cupo de 200 personas que se había fijado. Los participantes acudieron a las jornadas y en todo momento expresaron su interés en las presentaciones realizadas, así como en continuar ligados con los organizadores. La mayoría, tal como era de esperar, provinieron de la República Argentina, país que tuvo representación de varias provincias y municipios, tanto del sector público, privado, como de organizaciones de la sociedad civil y académicas.

Professionals, officers and experts from the three countries of the Southern Cone attended the conferences. They expressed their interest in the presentations at all times and in continuing being in touch with the organizers. As expected, most of the attendees were from Argentina, which was represented by several provinces and municipal governments, as well as by the Argentine public and private sector, and civil and academic organizations.

The Symposium was organized in two phases. During the first and widest phase, which was conducted for two days, the subject matters were addressed by asking questions to each panel. During the second phase, which took place during a half day after the closure of the event, a Meeting of Experts was held in order to discuss the ways to create a program of services for dependent and fragile older people in order to meet the current needs in the countries of the region, as well as to define the role of HelpAge International in promoting and developing precursor activities in this regard.

The Symposium started with an Opening Table, with the participation of national authorities, representatives of the Isalud University, and the representative of HelpAge International. The Chancellor of the Isalud University welcomed the attendees and thanked HelpAge International for the confidence placed on the university to organise the Symposium.

Afterwards, the Undersecretary of Policies, Regulation and Control of the Argentine Ministry of Health, Dr Gabriel Yedlin, congratulated the organizers of the Symposium and talked about the importance given by the current Ministry to older people and the creation of the Active and Healthy Ageing program. Dr Armando Vázquez, in representation of the Pan American Health Organization in Buenos Aires, Dr Catherine Dusseau, from HelpAge International, and Professor Silvia Gascón, Director of the Symposium, spoke as well. Particularly, Dr Dusseau explained that HelpAge Internationalintends to promote a debate in order to define the key factors of a strategy to develop programs and services that can respond to the needs of dependent older people. After this opening session, the first activity took place.

2.1. First Panel: The Need of Home Care Services in the Region

Speaker: Sandra Huenchuán, CEPAL/CELADE

Panel:

- Development of home care programmes in the Southern Cone: Silvia Gascón, Isalud University / HelpAge International.
- A framework for a comprehensive and integrated care: Enrique Vega, PAHO.
- The needs of care in the Southern Cone: Nélida Redondo, Isalud University.

Coordinator: Armando Vázquez, PAHO, Buenos Aires.

The presentation of the Symposium dynamics and the first panel were conducted by Professor Silvia Gascón. Professor Gascón explained the objectives of the Symposium, defined the basis for selecting the subject matters, and outlined the wider context where it is developed. She said that the initial area of coverage in the countries of the southern cone was defined because of the faster and sooner demographic ageing process experienced there. The development of the project in these countries should serve as a starting point to affirm in the region the activities already pioneered by HelpAge International. She said as well that the Symposium will give as a result the preparation of the conceptual and operational guidelines to lead those people and organizations interested in providing community-based services to support dependent people. During her presentation, Professor Gascón explained the objectives and grounds on which the Symposium was organised and which were already mentioned above in this report.

The presentation of the ECLAC expert, Sandra Huenchuán, provided data on: a) the relationship between the residential arrangements and the demographic ageing in Latin America and the Caribbean; b) the impact of ageing on the care systems; c) the policy options in the framework of the social protection; and d) the challenges to be faced by the social protection systems in the ageing context.

The statistic evidence shows that this kind of care will become an imminent challenge for the region's public

policies. The current demographic change affects the behavior and composition of the demand for specific social services. The demographic ageing increases the demand for assistance services. In view of this increasing demand, the chances to practice a family solidarity in a scenario where the role of women is changing are limited. Women have been moving away from the care tasks and men have a little role in this kind of duties. Also, the social protection systems are left behind the needs that are arising from the current demographic and social and economic reality.

The sources for support and assistance for older people come from the government, the market and the families. In Latin America, the family is perceived as the main source of support for the elderly. However, the progressive integration of women into the workforce, added to the increasing demographic ageing, weakens the involvement of the families in the care of older people. For this reason, it is necessary to include the care to dependent people in the social protection systems. These social protection systems should add to the existing two pillars of social security and health a third pillar of social services.

Social services should include home care services, day centers, temporary residences, programs of adjustment to the housing, alternative lodging systems, and social and health services. In addition, they have to include the protection of the financial rights, the right to the social security, and the right to health for those women who take care of dependent older people.

The challenge to the social protection systems in the countries of the region is overwhelming, as the ageing process in the Latin American Population is fast and occurs in precarious economic conditions. The group with the highest growth among the elderly population is that of 80 years and over. This situation occurs simultaneously with the integration of women into the workforce and in the context of an increased population who needs more care. The absence of social services produces a high demand to the families in order to fulfil the duties of safety and protection.

In coincidence with Dr Huenchuán's main presentation, the panel member Nélida Redondo focused the attention on the demographic indicators which show the need for services in three countries of the southern cone. The objective was to assess the forecasting capacity of selected indicators which could be prepared based on censuses and surveys conducted by the statistical institutions of the countries of the region. In particular, she pointed out and explained the indicators that relate the social-economic and social-demographic variables with age and with permanent disabilities and need for assistance. These indicators are especially useful in the Latin American countries because they allow them to identify their most vulnerable groups, to estimate the number of these groups, and to know their location. Finally, she mentioned the results of the ad-hoc research conducted in Argentina which provide evidence of the gender inequalities in the costs of dependency that are prejudicial to women at the end of their lives. The Argentinean data suggest that women, who are the main family informal caregivers for dependent people, have several disadvantages bystaying at home, when they are the ones who need help. The most eloquent indicator to see this situation is the specific rate of admissions in geriatric institutions. In the Argentinean case, the rate of admissions of women older than 80 years doubles the rate of admissions of men in the same age group.

The set of social-demographic and social-economic indicators ratifies the recommendations made by Huenchuán about the need to integrate the "care economy" to the social protection systems in the countries of the southern cone. The care economy proposes to convey to the government, to the market and to society a portion of the support and care tasks, currently loaded exclusively onto the families. Also, Redondo asks the countries of the region to unify and standardize the production of national statistical data, so that the compared assessment of the needs and services can be easier. Along the same line, she asks to adopt a common language to include the respect for older people's rights, for example, she says that it is necessary to: replace the "dependent" adjective with "in a dependency situation"; use the terms used by the Royal Spanish Academy that define a person's ability to develop activities by her/himself as "self-reliance; and call "autonomy" to the ability to make decisions about their lives. She proposes to use the terms "loss of self-reliance" and "maintenance of autonomy". As for the services, she says that it is ethically and functionally correct to say "support" instead of "care", as the latter refers to an active condition from the part of the one who offers it, and a passive condition from whom receives it.

The panel was closed by Doctor Armando Vázquez, from the PAHO, Buenos Aires. He gave the closure conference.

2.2. Second Panel: How to Establish Home Care Responses?

Speaker: Enrique Vega, OPS

Panel:

- Jean Michel Caudron, France.
- Marg McAlister, Canada.
- Sandra Huenchuán, CEPAL/CELADE.
- Miguel Ángel Vázquez Vázquez, Spain.

Coordinator: Teresita Ithurburu, PAMI.

Main conference:

The main presentation to answer the question asked to the panel was provided by Doctor Enrique Vega, Regional Advisor on Ageing and Health from the Pan American Health Organization (PAHO) in Washington DC. Doctor Vega centred his presentation on the relationship between demographic ageing, health, and thelack of private and public financial resources. He compared a table of chronic disabling diseases in people who exert their right of access to the health care and people who do not have that right in order to point out the challenges faced by the Latin

American health systems to deal with the new demands, integrate new stakeholders, and offer new responses in times when the traditional modalities of healthcare still undergo several shortcomings. He said that, in a complex economic and demographic scenario, it is hard to guarantee the right to welfare and health. From his perspective, he emphasized the need to establish a new paradigm to organise the services proposed by him and the need to train new actors. Families can keep providing care if they have support. The development of new technologies encourages the task, but it is necessary to generate a culture of health. The Alma Ata principles of primary healthcare are still in place. In the new paradigm, home care, citizen involvement and community involvement are back.

Good health adds life to years, and the implementation of services under the new health culture provides new sources of employment. In this context, it is necessary to define public policies to fit the new scenarios. Medicine goes back to the homes. It constitutes a response to the problems produced by chronic diseases and to the market needs. The competition between primary healthcare and home care services is completely unnecessary. The demographic transition and the epidemiologic transition that are taking place in all of the countries of the region need a wide range of answers. Home care based on rights implies the integration of social and health benefits.

Exchange of ideas between the panel members :

The comments of the panel members about this main presentation highlight the key points for the debate. Marg McAlister (Canada) argues that families need help and they should be given with financial support. From her perspective, the mentality is changing. The types of services offered more frequently to the families are, in his experience, home nursing and home assistance. He reaffirms the notion of change of the health culture. The long-term systems are in crisis, and the change of direction goes to stop investing in hospitals and reinforce investment in community services and home care. The question here is how we could implement this change while ensuring at the same time the welfare and the efficiency. In the Canadian case, home services are organised around the health sector.

Geriatrician Vázquez Vázquez, based on the Spanish experience, discussed the cost of the home services. From his perspective, it is crucial to establish in which cases they are lower than those from the long-stay institutions and in which cases they exceed them. He justifies the importance of this issue in the current scenarios of adjustment of the public expenditure, where the families' and communities' capacity to pay can change the current situation. Vázquez Vázquez understands that home services are too expensive if related to a moderate dependency to be considered as a right. He suggests that to introduce complementary lines of intervention to the usual ones. It could be using teleassistance to cover emergencies, security issues and other care. Furthermore, he suggested another issue that, in his opinion, is critical and should be included in the debate: who should be responsible for the social and health service? The social area or the health area? In the Spanish case, home services for older people are managed by the social area and produce coordination problems at the time of guaranteeing their comprehensiveness. He advocates the use of terms from the ethical point of view and explains the differences between support and care, and expresses his agreement with the use of "support" to refer to the actions oriented to assist dependent people.

Jean Michel Caudron (France) made some comments about the last question. In France, the respite care and health interface is resolved at home, with the coordination of a Gerontological Coordinator from the Local Centre for Information and Coordination (CLIC). In Belgium, the physician canparticipate in the coordinationof the social and domestic activities. But this is the coordination centre that evaluates the needs of the older person, triggers the intervention of the providers, controls the quality thereof and can stop the interventions if these do not reach the expected quality standards. The coordinator visits the home. The region (autonomy, sub-national level) pays to each professional. The system of home respite care services produces new sources of employment in the cities or communities.

Coordinator Teresita Iturburu closed the panel and provided a quick summary.

2.3. Third Panel: How to Build a Feasible and Sustainable Service for the Home Care for Dependent Older People ?

Speaker: Jean Michel Caudron, France

Panel:

- Marg McAlister, Canada.
- Miguel Angel Vásquez Vásquez, Spain
- Enrique Vega, PAHO.
- Sandra Huenchuán, ECLAC/CELADE.

Coordinadora: Prof. Silvia Gascón. ISALUD University, Argentina.

Main conference:

Jean Michel Caudron began his presentation discussing the concept of "interdependency" as expressed by Marcel Nuss:

"It is not about running and supervising, but rather it is about accompanying, standing in for, compensating. Therefore, it is necessary to be available, attentive, open. The characteristics demand for self-control and love."

This concept suggests that it is necessary to accept the "mirror" relationship. To be a caregiver means to establish an interdependence with the other, the one who needs, the one who asks, the claimant induced by necessity of company and specific care, but also by his/her personality. In this interdependence, it is crucial to obtain and maintain an emotional balance. If we want the services to dependent people to be feasible, they have to take a diagnosis shared with the users as a starting point. It is about building an action plan. Jean Michel Caudron says that he is not a physician, nor a scholar, nor he pertains to a hospital service. He is a presenter, a consultant in "gerontological engineering". The term "engineering" is used in the French sense. From his perspective, an engineer mobilizes competencies to meet the needs. He is specialized in promoting the local development by diagnosing the problems and solving them. A shared diagnosis takes place based on the revision of the life project, an individual life project. The individual's life project, "le projet de vie de l'individu" (from the Gerontological Association from District XIII in Paris) rests on five pillars for any age and condition: a) the psycho-affective life; b) the social life; c) health; d) financial life; and e) habitat. It is crucial to avoid confusing the life project, which is unique for every individual and this individual is the one who conveys it, with the disability compensation project and other projects of individualized coaching that offers the professional. Thus capacities in mediation skills need to be developed to be applied in case of family crisis.

The concept of gerontological action (1992) refers to building together and proposing a life environment where every ageing person can conceive and manage their own life project in order to grow old as a free and solidary person in her/his personal, family and community home, integrated with her/his family, friends and neighbors, thanks to a panel of adjusted and high-quality assistance that provide her/him with a freedom of choice. Those who need support have to support themselves in the first place. They have to make decisions. The caregiver-person relationship is not a master-slave relationship. The gerontological action implies the development of a wide range of answers, so that people can elect and stay in their livelihoods. It is necessary up from the beginning to draw up a local plan to deploy several actions: a) global activities in the territory; b) information (between partners and with the beneficiaries); c) structuring of the gerontological device; d) eventual creation of new social and medical services (with an intergenerational solidarity).

The gerontological devices are adjusted to the particular needs of every territory. For this reason, the policies related to older people should be decentralized to the departmental level.

Currently, the extent in which the social and health services based on the community should be part of the public health insurance is in discussion. The expert said that, for example, Denmark began in 1980 a general policy to maintain older people within their community environments. Today, this trend has been reverted to the point that the local governments encourage their citizens to move to a nursing home while they have still the capacity to make decisions for themselves and to choose the place of residence. This way, the communities expect to save money, as the support to dependent older people who need permanent assistance at home turns out to be very expensive.

In 2009, Denmark enacted a law to prevent a person who applies for a place in a residence from waiting more than two months to obtain the space. In addition, all of the long-stay institutions are obliged to organize councils of residents. The improvements made to the laws related to long-stay institutions resulted from the lobbying activities conducted by older people. DaneAge is an organization with more than 540.000 members aged fifty years and over, and has more than two hundred and ten local committees. In these committees, around ten thousand volunteers develop social events and advocate older people's rights.

The organisation of comprehensive social and health services that support older people, no matter where they live, is one of the most remarkable attainments of the reforms introduced in Denmark and the Netherlands. Volunteering activities developed by young retired people constitutes a great social force that still needs the creation and development of several competencies. They are a pillar of the intergenerational relationships.

Currently, the fall of the Welfare State and the "Welfare Family"is producing the emergence of a third way: the social economy. This way could prevent the primacy of market's laws and that the support to the poorest remains a residual social support.

Exchange of ideas between the panel members:

Marg McAlister commented the presentation by adding the Canadian experience. In Canada, the government hires workers, NGOs, cooperatives and other companies to provide social services such as home chores, week-end care, telephone support, and family relief services. The health

centres develop community projects where they move medical assistants to the homes. Theintegrality and comprehensiveness of the service is assumed by a case manager who, in the Canadian experience, can be a certified nurse. There are no services of 24-hour home care because the family members or the neighbours give support as well in all cases. In absence of this informal support, then a long-stay institution is offered. Home care complements the effort of the families, so it is provided in a flexible manner. This type of services improves the clinical results.

Sandra Huenchuán discussed the lack of coverage of the social security in the region. From her point of view, the services to dependent people should be faced by the government, the market, the NGOs and the families. The programs to support dependent people are intended to combine women's productive work with non-productive work. In sum, they are intergenerational programs. What are the keys to build feasible services? To integrate in the social security the programs to support dependent people, whose main product is the decrease of unemployment expenditure?

The coordinator made the final summary of the panel and thanked the panel members for their contributions.

2.4. Fourth Panel: How to Train Human Resources for Home Care. Key Areas and Main Competences to be developed ?

Speaker: Mónica Roqué, Ministry of Social Development of the Nation (Argentina)

Panel:

- Marg McAlister, Canada.
- Jean Michel Caudron, France.
- Miguel Angel Vásquez Vásquez, Spain.
- Enrique Vega, PAHO.
- Sandra Huenchuán, ECLAC/CELADE.

Coordinator: Claudia Jaroslavsky, Head of the Active Ageing Program, Ministry of Health of the Nation (Argentina).

Main Conference:

Doctor Mónica Roqué mentioned the specific public policies implemented in Argentina by the National Direction, which is the responsible institution. She began her presentation by saying that Argentina is a federal country, composed of 24 sub-national jurisdictions. It is one of the countries which show an advanced ageing process in South America. In 2001, 14.3% of the Argentine population was older than 60 years, (10,2% people aged 65 and over from the total population). Almost 60% of people older than 65 years are women and more than 40% are men. In other words, the population has become feminized as a result of the higher female longevity. Also, according to the 2010 population census data, people aged 75 and over amounted to around one and a half million, representing 30% of the population older than 60 years. The Argentine pension system is widely

expanded; therefore, 95% of people aged 65 and over receive a retirement pension.

Doctor Roqué said that the policy developed by her Direction, specifically oriented to dependent older people, has two components: a) promotion of local systems of home care services, and b) training in home care. The home care program is managed by the social area in Argentina, without any connection with the health sector. The training to the home caregivers began at the Ministry of Social Development in 1996, and in 2003 it became a public policy. From the beginning up to date, 25.000 caregivers have been trained in 400-hour training courses. Currently, the ministry conducts training courses, refreshment courses, and advanced courses, and recently, specific courses of palliative care and Alzheimer disease.

The contents of the training modules include the following:

- Introduction
- Social Gerontology
- Geriatrícs
- Physiatry
- General Care
- Special Care
- Psychopathology
- Rehabilitation
- Good Habits
- Odontology
- Podiatry
- Recreation
- Home Practices
- Institution and Community Issues
- Knowledge Integration

The course lasts fourth months and includes theory, group work, institutional practices and home practices. The

requirements to be registered in these courses are: completion of the primary school, good health and a flexible personal treatment. The Federal Education Council recognized the certification of this course at a professional level. This training provides several competences to prevent, assist, promote and educate dependent people and their families.

The financing of these support services has been projected under three modalities: a) private expenditure of those people or families who can afford to pay for them, b) social work or prepayment health systems for those people who have this type of healthcare coverage, and c) the national, provincial and municipal government can assume the expenses for those low-income people who do not have access to the public healthcare system.

Since the home care is a source of employment, the professional training is also oriented to disadvantaged groups among the active population. For this, the courses prioritize the incorporation of those people who are protected by the "social plans" of the national government. Other disadvantaged groups are also included to access these courses, such as transsexual people. Currently, the development of a training course in the women's prison is being assessed, specifically for those women whose offenses relate to the traffic of small quantities of drugs.

Exchange of ideas between the panel members:

Marg McAlister referred to the Canadian programme. In Canada, the providers of this kind of services are financed by the government, and their professional operations are regulated by the relevant professional associations. Those people who provide home care services are registered, but not regulated, by the government. In general, nurses are the ones who are responsible for coordinating the home care system, but other supporting services are also provided, such as home cleaning, food delivery, and laundry, amongst others. In Canada there are no specific education requirements. The intervening paramedic professions and the case managers are trained by academic institutions, and their competences are regulated by the relevant professional associations. There is an ethics committee to assist and the office of the "ombudsman"represents the users' interests.

Miguel Ángel Vazquez Vázquez described the Spanish experience in this regard. The public sector is responsible for financing this type of services. These services facilitate the dependent people's autonomy at the time of making decisions. Social services comprise other benefits such as laundry services, food delivery and home support towards the living-together unity. The work modality has a network basis. A major problem is the turnover of assistants in a home. A comprehensive social and health care includes rehabilitation and prevention services, which are provided under a code of ethics. The Spanish expert emphasizes the importance of the volunteering work; especially the usefulness of this work is Spain, which is performed by older people in favour of older people.

Jean Michel Caudron summarized the French experience in this regard. In the French program, a social and medical evaluation is conducted through an external organization that determines the financing modality for these services (shared between the users and the government). From an ethical point of view, home services cannot invade the home privacy. Currently, the new automated intelligent home systems and the communication devices reinforce the autonomy of dependent people, while respecting the freedom and intimacy of older people. Up to now, there are no cameras in the houses, but their use is being discussed. The aim consists in generating medical and social innovations for the future.

Finally, and upon the panel request, Mónica Roqué explained some operational modalities of the Argentine program. One of the questions was referred to the authority of the Ministry to audit or regulate the home support service. The expert says that Argentina is a country administered under a federal system; therefore, the Ministry of the Nation cannot exert these faculties, as their only faculties in this regard are persuasion and education.

Coordinator Claudia Jaroslavsky made a final wrap-up and closed the panel.

2.5. Fifth Panel: Keys to Implement Home Care. A Critical Assessment of the Spanish Experience

Speaker: Miguel Ángel Vázquez Vázquez. Physician specialized in Geriatrics, Associate Professor of the Vigo University, Spain.

Panel:

- Marg MacAlister, Canada.
- Jean Michel Caudron, France.
- Enrique Vega, OPAHO.
- Sandra Huenchuán, ECLAC/CELADE

Coordinator: Cristina Lombardi. Coordinator of Institutional Relations for the SIDOM Foundation,Associate professor at the Isalud University. She is an expert of Home Care.

Main conference

The speaker used the term "home support services" and declared his preference for the ethical content and less iatrogenic of the term "support". From his perspective, the term "support" ratifies that those people with some type of dependence maintain their autonomy at the time of making decisions. In other words, he identifies himself with the proposal to distinguish between "self-reliance" and "autonomy". People can loss their self-reliance at the time of performing activities, but they should keep their autonomy to make their own decisions. This is the older person that is at the centre of the interventions, thus any action of support should come from the needs as expressed and felt by the person, focusing on his/her life's story and preferences.

In Spain, they use the terms "Home Support Services (Servicios de Apoyo Domiciliario, SAD). The Spanish public

policies define the home care as follows:

“It is an individualized program which is characterized for providing preventive, social, educational and basic support to dependent people, with personal care for AVD, psycho-social support, promotion of the social and community involvement, and support to the home activities. All of these services are intended to help people in risk or with slight dependence continue living in their homes. (Vázquez M.A. 2012. Adapted from Rodríguez Rodríguez P.)

Home Care is a benefit aimed at developing or maintaining the autonomy of people, preventing their individual or social deterioration, and promoting favorable conditions for the family relationships and other living-together aspects. This would help people to integrate themselves and stay within their current environment through an appropriate intervention and personal, social, educational, domestic, and/or social support.

The program has been evolving conceptually from its start-up. As a result, the terms referring to it, have been changing as well (Note translator: translation of care in Spanish can use different words with slightly different meanings):

- Home Care
- Home Support

In relation to the benefits offered by SAD in Spain as “home support” is concerned and having in mind that these are the responsibility of the local governments, these benefits can be divided in 2 categories “minimum or mandatory” for all users and “standards, o complementary” in quite a lot of cases:

I. Minimum benefits required:

In all Spanish regions and municipalities, these are required as a minimum package of interventions on domestic support and personal support.

II. The standards are for:

Intervention for domestic support

Interventions for personal support

Coordination of medical resources

Interventions for education

Interventions for the social-communitarian integration

Moreover other actions are being piloted and financed by the Autonomous Communities with more hours of support (in today practice the supportdoesn’t go beyond 8 to 10 hours a week) and more adjusted to the real needs of each user; these experiences include complementary actions such as Food on wheels, laundry, Gerodomoticsand volunteers.

The basic premises under which the social and health planning for the SAD have been developed are the following:

- A study of the features and needs of the population, their home environments, and the community resources (State of the art).
- Division of the care services by sectors based on the number of inhabitants and geographic zones (Organisation).
- Assurance of a continuing assistance through coordination with the specialized levels (Cohesion of services and organization).
- Integration of the respite care resources so as to avoid duplication of tasks (Comprehensive management).
- Cooperation between the formal care systems and the natural support network, for example the family, friends, etc. (Integration).
- A model of people support (Support vs. Care)
- Equal opportunities for all of the members of the community (Principle of justice).

Currently, as set forth in the Dependency Law, the services are financed with the public budget of the autonomous communities and local administrations. The user’s co-payment is based on an assessment of the users’ income and assets. The Public Indicator of Multiple Effect Income (“IPREM”) is an indicator used in Spain as a benchmark to standardize the assistance, scholarships, grants or unemployment compensation, amongst others. This indicator was created in 2004 to replace the inter-professional minimum wages as a benchmark for these services. The IPREM is published every year through the Budget Law. Therefore, the benchmark to be used is the last value officially published in order to see whether the user’s income exceed a given number of times the current IPREM. Some types of assistance have a ceiling of 5,5 of the IPREM annual value.

The institutions that provide home care services need a previous authorisation to provide them. If they provide services to users who are recognised as dependent people and are financed by the public administrations, they have to showpreviouslyanauthorisation it. Private institutions suggest a quality certification as a differentiating element in their competency as well as the training of the people providing the service.

The current model of "Home Care" Service in Spain as the one which should focus its activities on support in the opinion of various experts,has the following aspects and needs of change:

- Insufficient evolution of the model in the last twenty years.
- This is a service of a mainly mono-professional nature.
- This is an intensive service in the workplace.
- This is a service of low-intensity support or assistance or care.
- It is necessary to increase the social appreciation or dignity of the SAD assistance job.
- In practice, the team work is scarce and insufficient.
- The timing of the Assistants' workday (meetings, trips, continuing education, etc.) is not structured in an appropriate manner at the time of designing the service.
- Some workloads (administrative tasks) are not taken into account at the time of designing the service, which overload the social workers.
- The service model changes with the Dependency Law given the increased intensity of the service provision and the care to dependent people.
- Currently, the minimum levels authorized to provide the services for the Dependency System are agreed at the national level. However, the SAD should be designed with minimum common levels of quality for all of the autonomous communities so as to guarantee an optimum quality of the service and its continuing improvement.
- It is necessary to adjust the SAD in terms of promoting prevention actions and autonomy.

Based on the assessment made, some proposals to improve the SAD were produced as follows

- It is necessary to establish a protocol or a framework to control, evaluate, monitor and follow-up the service.
- This protocol should be agreed and implemented by the owners of the service (in this case, the public administration) together with the institution who provides the service.

The assessments made suggest the advisability to review the following:

- The schedule intensity: it would be necessary to change the service hours to support individual needs. It is necessary to define the criteria to outline the responsibilities shared by both the families and the users of the service. The SAD has always been defined as a support to the "living-together" unit not only the older person him/herself.
- The evaluation should take into account the care capacity of the relatives or the main caregivers.
- It is crucial to assist users and their families in an appropriate manner, and to design the general description of the service to include commitments, rights, obligations, etc., in order to define the family co-responsibility in the provision of the service.
- It is suggested to provide access to the Home Support Services (Servicios de Apoyo en el Domicilio, SAD) through the basic network of social services or respite care. In other words, it is necessary to establish a single gateway to these services.
- Rural models will not be a copy of the urban ones.
- It is necessary to incorporate supporting and assisting technologies such as the tele-assistance and gerontodomotics, age friendly and affordable for each context.

The interdisciplinary team is composed of:

- The Service Coordinator.
- A professional in charge of the referrals: a) a social worker; b) an occupational therapist; and c) a psychologist.
- A home care assistant.
- Administrative personnel.

A specific legislation to certify quality fo the SAD has been established and published by the Spanish Agency for regulation (AENOR) which is competent for such a task.

By the other hand, it is being assessed the potential need to have a code of ethics to cover and lead the whole team of professionals. A strategy to promote the professionalization of the team members is for the assistants to receive a regulated professional education. This regulated education would in no case replace the value of the continuing education of those professionals who is already working, which allows them to adjust themselves to the evolution of the very service.

In sum, Vázquez Vázquez suggests the need to develop a model of comprehensive respite care for dependent older people so as to cover both the social and health needs, including other services such as prevention, care and rehabilitation. The ultimate objective is to promote the people's permanence in their environment and maintain their natural support network. The model is based on the users' freedom of choice regarding the service provider, who must be authorized and have a quality certification. The purpose is to attain the professionalization of the sector and to promote a joint accountability on the part of the users regarding the sustainability of the system through their involvement in the financing of these services.

Public administrations are crucial as the guarantors of the service provision and for the standard regulation. They can establish a national framework to define the basic and common features to be developed subsequently by the provinces or regions and the municipal services. The laws of inheritance are also discussed: what is the treatment in case of care and forced heirs? This is a topic for the debate.

Finally, the expert says that autonomy implies that people can choose to die or they can be put themselves in risk of dying. Older People can choose between wanting to die and expressing their wish to have a dignified death. Older People should use their freedom to take risks. He reaffirms the ethical differentiation between the meaning of the terms "care" and "support" in reference to the services for dependent people.

Coordinator Cristina Lombardi moderated the questions asked by the panel members and closed the session wrapping up the conclusions.

2.6. Sixth Panel: How to Establish and Combine the Financing Sources?

Speaker: Marg Mc Alister. Executive Director of the Canadian Association of Home Care.

Panel:

- Jean Michel Caudron, France.
- Enrique Vega, PAHO.
- Miguel Ángel Vázquez Vázquez. Spain
- Sandra Huenchuán, ECLAC/CELADE

Coordinator: Rosa Kornfeld. Director of the National Service for Older People (SENAMA), Chile.

Main conference:

The presentation began with some data about Canada, which is politically organised in twelve provinces and three territories. The Canadian demographic aging represents currently 14% of people aged 65 and over out of the total population. Canada is undergoing a stage of epidemiological transition where morbidity caused by chronic diseases prevails. Currently, some economic pressures on the health system are in place. Health represents 47% of the government budget. The reform to the health system is driven not only by the increasing costs but also by the people's pressure, especially by the demands and expectations of the baby boomers.

This reform tends to decrease the share of expenditures at the hospitals and increase the involvement of community-based and home care services. In Canada, home care is understood as a series of services based on the community, which are provided at the homes and include health promotion, training, curative interventions, care at the end of life, rehabilitation, support and maintenance, social adjustment and integration, and support to the family caregiver. Care support complements the family efforts.

Services based on the community and home services are paid through public financing and private out-of-pocket expenses through the users' insurances. Home health services include paid professional and non-professional activities and (unpaid) volunteer services and donations. Community social services include paid activities related to the community care and unpaid activities related to the informal care.

Professional home health services include: a) nursing, b) physiotherapy, c) occupational therapy, d)speech language pathology e) social work, f) respiratory therapy, and g) dietetics.These activities are included in the health system.

Non-professional home care services include: a) personal care (bathing, dressing), b) meal preparation, c) home chores, d) home assistance, e) errands and purchases, and f) relief and support for the relative caregivers. These activities are paid.

Community-based care services include all of the above-mentioned non-professional home care services, in addition to: a) home visits, b) day care for older people, c) fall prevention, d) emergency-response systems, e) meals on wheels, f) meal delivery , g) activation, h) palliative care, i) mental healthcare, j) Alzheimer's program, and k) assisted living homes.

(Unpaid) voluntary services include donations and volunteering, and this informal care refers to the set of supporting tasks, care and company provided by relatives and neighbors. In the Canadian experience, community and home services rest in a great extent on the voluntary efforts and on the unpaid informal caregivers.

The public financing of these services in Canada began in 1984 with the enactment of the Canada Health Act (1984), which established a reasonable access to the hospital and medical services on a prepaid basis. The principles established in such law respect the symbols of equity and solidarity shared by Canadian society:

- Public administration
- Comprehensiveness
- Universality
- Portability
- Accessibility

The home healthcare programs were put in place in 1970, where each province or territory has the discretion to implement it based on their own needs. A ten-year plan to strengthen the health services began in 2004 to provide the following home services: a) short-term acute clinical care, b) end-of-life care, and c) short-term acute mental care. The

starting point was the belief that investment in this type of care would contribute to meet the general objectives of access to the services and that it would help face the waiting times.

Currently, the financing model for the home and community services in Canada comprises the following:

Public funds:

- Coverage services
- Limited medication, equipment and supply coverage.

In some jurisdictions:

- Co-payments
- Payments based on the resource assessment

It is estimated that the expenses for community and home services represent between 4,6% and 5,5% out of the total of health expenditures. Between 22 and 27% of the expenses in these services are paid through private sources. The value of informal and volunteer unpaid care represents 13% of the health expenditure. Finally, the impact on the companies due to the absenteeism and loss of jobs represented in 2007 1.28 billion dollars.

The modalities of public payment for the home health services have the following formula:

- Salaries, governmental professional and non-professional staff.
- Payment of benefits, the contracted model for purchasing services to private providers.
- Payment by results, all of the benefits included in one package.
- A combination of the above.

The political implications of this model are the following:

- Cost transfer from general funds to private funds.
- Assessment of the needs to determine the services. Clinical micro-management.
- Rights: right to learn about the assistance benefits.
- The investment in home and community services as a percentage of the health expenditure has not increased in the last ten years.
- Medical support in the community. Re-emergency of home calls, including virtual care.
- Age-friendly communities.

Canadians want to have the best social policies with the lowest tax rates. They want a universal system, without the interference of the federal government but with respect for the regional differences. In this context, the Canadian Home Care Association, where the speaker is the Director of Policy & Research, promotes excellence in the home care through leadership, awareness and knowledge. This association has the vision to provide accessible and demand-sensitive home services and community support, so that people can be at home with safety, dignity, and quality of life. This organization advocates specifically the following:

- Harmonised home care principles
- Public reports and indicator reports
- Canadian Caregiver Strategy
- Older Citizens Strategy
- Technologies
- Increase of funds

Exchange of ideas between the panel members:

Under the coordination of Rosa Kornfeld, the debate developed by the panel members was generalized around the subject matter. Some of the premises agreed by the panel were the diverse costs of dependent people by levels: a slight and moderate dependency is cheaper than the level of severe dependency.

In the Canadian case, no public funds are available for the 24-hour home care. Public funds for home care cannot exceed the costs of a long-stay nursing home. In Canada, home care is not a right, therefore, it is possible that some people are left without the service, yet they have the right to know about the medical benefits and the mechanisms of access.

Caudron explained some of the Francophone European countries' system. In France, the nurse auxiliary who gives personal support such as cleaning at home is paid 100% by the State Medical Scheme; the cost of the life's auxiliary who helps personal and home cleaning is paid by the Dependency public scheme (individual autonomy allowance) following the grade of dependency and people resources; the rest of the support is paid by people themselves or their families.

The panel was closed with the final comments of coordinator Rosa Kornfeld.

2.7. Seventh Panel: Lessons Learned in Latin America

Panel:

- Lilliams Rodríguez Rivera, Research Centre in Longevity, Ageing and Health, Cuba.
- Gilberto Marín, Older People Care Network, Costa Rica.
- Josefina Sánchez, Sociedad Trientina de Chaco, Argentina.
- Cristina Lombardi, Coordinatorof Institutional Relations from the SIDOM Foundation.
- Claudia Covarrubias, National Technical Advisor for Older People, Hogar de Cristo, Chile.
- Susana Rodríguez, Coordinadora Ejecutiva de la Secretaría para el Adulto Mayor de la Intendencia de Montevideo, Uruguay.

Coordinator: Eugenio Zanarini, Vice-Chancellor of Isalud University.

The panel members are familiar with the public and civil-

society experiences in the region. During their presentations, they identified the milestones that produced changes in the program development, the current problems and the measures taken to attain the objectives, as shown in the PowerPoint presentation that is attached to this report. All of the Latin American "good practice" experiences presented in this panel, have a community and home basis. In the case of Costa Rica, Cuba and Uruguay, these are public local-management programs. In the case of Chile and the City of Buenos Aires (Argentina) and the Chaco province (Argentina), they are developments conducted by NGOs.

Doctor Gilberto Marin Carmona presented the experience of the Progressive Care Network for the Comprehensive Older People Care. This network is a social structure composed of people, families, community groups, non-governmental organisations, and public institutions which articulate their programmes and actions to improve the care for older people in the country. In particular, the presentation was focused on the issue considered as the most critical one: care for older people in social risk and poverty conditions. With the financial and logistical support of the Costa Rican Social Insurance Fund (CCSS), an interdisciplinary team organised the network in two urban-marginal communities. A social interweave where the actors are local governments, a national university, non-governmental organisations and other national public institutions, joined the community groups, families and the very older people to promote prevention and care for people in dependency conditions, so that they can improve their housings and remain there with comfort and dignity, and appropriately supported by the network.

Doctor Susana Rodríguez, Secretary for Older People at the Montevideo City Council, Uruguay, presented the program of comprehensive promotion developed by the local government. Uruguay is the country with the highest level of demographic ageing in Latin America: people older than 65 years represent 13,4% of the total population. 64% of Uruguayans older than 60 years are centred in the southern area, which is comprised by the departments of Montevideo, San José and Canelones. In this context, the City Council of Montevideo launched a community-based program which aims at improving the quality of life of older people, so that they can remain in their homes with dignity and autonomy.

Cuba is the second country of Latin America with the highest levels of demographic ageing. For this reason, the developments in geriatrics have occurred quite early in the country. Doctor Lillian Rodríguez Rivera, from the Cuban Research Centre in Longevity, Ageing and Health, presented the gerontological primary care program developed by the Cuban national health system, specifically oriented to the comprehensive care and support for older people to remain healthy in their homes.

Claudia Covarrubias presented the experience of the Older People Home Care Program (PADAM) developed by Hogar de Cristo Foundation in several communities of the whole Chilean territory. This foundation is running one hundred eighty nine programs oriented to older people and provides services to over five thousand five hundred people. These programs have a comprehensive nature, as they comprise home support and care, day centres and long-term care facilities. In particular, the PADAM is oriented to self-reliant older people or to people with diverse levels of dependency who live in poverty conditions. Currently, eighty-two PADAM centres provide services to over three thousand three hundred people per month. This programme provides spiritual, psycho-social and material assistance, and the cost per beneficiary averages US$150 per month. The objective of the community intervention is to interconnect older people so that they can attain their social integration and support their autonomy in order to remain in their homes.

The cooperativeof Home Care SOLTRECHA (Solidaridad Trento Chaqueña) of the Chaco Province, Argentina, was represented in this Symposium by Josefina Sánchez. This cooperative started its journey after a group of people received a training from a non governmentalorganisation "AsociaciónTrentinos en el Mundo" who promotes initiatives to improve the quality of life of migrants trentinos and descendants, being thisd community the target of SOLTRECHA's first activities. With time and strengthening of its activities, the cooperative extended the services provided and today, it is not only giving support to the Trentina community but also to the community of Resistencia municipality, applying the knowledge acquired toward older people y/or other people who may need an external support because of their bad health. The care provided aims to assist people in their basic daily needs, promoting their independence and protecting their integrity as a person. Sanchez made a reference to the challenges met by the cooperative in providing services which usually generate stress in caregivers/people operating the services. She also mentioned the importance of maintaining knowledge updated through training which can provide them with new tools that would give the operators ways to better answers people's needs. The cooperative promote the development of networks in order to support older people without family or resources. The organisation has now 11 years of existence and experience.

Finally, Cristina Lombardi presented the experience of

governmental and non-governmental organisations located in the City of Buenos Aires in regards of the education to home care geriatrics assistants and the home service provision for dependent older people. Lombardi explained about the diverse types of home services currently provided in the city. Her presentation was centred in the path taken from the beginning by the home service program in the local government up to the current public and private supply, which feature is a wide diversification. The current challenges to be faced are the organization of the home service for dependent older people with the coordination of social and health services. In addition, Mrs Lombardi said that it is necessary to standardize the education, regulation and monitoring criteria regarding the geriatrics assistants and to establish an ethics framework for these services.

Coordinator Eugenio Zanarini coordinated the subsequent debate and closed the panel.

2.8. Cierre del Simposio: Construyendo el presente de los cuidados domiciliarios en la región

At the time of closing the event, the speakers and panel members answered the questions asked by the attendees.

In addition, the participants discussed and identified the basic aspects to be taken into account by HelpAge International to start pioneering activities aimed at bringing up the issue of the community-based support services for dependent older people in the region. This issue was discussed in depth during the Experts Meeting held the following day, which is described in the report related to such meeting.

All of the panel members expressed the importance of the activity. The experts from Europe and Canada committed publicly their interest in continuing to contribute to the development of the project undertaken by HelpAge International. Likewise, representatives of the United Nations organisations appreciated the inclusion of this topic in the HAI agenda, the organisation and development of this activity, and showed their interest in continuing to be in touch and to be attentive to the advances to be made. The progress made in some countries of the region was also recognized, as was evidenced during the panel of Latin American experiences. Afterwards, the Symposium directors thanked the attendees for their interest during the intense sessions and to the panel members for their excellent production. The main message was to make clear the interest and decision of HelpAge International to continue to make further progress in the design of a program that can respond to the needs of care of dependent older people in the Latin American region, as well as the importance of doing it in agreement with all those who are taking the same path, and to include all those who would like to join them from now on.

At the closing speech conducted by the chancellor of the Isalud University, he recognized the work of the organisers and their contribution to the success of the event. He thanked as well the panel members for their absolute dedication, the great quality of their presentations and the richness of the debates. He thanked as well the officers and representatives of the civil organisations who came from other countries of the region and the local participants for sharing the experiences already in place, which proved to be an excellent contribution to the Symposium.

Finally, he thanked HelpAge International for choosing Isalud as the seat of the event. “Isalud University is an affiliate of HelpAge International and has the honour to pertain and contribute to an organization with a very distinguished work”. After these words, the International Symposium came to an end.

HelpAge International helps older people claim their rights, challenge discriminination and overcome poverty, so that they can lead dignified, secure,active and healthy lives.

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