LOCAL GOVERNMENT AND INFORMAL ELDERLY CARE

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1. Older People and Patterns of Care:

We tend to think of older people as heavy users of social services and one of the important target populations for social protection. As citizens/consumers in present day democracies it is important that they participate in social planning and decision making processes, which influence their lives and the lives of others. In this way they contribute not only to their own welfare, but also to the welfare of other members of their local community and wider society.

However, older people (especially women), are also important as carers and intermediate users, i.e. users of social services for the benefit of other dependents, many of whom are old themselves.

The degree of their active involvement is influenced by the extent of good health and mobility they enjoy, as well as the ways in which their docio-cultural environment facilitates, encourages and acknowledges their contribution.

Caring involves the provision of help, practical as well as emotional support, and protection of dependent and vulnerable members of society. It covers a wide spectrum of activity, from simple contact and "being available when needed", to intensive, face-to-face and often specialised labour, known as "tending", (Parker 1981, Wilmott 1986, Bulmer 1987). Informal care is based on relations of reciprocity, (usually generalised), and mutual trust, often characterised by a high degree of emotional involvement, as opposed to formal caring arrangements by the state or private for-profit institutions, which operate on a contractual basis. However, concern about the caring relationship forms an important part of the planning and day-to-day work of the personal social services offered by state agencies, or by Non-governmental and voluntary organisations at the community level. The potential for a real parthnership between formal services and informal networks is always there, but by no means easy to realize. As some researchers have commented, it is not a simple matter of linking the two together. (Hoch and Hemmens 1987) and a lot depends on the way formal workers view the involvement of informal helpers (Twigg 1989). In intermediary forms of open care services offered in the community with the active participation of volunteers, the formal/informal dichotomy becomes less pronounced. The nature and intensity of caring relationships are crucial for assessing the quality and stability potential of the caring process itself, as well as explaining phenomena of neglect and elderly abuse. (J. Wardhaugh and P.

Wilding 1993).

Approached from another angle, caring is an important component in the social construction of dependency experienced differently according to class, gender, age and race.

Recent research on carers has drawn attention to the different ways in which dependency on the family, the market or the state is defined with special reference to retirement, widowhood, and changes in the family structure (e.g. becoming a single parent) (Land 1985, Waerness 1987).

Present day welfare pluralists emphasize the importance of pooling all available resources, formal as well as informal, statutory and voluntary, in order to develop cost-efficient, human services within and by the community. Local Government is expected to facilitate, support and coordinate such efforts, which are particularly important in the case of older people. Family and kinship networks, friends and neighbours within the community and state and local government policies are important aspects of their social environment. They may counteract market forces and strengthen or weaken the defences and human potential of older people, against stereotypes procuded as part of the social construction of old age in our societies (Townsend 1981, 1993).

It is, therefore, important to assess the diverse patterns of cooperation and competition between Local government formal services and informa.l caring networks, as one important aspect on "making pluralism work". Central to this approach is the way we view older people themselves. As generalised, unified and abstract social category, or as distinct and unique individuals and social agents, differentiated according to age, gender, race, ethnic and cultural identity? As passive consumers of social services, at the receiving end of society, or as important caregivers as well as active agents in the dialectics of continuity and change?

The rest of this paper addresses similar questions within the context of Greek experience and Greek Local Government more particularly, focusing on the position of older people, men and women, within informal networks from the angle of offering as well as receiving support and care - and the provision of open care centers at the local level.

2. Family and Community - the basis of informal care:

a. Present trends

Present demographic trends concerning older people in Greece are not significantly different from those in many other European countries, combining low fertility rates and increases in the over 75 year old. The ageing of populations is a common characteristic of western industrial societies.

According to the 1991 census the total population of Greece is 10.256.464 - of which 49,3% are men and 50,3% are women.

The percentage of older people (over 65) is estimated at 14%. of which 56,4% are women, about half of them widows or divorcees. Between the years 1961 and 1981 the number of old people rose from 686.700 to 1.289.541, and continues to show an upward trend, which is more pronounced for the over 75 year old.

It is also estimated that by the year 2.000 women over 60 will reach 23% of the total female population of Greece. The rise in average life expectancy combined with recent trends of continuing low fertility rates conrribute to the acceleration of the ageing of our population.(1981 Census, Symeonidou 1979, Tsaousis 1986, 1990, Teperoglou 1989, Frangos 1987, Sakellis 1993).

Given the importance of women as principle carers in Greek society and changing caring patterns, this also indicates an ageing of carers, probably having to face heavier caring responsibilities.

Another important estimate is the distribution of older population between rural and urban areas. According to the analysis of the 1981 census, more peole in the over 80 age

group live in rural than urban areas, while differences in the 60-80 age groups between rural and urban areas are not large.

If we break down numbers by geographical regions we see that in the regions apart from the highly urbanised ones of Attica and Macedonia which include Athens and Thessaloniki, where the difference is marginal, more older peole from all age groups live in rural areas.Even taking into account that more than 50% of the Greek population live in the areas of Greater Athens, Thessaloniki and a few big towns, it is evident that a large proportion of older people live in rural areas. Migration of working age population, external as well as internal (primarily to Athens and Attica), associated with the nature and character of economic development, and main policies of the Greek state in the post war period, are major determinants of the demographic distribution pattern of older people, and a series of important changes in family and community structure (N. Mouzelis 1978, K. Tsoukalas 1987). To these we must add the uneven distribution of health and social welfare services, with high concentration in Greater Athens, Attica region and Thessaloniki. This contributes to seasonal and short term mobility of older peole from rural to urban areas, primarily for health care reasons. Accomodation and support is offered by family members and relatives. The setting up of local health centers in rural areas during the 80s, has contributed to the improvement of primary health care, but has not reversed this trend. The same holds true for the development of a number of regional hospitals.

Apart from the general trends sketched above, we must take into consideration present migration patterns and the influx of refugees into Greece from the Balkans, Eastern Europe and the previous USSR, as well as returning migrants and Greeks of the Diaspora (e.g. Pontian people). Family strategy is important in migration patterns, but out knowledge about the dynamics involved, as well as caring needs etc. is very inadequate to say the least (Mousourou 1993, 1994).

The increase of older peole, and their dispersal in rural areas with poor infrastructure of the necessary social services, combined with family care practices, account for most care of the elderly taking place at home with the care and support of informal networks. It also means that increasingly carers, to a large extent women, are old themselves, some living in remote and depopulated areas. Recent attempts by the Red Cross and the Ministry of Health Welfare and Social Security, to apply modern technology for primary health care services in such areas, show great potential, despite the serious problems involved.

b. **Carin patterns:**

Modern Greek society has emerged through deep changes under the influence of wars, migration and influx of refugees, the pattern and character of its dependent economy. Rapid urbanisation in the post war period, and the concentration of working age population in the region of Attica (as already mentioned), where the main part of industry and services cluster, have contributed to changes in life styles, family life and community organisation. The present older generations have experienced war, insecurity, and reconstruction.

Many have lived in poverty as well as relative affluence.

It is important to avoid generalisation, as there is great variation between areas and local populations, cutting across the rural - urban dichotomy, which, it must be noted, is not very pronounced when we consider the structure and operation of kinship networks in relation to caring and support. (Stassinopoulou 1993). Older parents and close relatives in the rural hinderland continue to play a supportive role by sending produce to the household in the urban center, as well as offering a place for the summer holidays of grandchildren or even the whole younger family. During certain harvest periods (e.g. olive gathering), younger relatives from the urban center gather in the village or small tural town, to help and collect their share. In a number of rural areas (e.g. Crete, Peloponese), multiple employment and combination of agricultural activity with employment in the service and state sector are

quite common, allowing men to continue working after they retire. As for older women, they carry on being active in their status of «helping and non-payed family members» as before. (For an account of employment patterns in agricultural society see Moissidis 1994).

As regards family structure, there is evidence of growing fluidity both in the sense of experiencing different forms within one´s life-time, and of the social acceptance of a variety of forms (i.e. nuclear, single parent etc). To this we must add the recent trend of increased mixed marriages taking place within Greece, as well as the new influx of refugees, both Greek and other ethnic groups (from the Balkans, the previous Soviet Union, Poland, Iran, Iraque). (Mousourou 1991, 1992).

Social change in rural areas is perhaps more far-reaching than in urban centers,but we know very little about them in the form of scientific research. One of the few studies concerning Greek rural society gives an interesting account of the diminishing importance of patriarchal power, associated with the establishment of capitalist forms of production.

There seems to be a shift from large households of extended families, to smaller households and nuclear family units.

(Moisidis 1986). On the other hand, a study of families in the Athens area carried out in the mid 1980s, as well as action research for the purposes of community mental health of children in an area of central Athens, revealed the existence of extended family and kinship networks, operating in an inward looking and highly supportive fashion, although not sharing the same household. (L. Mousourou 1985, «Community programme for mental health and prevention» the Childrens´ Hospital of «Aghia Sophia» in the 7th department of Athens municipality).

Despite the onset of less partiarchal family structures - reflected also in family law modernisation during the '80s and the changed position of women in the Greek labour market -traditional patterns of informal care are persisting, leading to intensification of caring by grandparents. This involves financial, as well as other types of support and, of course, «tending» in the case of frail elderly and/or disabled people of all ages. Older men continue to be active working in a variety of jobs in rural and urban settings, as well as helping with householde chores. Presently, however, in the absense or inability of female kin to help, they increasingly have to care for their old and/or sick spouse and other relatives.

The supportive role of older peole in caring and family economic activity sketched above is best understood in the light of reciprocity patterns and interdependence prevalent in family and kinship networks. For many old people, living with their children and/or close relatives becomes a necessity, since pensions are not high enough to permit financing of a separate household, or good quality payed care at home. Private residential care is too expensive or inadequate, carrying with it the stigma of being abandoned by one's family. Lone people who have no caring relatives or any other type of informal support, find care in institutions run by the church and charity organisations. Today's older women are in the worst position, since in their generation most women did not get higher education, and did not enter employment outside the family network. As a result, they have no pension rights of their own, or in the best case, they receive a reduced one as widows.

For many families pooling resources is a mounting necessity too, especially in the present climate of recession. With rising long-term unemployment grandparents' pensions are often the only stable income in the household, while parents are still expected to provide a house for the new couple and to contribute to the new household together with other relatives. In rural communities caring arrangements (who looks after whom, and how), varry greatly between places, and are spelled out in great detail, although there is wide-spread belief that they are not observed in the same way as before.

On the whole, however, an unwritten and widely accepted social contract persists between generations in Greece, which involves mutual support and interchanging of caring

roles.

This situation, prevalent amongst rural, as well as urban (middle and working class) people, is well known to the state, which in fact capitalises on it to avoid the costs of social services, without offering any significant support for carers. It enhances the social integration of older people, but at the same time, affects their health and hinders their active participation in a variety of activities within their local community.

How far will it continue in the present and future generations? There is a widespread impression that young people are less tolerant and inclined to look after the old and infirm. Accounts of family relations register the decreasing of collective behaviour and the development of individualistic and competitive values.

On the other hand, social and economic crisis may intensify further the need for collective responses within informal networks, but given the low birth rate there will be even less younger and more older carers around to respond to growing need. And they will do so under conditions of unsuitable housing, close at hand, cheap and effective social services, and most significantly, the absense of community care.

There is, indeed, growing evidence of the diminished presence and importance of community ties and caring activities, especially within certain parts of greater Athens. Changed values and lifestyles, increased mobility, gentrification of working class areas, are some of the factors mentioned. Of course we must be cautious with the very definition of community, especially in the Greek context, where the social fabric seems to be woven on a pattern of family and kinship networks, operating beyond the confines of locality, and intermingled with state and political party domination. Prevalent patronage and clientellist practices in the interaction between state and citizens restrict participation within the community while encouraging dependency. (Tsausis 1990, Tsoukalas 1985).

Within this framework, older people are valued as carers, but under conditions of isolation, lack of freedom of choice and in certain cases, severe exploitation.

In the light of the above, we see a major challenge for Local Government as regards senior policies: To achieve an understanding of the dynamics involved in informal care, in order to enhance the influence and independence of older peolpe within the community, while coping with the inherent contradictions and limitations.

The development and operation by local government of local open care centres for the elderly (KAPI), presents an interesting and revaling case.

3. Local Government and informal networks:

The case of Open Care Centres for Older People.

a. The Backgqround:

Greek social policy is centralist, to a large extent of a residual character, placing emphasis on benefits in cash rather than services in kind. Within such a system, «Local Selfgovernment» (as is the exact translation of the Greek term), has very few powers, although when the modern Greek state was constituted in the mid 19th century, communities operated extended formal and informal social support systems. (For an account of L.G. system see Athanassopoulos 1991, 1995).

During the 1980s and while other EC countries had already entered a phase of welfare restructuring, there was a major breakthrough in the attempt to establish a National Health system, to promote decentralisation and to expand social security and welfare benefits. The marginal welfare state which emerged, could hardly fit in any of the types of welfare capitalism analysed by Esping -Andersen (Esping - Andersen 1990). It rested on the twin poles of increasing statization in the field of social security and predominance of informal - primarily family - networks in social welfare, with a mixed economy in the field of health. Recent neoliberal ideas have made their impact in the present efforts to modernize and

privatise the social security and health sectors, but left social protection with the family, while the state has entrusted the care of families, older people and the disabled with the two largest, formal NGOs: The National Welfare Organisation and the Patriotic Foundation of Social Protection and Care. Child care is further centralised under the control of the Ministry for Health and Social Security. (2082/1992).

First tier Local Government saw its few social policy powers enlarged during the eighties, in the fields of social protection, esp. child and elderly care, primary health and cultural activities, only to witdness the already suffocating state and budgetary control tighten further under the present climate of cuts and further centralisation. (Getimis 1993).

The establishment of a second tier of local government through recent legislation and a series of changes in the already existing first tier have increased the potential for new social policy initiatives - at least in theory. But the existing provisions are raising many questions as regards long-known problems in this field, such as planning and coordination of services, division of powers between the two tiers and in relation to the ministry of Health, Welfare and Social Security (to name but a few).

(2218/94 and 2240/94).

b. **Open Care Centres and Informal network support.**

Open care for older people developed in the late 1970s. The Ministry of Health and Social Security, under the pressing recognition of mounting problems in elderly care entrusted the operation of few such centres to a number of established NGOs.

Later on, in the beginning of the 1980s, first tier local government was called upon to take over the whole scheme. In the years that followed, a number of KAPI were set up in rural and urban Greece, with varrying success. Recent cuts and mounting problems, such as shortage of trained and sufficient staff, lack of adequate premises and financial resources, form the climate within which 239 remaining centres are operating. The case of Local Government KAPI in Greece is interesting in many ways, but here we would like to focus on the implications of informal care patterns described above for the achievement of their goals and their potential for increasing active participation and influnence of elderly people within the local community. The main aim of KAPI is to promote social integration and support for older people, by keeping them active within the community and helping them realise their full porential. Services include help at home, primary health care, and the organisation of cultural and other programmes with the participation of older people, but not necessarily for their own interests only. In fact, where these centres have catered for the community at large, they have been very successful. After nearly two decades of operation and according to evidence from two evaluation studies and widespread discussion within local government, evidence about goal attainment and involvement of the elderly in the community is mixed.

(Teperoglou 1990). In many cases the KAPI are increasingly used to a large extent as meeting and recreational centres for elderly men, and attract older people who live alone or with their spouse and have no children of relatives in close proximity. Where older people live with their children and have important caring responsibilities the attitude of their relatives is often contradictory and even antagonistic, especially in the case of women. While they think that getting out of the house for a while is beneficial they draw the line when what is supposed to be a light break tums out to be more of a serious and time consumming commitment. Also, in certain cases, women who became nery active were acused of «alterior motives» - such as looking for a husband - and improper behaviour.

One of the evaluation studies carried out in three municipalities of the greater Athens area, registered the absense of community and the domination by family and kinship ties. Moreover, in a very interesting way addressed questions about processes of appropriating social space, present in the ways older people use their KAPI. (Tsaousis et al 1990).

Despite their great potential and the success stories which undoubtedly exist, KAPI have

not avoided partial marginalisation and stigma.

For many, especially the young, who have not had close experience of their potential, they are places where poor older people go to pass the time and find help.Lack of finances and community development projects have exacerbated these tendencies, so much so, that there is mounting pressure on Local Government to place the whole scheme under scrutiny in order to achieve its true goals. An alternative approach puts emphasis on the need to understand the dynamics of interaction between the elderly, the family and local community, through the application of social anthropological and sociological research. Part of this understanding concern on the views and the role of key administrators and social workers.

Concluding remarks:

The Greek experience sketched above raises certain issues which lead to the important question:

How can Local Government increase the participation and influence of its elderly citizens and make better use of their potential in coopereation with informal care networks? The question may be couched in general terms, but the possible answers have to be gender specific, taking into account historical, social and cultural differences. Moreover, they have to consider the intensity and character of older peoples' involvement in informal care networks, as well as their personal preferences.

In some cases this might mean providing the facilites which are needed by the community in order to free them from their caring load and enhance their independence. In others, supporting them in their caring roles might be the desired course of action.

In both instances it is necessary to realise their potential and enable them to express needs and preferences.

Local government social services have a lot to gain from tapping the resources of knowledge, experience and enthusiasm available in older population. In the case of Greece this may run up against patterns of reciprocity and domination by family and kin, whom they must understand and win over. On the other hand, as some success stories show, KAPI may capitalize on existing attitudes to family and kinship, (e.g. intergenerational programme of KAPI in Zografou).

In other countries local government intervention may need to strengthen and help reaffirm caring relationships. Whatever the case may be, we must be careful to avoid homogenisation and glorification of the elderly themselves, and to assess carefully the needs of carers within different settings.

Finally, it is important to stress that informal support and public services are not and cannot be two separate worlds.

Perhaps the essence of local government and community care policies is to break down the alleged barriers between «the public» and «the private» and recapture the unity of social existence.

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ΠΕΡΙΛΗΨΗ
ΤΟΠΙΚΗ ΑΥΤΟΔΙΟΙΚΗΣΗ ΚΑΙ ΑΝΕΠΙΣΗΜΗ ΦΡΟΝΤΙΔΑ ΗΛΙΚΙΩΜΕΝΩΝ

Της κ. Ο.ΣΤΑΣΙΝΟΠΟΥΛΟΥ

Το άρθρο διερευνά βασικά ερωτήματα σχετικά με την θέση των ηλικιωμένων στα ανεπίσημα δίκτυα φροντίδας και τον ρόλο της Τ.Α. στην παροχή υπηρεσιών σε σχέση με αυτά τα δίκτυα.

Οι σύγχρονες δημογραφικές τάσεις δείχνουν γήρανση του πληθυσμού με συνακόλουθη αύξηση των αναγκών σε υπηρεσίες υγείας, πρόνοιας κ.λ.

Οι ηλικιωμένοι όμως παρέχουν οι ίδιοι ένα μεγάλο μέρος της φροντίδας, ιδιαίτερα οι γυναίκες, οι οποίες θεωρούνται ως οι φυσικοί φορείς φροντίδας στην κοινωνία μας. Παρά τις πρόσφατες αλλαγές στην κοινωνική πολιτική αλλά και στις σχέσεις των δύο φύλων η έμφαση στην ανεπίσημη φροντίδα που παρέχουν τα οικογενειακά και συγγενικά δίκτυα δεν μειώνεται, αλλά ανιχνεύονται τα όρια και οι διαπλοκές τους με τους επίσημους φορείς.

Η οργάνωση υπηρεσιών μέσα στην τοπική κοινότητα με κεντρικό ρόλο τον της Τοπικής Αυτοδιοίκησης αποτελεί μία από τις σημαντικώτερες μορφές άσκησης κοινωνικής πολιτικής, αλλά και τοπικής ανάπτυξης.

Μέσα από την κριτική αναφορά στα ΚΑΠΗ προβάλλονται οι δυνατότητες αλλά και οι ιδιαιτερότητες της φροντίδας των ηλικιωμένων, σε συνάρτηση με τα δίκτυα ανεπίσημης φροντίδας και με στόχο την σφαιρική προσέγγιση της κάλυψης αναγκών.