Health Assembly 2/Main 3

Second National Health Assembly
Agenda 3.3 **16 November, 2009**

Development of Long-term Care for Dependent Elderly People

1. Definition: Long-term care for elderly people* means a comprehensive care that covers social, health, economic and environmental dimensions for the elderly who undergo hardships due to chronic illnesses, disabilities or infirmities and who are partially able or totally unable to help themselves in their routine daily life. Care can be given formally by health and social workers or informally by family members, friends, and neighbors. Care can also be given in the family setting, community or a service establishment.

Situation and needs

2. Caregivers for the elderly in Thailand

2.1 A change in the Thai demographic profile shows that the proportion of the elderly Thai population (60 years and above) has increased to 11.1% in 2008 and is expected to rise to 20% or about 14.5 million in 2025. In other words, **Thailand will truly become an ageing society**. Besides this rapid growth rate, elderly people will live longer. It is found that the number of the elderly very advanced in years - aged 80 years or older - will continually increase from the current 10% to 12% in 2030. In 2007 the number of elderly people who were provided the needed care in their daily routine activities accounted for 10.9% of the total elderly population, while 1.1% of those who needed care had to go without. In addition, 2.2% of the caregivers were the elderly themselves (aged 80 years or more) who suffered pain and illnesses as a result. In this regard, a large number of the elderly (about 60,000-80,000 people) had to face chronic illnesses, infirmities or disabilities and became dependent on the help of others in their daily routine activities**. There were more female than male elderly people.

2.2 A rapid increase of dependent elderly people has led to greater awareness of the need for caregivers. There is a worrying concern that the number of networks for elderly care has considerably reduced as a result of a change in the family structure. As a consequence, **more elderly people have to live alone**. In 2007 they accounted for 7.5%, while the number of elderly couples living by themselves increased to 17.0% and those staying with their grandchildren in the single family environment reached 3.1%. In addition, **the rate of the people of the working age capable of supporting the elderly has been on the decline** and will continue to do so. It is estimated that the number of working people able to support one elderly person aged 60 years or older six will be lower from six in 2007 to two in 2030 in the space of twenty years.

2.3 Currently, care is provided by the family of the elderly. Yet, the dependent elderly are forced to live with the family under constrained conditions, whether in terms of caregivers, finance, or facilities. It is also found that 4.8% suffer

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* Modified from WHO 2000's definition

** Meaning the ability to sit down, stand up, walk about in the house, climb up and down stairs, eat food, put on clothes, take a shower, wash their face, brush their teeth, and control such body functions as urination and defecation.

from chronic and severe pains. They need attention from medical personnel. A worrying phenomenon is that 10% of those who tend to the elderly are the elderly themselves. The trend is on the increase.

2.4 On the issue of caregivers, some caregivers are in a situation in which they have to play "**sandwich roles**", i.e. playing multiple roles at the same time, as a housewife, housekeeper and breadwinner to support their children and parents. The situation does not augur well for infirm or disabled elderly people, especially those in a poor family, who face problems on many fronts, including lack of knowledge, physical and mental health problems, as well as the economic readiness of the caregiver if the elderly care continues for a long time.

3. Role of civil society

3.1 Civil society is part of the network in the community that takes note of the plight of dependent elderly people, including those who are abandoned, who live without caregivers. Several civil societies send volunteers to take care of the elderly at their homes under the **Community Volunteer Caregivers for the Elderly project** launched by Ministry of Social Development and Human Security. In 2008 there were 6,800 volunteers who took care of 75,597 elderly people in 75 provinces[*]. Currently, there are 133 local government organizations (LGO) that support the elderly care volunteer project on a continuing basis.

3.2 Action is also taken by the non-profit private sector. For example, the Association of the Senior Citizen Councils of Thailand set up a "peer help peer" project in which members of the senior citizen groups are trained to be volunteers to provide care and visit those elderly in the community who cannot help themselves. In 2008 there were 8,074 senior citizen volunteers from 367 groups and other 2,936 volunteers in other age groups who visited 7,360 elderly people. Although their visits were merely a courtesy call about health, they were caring gestures, providing a good example of how social capital can be utilized for the good of the community. At present there are all together 19,970 "**senior citizen groups**" registered with the Association of the Senior Citizen Councils of Thailand. In addition, there are other numerous senior citizen groups set up by individual communities or organizations. Thus, it can be seen that senior citizen groups have played an important role in supporting their elderly peers. Such a gesture might be called "fulfilling each other" and will render elderly care in the targeted areas more effective. However, there are certain constraints due to limited caregiving knowledge, budget and other supporting factors. They need more support from the State.

3.3 The cooperation between LGOs and civil society is a good example of how the Tambon Health Security Fund, contributed jointly by the central State authorities (National Health Security Office – NHSO), LGOs and the community, can be used to help the elderly by providing community-based welfare and access to health service. Thanks to the participatory management by the community, several Tambon Health Security Funds have begun to provide long-term care service, including having volunteers visit the elderly who have fallen ill and cannot leave home, providing transportation, and setting up elderly care centers in the community.

3.4 From the above information it can be seen that the long-term care has begun to take shape thanks to the people sector, using home and community as service centers. Unfortunately, the private sector can only do so much, and its work

[*] The cabinet resolution of 10 April 2007 approved the request of the Ministry of Social Development and Human Security to train community volunteer caregivers for the elderly in all areas of the country by 2013

has not reached every area which must be made ready by adequate capacity building. Such will require a serious support system.

4. Long-term elderly care establishments in Thailand

4.1 It is necessary for the elderly with high dependency to stay in a proper institution, as most do not have caregivers or need skilled caregivers. They also need help in their daily routine activities. Most private long-term elderly care establishments tend to be nursing homes*. These nursing homes provide care and assistance in daily routine activities to the end of a person's life. It is found that **there is diversity in the formal registration of nursing homes**; some are unregistered. **No standard has yet been set and no measure put in place** to oversee their quality. The expenses for private long-term care are quite high in the range of 15,000-52,500 bah. There is no price control yet. Therefore, a **middle-income or poor family with no caregiver availabl**e cannot afford it, leading to possible scenarios in which elderly people will be abandoned and nursing homes lose money.

4.2 A number of the elderly are admitted to Homes for the Elderly and Welfare Development Centers for the Elderly. These institutions are provided for the elderly who undergo hardships, have no home or caregiver, or are unhappy with their family but without health problems. After staying there for some time, however, they have developed health problems. It is found that 16% of the elderly in the homes for the elderly are totally dependent on others for help. A number of infirm or disabled elderly have quietly found themselves in such institutions which are not primarily designed for them. In addition, it is found that most homes for the elderly are short of such specialized personnel as nurses and physiotherapists and therefore have not enough capability to provide such service.

Policy and laws and responsible agencies

5. There are a number of laws that mention services for the elderly, According to Section 80 of the Constitution B.E. 2550 (2007), "The State shall pursue directive principles of State policies in relation to social affairs, public health, education and cultural affairs". The law clearly aims to develop the institution of family and the community, as well as to provide aids and welfare to the elderly, the indigent, the disabled, persons of infirmity, and persons in the state that makes it difficult for them to have a better quality of life or become self-dependent.

6. Another organic law is the Elderly Act, B.E. 2546 (2003). Section 11 mentions that "the elderly have the right to be protected, promoted and supported in various areas" which are spelled out in sub-sections (1)-(13). They cover faster medical and health services; security specially provided for the elderly in buildings, vehicles or other public services; aid for abandoned elderly; counseling, advice and help to solve family problems; and accommodation, nourishment and clothing as necessary in an equitable manner. However, very few elderly people and general public know about these rights and the access to such services. In addition, Section 11 mentions only a few rights. It does not cover care of the elderly, the indigent, infirm or disabled persons, and those in the state that makes it difficult for them to become self-dependent or have a better quality of life.

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* Meaning places that provide long-term care for patients who are not seriously ill and need not be hospitalized but who cannot stay at home. They need 24-hour skilled nursing care, including taking medication and help with certain daily routine activities, especially for those with infirmity disabilities, chronic illnesses, disabilities, or dementia.

7. In addition, **Section 6 of the National Health Act B.E. 2550 (2007)** mentions the right and duties for a specific group of people as follows: "The health of a child, a disabled person, an elderly person, and a socially disadvantaged person, as well as other groups of people with specific health characteristics shall also be promoted and protected accordingly and appropriately". It can be seen that the elderly who cannot help themselves, including the indigent, infirm and disabled persons and those in the state of difficulties are the target groups according to this law. They need long-term care in health and social services.

8. In the **Second National Plan for Older Persons (2002-2021**), Strategy 3 on social protection for the elderly mentions measures to develop health and social service systems that are inter-related and focus on community-based home services. The assessment of the plan over the past five years finds that despite the National Plan for Older Persons and the Elderly Act the work did not make much headway, since it was not set as "a national agenda". Moreover, the Elderly Act does not have penalty clauses if action is not taken. It is up to the individual whether or not to act. In addition, frequent change of governments has resulted in lack of policy continuity. Local and national politicians have not really attached importance to the development of the quality of life of the elderly who have little bargaining power with the State.

9. In the overall assessment of the Plan there are a number of important recommendations. Work should be done more proactively to push the plan for the elderly as a national agenda. Policies at the national and local levels should be developed, primarily designed to enable older persons to become more self-dependent and live with dignity. All sectors should be involved in implementing the plan, especially local government organizations and senior citizen groups, through the Senior Citizen Councils and non-governmental organizations specifically working in the interest of the elderly. An elderly database system should be developed in every community and linked to the central system which will serve as a national information center. Efforts should be made to promote potentials for local elderly-related work, for example, providing mentors or advisory groups to assist in the technical and administrative matters. In the next five years of the elderly-related work consideration should be given to the development of long-term care that corresponds with the needs and lifestyles of Thai senior citizens, with special emphasis on "sufficiency" and "sustainability" of the service system.

10. The **Act Determining Plans and Process of Decentralization to Local Government Organizations, B.E. 2542 (1999)** was passed in the spirit of the Constitution of the Kingdom of Thailand, B.E. 2540 (1997). In the decentralization process, it is made clear that efforts should be made to enable the elderly to live within the community and with the family. As a consequence, several elderly-related activities have been transferred from the central authorities to local government organizations. As far as the Ministry of Social Development and Human Security is concerned, the subsistence allowance scheme for senior citizens has been transferred to local government organizations since 2002. In 2004 the work and responsibilities of 13 homes for the elderly and two service centers for the elderly were transferred to Bangkok Metropolis and local government organizations (LGO).

11. In 2005, local government organizations set the welfare standards for elderly care in six areas: (1) medical and health service, (2) income, (3) housing, (4) recreation, (5) social security, family, caregiver and protection, (6) social service and support network. There are two levels of indicators: primary indicators and performance indicators. The former covers essential work to meet the basic needs of the elderly, while the latter are optional depending on the potential of each LGO.

Such standards have made the development of long-term elderly care a responsibility of LGOs that need to work in conjunction with various sectors both at the local and central levels.

12. Although LGOs may still have some operational weaknesses and constraints on the budget, personnel, information and knowledge, their strengths are evidently drawn from cooperation networks, as seen in the coordination and creation of networks with individuals and organizations in the community, especially the senior citizen groups, public health volunteers, health stations, housewife groups and senior citizen volunteers. LGOs that are able to strengthen the community and have good civil society will naturally play a very important role in providing long-term home-based and community-based care.

Important problems

13. A rapid increase in the number of dependent elderly people has created a greater awareness of the situation. A matter of concern is that the number of elderly care networks has considerable gone down. Thus, it is expected that there will be elderly people and families that will face difficulties for lack of care networks in the future. However, for those without children or younger relatives, they may need so called "paid caregivers" to take care of them. Some of these caregivers have received formal training under the curriculums approved by the Ministry of Education or Ministry of Labor; others from private service agencies may never have undergone any training at all. Both groups help the elderly in their daily routine activities and other necessary duties. They receive payment. The problem is that there is no agency to supervise and monitor the service quality of these paid caregivers.

14. *Community Volunteer Caregivers for the Elderly Project*: Volunteers are sent to provide home care for the elderly. The problem encountered in the past is that these volunteers could do the work on a temporary basis and provide only general service, such as making a visit and casual conversation rather than providing knowledge or serious advice. Such volunteer capacity cannot accommodate the future long-term care. In addition, it is true that the volunteers do the work voluntarily, but they work incurs expenses, e.g. traveling expenses and coordination efforts. Therefore, it is essential not only to develop knowledge and skills for sick elderly people but also to receive financial support.

15. The elderly with a high degree of dependency or without people to care for them need to stay in an institution or home for the elderly. It is found that most homes for the elderly are short of specialized personnel, e.g. nurses and physiotherapists. In this regard, they are not well equipped enough for such service. It is also found that the diversity in the manners in which long-term care institutions are registered with the government authorities and no standard setting have led to lack of measures to oversee the quality of such institutions.

16. The weaknesses and constraints of local government organizations with regard to elderly care are seen in the budget, personnel and knowledge that are not enough to elevate the care to the standard required. It is therefore appropriate to develop their capacity and readiness to provide the service.

Guidelines for solving the problem of long-term care for the elderly

17. The development of long-term care for the elderly will require the integration of health and social services. Health promotion measures should be designed to turn every elderly person into a person of good health with reduced infirmity or multiple disabilities and able to move into the final phase of life with

dignity. Healthcare programs should be developed to delay dependency. The elderly should be encouraged to volunteer to take care of their dependent peers while having enough income to support themselves.

18. Dependent elderly people need urgent help measures. The focus is on the family that will play a major role in providing long-term elderly care at home and in the community with quality and in accordance with the culture of Thai society. There should be activities to raise awareness in the community and civil society to support families that have to take long-term care for the elderly. There should be common awareness to build “a society of care where nobody is left behind”. At the same time, the capability of local government organizations should be enhanced so that they become more aware of the importance of the issue and ready to manage the matter accordingly. The private sector and charity organizations should be encouraged to participate in the management of the elderly care. Efforts should be made to develop health and social personnel concerned with elderly care in sufficient numbers whether they are professional or non-professional. There should be standard setting and measures to oversee the State and private institutions for the elderly to better accommodate those that their families can no longer care for.

19. Such guidelines are recommendations proposed by the National Assembly for the Elderly convened on 7 and 8 April 2009, urging that a team of caregivers of the elderly and community be set up with a care manager in charge to provide services that better suit the elderly problems based on the information from the elderly database.

Issue for Consideration by the National Health Assembly

The National Health Assembly is requested to consider document: National Health Assembly 2/draft resolution 3.

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