

Quality Care for Quality Aging

Home care services
in six European countries and regions

edited by Dario Zanon
and Emilio Gregori



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Introduction

by *Luigi Mauri** and *Dario Zanon***

“Quality Care for Quality Aging” is a project financed by the Commission of the European Union under the Progress programme 2007-2013. In the light of the emerging socio-demographic evolution of the European social structure, becomes relevant for European public entities at all levels (national, regional, local) to make efforts in order to reorganize and better fit policy intervention strategies to prevent and tackle the ageing of the population and the related increase (actual and expected) of the prevalence of social needs among the elderly.

The adaptation of the current welfare system, toward the conjugation of economic performance with objectives of inclusion and appropriateness of care, is still not touching with enough potency Long Term care of non self sufficient people.

Quality Care for Quality Aging project (QCQA) starts from the assumption that Social Services of General Interest (SSGI) will constitute the main tool able to face the emerging needs of old people in condition of non self sufficiency.

The project wants to focus on a particular typology of SSGI which is the Home Care services and interventions in the context of the Long Term Care Systems (LTC) for old people and intends to include both types of Home Care: home assistance services (social approach) and home health care services (medical approach), but for sake of simplicity from now on we will refer to both, if not otherwise specified, by Home Care (acronym: HC).

The QCQA project intends to promote an interdisciplinary transnational workgroup, made up by members organizations coming from 7 European countries (Italy, Belgium, Finland, France, Germany, Greece and Spain), able to offer its contribution to:

- the improvement of the knowledge base on the situation of policies for

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the promotion of Home Care for the elders comparing different national policies and checking how they comply with European Union suggestions, as well as demographic trends on aging;

- the exchange of information about the different realities of Home Care targeted to non self sufficient individuals aged 65 and over.

The project is aimed to develop a tool (indicators) useful for the evaluation of quality in HC services across Europe and promotes the development of networks of actors working in this field across countries, through the implementation of exchanges and the diffusion of good practices.

For this reasons some preliminary studies were conducted in order to give a description of the background of the phenomenon of ageing and elderly health condition and, on the other hand, to analyse the Long Term Care system, in particular the Home Care services. This report collects the results of the analysis of the context in terms of ageing, LTC and HC, carried out in each Country by the partners of the project, both at national and regional level, according to their field of activity.

For further information about project and partners please refer to Dr. Dario Zanon (dario.zanon@assl10.veneto.it).

The QCQA project has been financed by the Commission of the European Union. The conclusions, recommendations and opinions presented in this document do not necessarily reflect the opinion of the Commission.

1. The Italian Context

by *Dario Zanon**, *Emilio Gregori***, *Adriano Abiusti****, and *Antonio Di Gennaro****

1. Long term care in Italy: a situation of institutional delay

The topic of the care of non self-sufficient elderly people and of Long Term Care is being only recently tackled in Italy, while in many European countries (such as Great Britain, France, Germany, Netherlands and Austria) it started to be in the public debate since the Eighties.

The demographic trend of ageing of the population, the progressive extension of the average life and the consequent increase of cases of non self-sufficient elderly are very well known in the European context and so such delay of the Italian policies is surely not due to the scarce knowledge of the phenomenon. In fact a wide literature has been produced about the topic.

The focus should rather be on the fact that in a socio-cultural setting based on the family such as the Italian one, the family itself was taking care of the non self-sufficient elderly people. It also often carried (and carries still today, if possible) and was burdened by such crisis situation.

Nowadays such system turns out to be in crisis mainly because of the strong social change of the families: the family units become smaller, the percentage of divorces is rapidly increasing and the employment of women (that usually are the main caregivers for the elderly people) in the labour market becomes often necessary to face the costs of daily life.

1.1. Long term care and models of public intervention in Italy

In order to explain the meaning of Long Term Care in Italy it is possible to refer to the definition given by Laing: it is described as a continuous

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assistance that comprehends “every form of personal care, sanitary assistance and related domestic care that are continuative in time. Such services are provided at home, in day-care centres or in residential structures for non self-sufficient people” Laing 1993.

In Italy the system of protection of non self-sufficient people and of Long Term Care are based on three main interventions:

- services of residential care with social or socio-sanitary integration;
- services of home care with social or socio-sanitary integration;
- monetary helps for non self-sufficient people and/or their families.

Before explaining in details the three above mentioned items, it is necessary to sketch briefly the legislation regarding the socio-sanitary field at the national level, in order to clarify, through some basic steps, the welfare system in Italy (with specific attention to the non self sufficient elderly), in order to explain the context of the national resources for Long Term Care.

1.2. Legislation in socio-sanitary matters in Italy: since the '70 until today

In the overview about the Italian situation it is appropriate to underline the importance given to the Regions in the socio-sanitary field since the Seventies.

The D.P.R. 15 January 1972 n. 9 art. 1 attributed to the Regions “the maintenance of the persons that were not able to work” and “the fees for the hospitality of elderly people in retirement homes”. And the Decree of the President of the Republic (DPR) number 616/1977 consolidated their institutional position and transferred to the municipalities the administrative functions about socio-sanitary services.

From this context the sanitary reform of the 1978 (law n. 833/1978) that shares the sanitary responsibilities among different levels emerges: State (function of general legislation), Region (programming, specific legislation, promotion and development) and Local Autonomies, first of all the municipalities (involved in the organisation and supply of services).

In order to underline the importance of the integration of the two levels (health and socio-sanitary) the law n. 833/1978 identified:

- overlapping territorial compounds for the management of social and sanitary services;
- necessity to integrate and coordinate social assistance and health;
- prevention and rehabilitation as interventions to integrate the care.

With such a reform two administrative levels are identified:

- the National Health System (SSN) and local health authorities, that are the *Unità Sanitarie Locali* – USL (recently converted in *Aziende Sanitarie Locali* – ASL) for generic, specific and hospital health assistance;
- the municipalities, which are responsible for the administration of the social services that are managed through agreements with “third sector” actors (first of all social co-operatives).

The duties of managing generic health and nursing assistance, both at home and in the hospital for mental and physical illness and rehabilitation are entrusted to USL (Law n. 833/1978, art. 14).

It is important to underline that after the Decree of Parliament 502/1992 the USL have changed their role from “operational structure of the municipality” – as they were defined in the Health Reform of 1978 – into ASL, functional structures of the Regional authority “with public legal nature and entrepreneurial autonomy”.

In the same decree the administrative tool of the sanitary credit is introduced and it is defined as an operation of the authority or institution (in this context: the Region) to acknowledge that a subject has specific requirements (called standards of qualification) and that this body can be consequently registered in a list from which other subjects can draw to use, such as the users of the sanitary services (translated from Facchini 2005).

With this tool Regions ensure the quality of the service of the accredited structures and according to this criteria also the local health authorities select the suppliers to stipulate agreements with.

Through such suppliers the ASL provides the basic assistance services – (named LEA), that is to say the group of activities and services that should be warranted by the sanitary service, as established by the Decree of the Prime Minister of the 29th of November, 2001.

The introduction of the reform of social services (“Legge quadro per la realizzazione del sistema integrato di interventi e servizi sociali” n. 328/2000) and the subsequent modification of the Title V of the Italian Constitution turn out to be very important in the analysis of National legislation. The approval of these two documents underlines the primary role of Regions and Municipalities in managing the welfare and legislating on it.

The law n. 328/2000, similar in the contents to the Law n. 833/1978 about health, redistributes responsibilities in the welfare field into different government levels: the state takes charge of the definition of performance standards which are valid for the whole territory, the Regions are responsible for the functions of programming, coordinating and directing the social interventions, while the Municipalities are in charge of the supply of services; they should also promote the resources of the local community

through innovative forms of collaboration for the development of self-help interventions in the context of the local network of the social services and favour reciprocity among the citizens in the sphere of community life.

Furthermore Municipalities take clearly and definitely charge of the social services sector, through the adoption of self-regulated management and administration forms.

In particular the responsibilities of Municipalities are the following:

- professional social service and social secretariat with a function of information and consultancy;
- social emergency service;
- home assistance in its different forms;
- suitability of residential and semi-residential facilities for socially frail people;
- community residential and day-care centres.

Finally the local bodies are in charge of the promotion of initiatives of “territorial activation” in order to give value to the “third sector” as an active territorial resource to be involved in an integrated working system.

To this extent a strategy for a feasible and real participation in the project should be identified. The already existing over-municipal participation tools (first of all the local social plan, named *Piano di Zona* – PDZ) should be integrated with some actions for the regulation of the relations with third sector actors. Such actions range from the definition of specific criteria (such as the above mentioned LEA and the credit) in order to bind the suppliers of the services to some standards, to the mapping of the social private actors present on the territory, to the implementation of actions for the promotion of participation in planning, to the support to the consortia of third sector cooperatives, where they exist.

As an evident consequence of such innovation the third sector has rapidly expanded during the two years 1999-2001 and the employees of the welfare services have converged towards this sector.

Before proceeding it is necessary to highlight and clarify the function of the PDZ.

It is the fundamental tool to define and regulate the integrated system of interventions and social services, that is to say a system that puts in mutual relation the various actors operating on the territory (institutional and non-institutional) following the objective of developing and qualifying the social services in order to make them flexible and adequate to the needs of the population. Such plans are therefore stipulated and arranged by groups of municipalities in order to promote the joined management of the social services.

As a conclusion of the excursus on the Law n. 328/2000, it is important to quote the art. 15 specifies that an amount of the National Fund for Social Policies (FNSP) is reserved to non self-sufficient elderly. The FNSP is the specific financing source at the national level for the welfare interventions for persons and families. The FNSP finances the system of the Regional Social Plan and of the Local Social Plan that describe an integrated network of services for each territory to improve the quality of life of people in difficult situations.

Moreover an amount of the funds is reserved to develop the socio-sanitary integration, in particular in form of *Assistenza Domiciliare Integrata* (ADI) *i.e.* of home health care.

Finally, since 2001, according to the change of the Title V of the Constitution, Regions undertake the role to arrange, discipline and manage their own social and health models assuming the exclusive legislative competence in these fields. So, while in the past the role of the regions consisted only in the application of national norms at the local level, that were often too generic for the different socio-cultural territories, after the change of the Title V of the Constitution, Regions became the exclusive administrative and governmental authorities responsible for the social and health organisation.

At this point it is important to underline the rising importance of the national planning and programming on social and health issues after 1985 (law n. 595/1985). As a matter of fact, this law has introduced the concepts of:

- *progetto obiettivo*, an operative project able to aggregate different activities of integrated social and sanitary structures;
- *azione programmata*, as an operative and organisational action in a specific socio-sanitary sector in which the activities of different services have to be merged.

The “Progetto obiettivo anziani” introduced in 1992 is one of the relevant national programs: such program does not only repeat the importance of forecasting the future health and social needs of the non self-sufficient elderly (to increase the quantity of residential places in the nursing homes – RSA – and to improve the service of home care assistance) and the central role of the family, but it also introduces the UVM (*Unità di Valutazione Geriatrica*), *i.e.* multiprofessional teams aimed to check the conditions of the elderly and assess their needs.

Other relevant programs are:

- *National Health Plans* (1994-1996, 1998-2000, 2003-2005 and 2006-2008) that define the guidelines regarding the non self-sufficient elderly