

Caring the seniors

“Gauge a country’s prosperity by its treatment of the aged.”

Rabbi Nachman of Breslav

Are we taking care of our seniors as they should be taken care of?

Do we listen enough to our people, what are their needs, their wishes and their expectations?

Are we adapting ourselves and our institutions to the changing times we live in?

Are we planning how we will deal with the next generation of elderly people that is different to the current one?

Are we preparing ourselves to the times where the Nazi victim will be few and many other seniors will need assistance?

What drives our institutions, organizations that provide us funds (local administration claims, etc), the need to keep everything like it was or the current needs of our people?

These are some of the relevant questions that have been raised and discussed during the seminar “Living with dignity”, co organized by the European Council of Jewish Communities and the American Jewish Joint Distribution Committee in Prague. Thirty participants (managers of homes and coordinators of Social Welfare programs) came from United Kingdom, France, The Netherlands, Spain, Bulgaria, Czech Republic, Estonia, Greece, Israel, Morocco, Romania, Russia and Slovak Republic.

The seminar included also sessions where participants could learn about innovative ideas on palliative care, received information on active ageing and also could learn from first hand how the current financial crisis is affecting the Old Age Home in Athens.

Some of the conclusions:

LESS RESIDENTS, IS THIS GOOD OR BAD?

The institutions that provide residential care are having troubles as they have less residents. Also the time length residents spend in old age homes is being shortened.

People are living longer, in better conditions and prefer to stay at home.

Old age homes needs to redefine what their function is in relationship with the requirements and demand. Today is mostly for terminal stage of life or for people that are afraid , or cannot be alone.

Less people need residential care and more home care, however some people in the last stages of their life cannot leave alone and need to stay in a home and be cared by others. So, residential care will always be needed.

Residential care facilities can be also an option for people that need to recover from surgery or accidents. It means that residents can stay for a short period of time. Also as a respite for the families that need to have a break. This changes completely the concept of a “terminal” place.

LIVING with DIGNITY



A seminar addressed to managers of residential homes and professionals dealing with the care of senior people.

PRAGUE - 1st -3rd APRIL 2012

ABOUT FUNDS

The current situation has financial consequences.

There is a need to look after new ways of funding the institutions such as new business opportunities (ex. a laundry, a kosher restaurant) and also provide and diversify the services such as open day center, home services, hospice.

Some Old Age Homes need to open their institutions to non-Jews keeping the Jewish atmosphere. That is the reason why Jews go to Jewish institutions. It is more like a family and is very familiar: smells, tastes. The cultural reference becomes an asset.

Some Old Age Homes are heavily supported by the local administration (70% of their budget) mainly in West Europe although the money is decreasing. Others, mainly from East Europe, receive little money but it is clear that it is necessary to build bridges with administration to get more fund in the future.

WHAT MODEL OF OLD AGE HOME?

There should be a shift from the resident as an object with a constant routine and as object of the treatments to a resident that can take part in the life of the “community” taking part in some of the decisions. The “I tell you what you need” model to a model where “you tell me what you want”. This has consequences in the way the center is managed.

People are the center of our work and we should give them the opportunity to be active and to take the decisions on them that they are able. Shift attitude from hospital model to a model where the residents are not considered ill, but residents.

We learnt that one of the conditions to keep in a good health is to be active, especially in the things people like. So people can do activities that they choose according to their current capacities or with the support of the staff this can include to do outings, to have a garden, to have a pet in other words to have a “normal” life as they wish. This includes their emotions, feelings and of course their sexuality.

It is crucial the wording we use since this describe the model we work with.

Some examples are: residents, clients, users, guests. It looks like the first is the most consistent. Same happens with the name of the institutions: Old age home, care home, elderly home, community center, hesed abod. It is needed to find the right wording to call it according to new times. Sometimes a name for example Hagibor (Prague) can be better. In any case old age home or home for the elderly it doesn't look as the best option.

The generation of the children of the current residents are more demanding, they look after quality. In 20 years' time they will be potential residents and will ask different conditions. Today having computers, Wi-Fi, etc. are part of everyone life.

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¿RESIDENTIAL CARE VS HOME CARE?

As we said people live longer and better and prefer to age at home if allowed. Therefore there is an increasing alternative to the old age home model which is the home care.

Also for the seniors can be a cheaper option.

Still it was stressed the necessity for the seniors of sharing experiences with others and the community referent. Warm houses and day centers are the best option where people can learn, interact and have an active life.

There are intermediate models like sharing apartments among 4-6 people with nurse support. These can be more flexible structures.

LIFE LONG LEARNING

As it was said people live longer and there is an increase need of an active life that includes learning opportunities. The Jewish organizations should provide courses, create university for adults, facilitate computers, etc.

MISCELLANEOUS:

It was brought the issue of the Claims conference and some participants asked why organisations that are really far from the people decides what people has to do? Why if someone that receives home care and needs a temporary help in a home (for ex. an accident) cannot receive such help for the period required in a home?

Another issue to consider for the macro-organizations where users, o those that receive help are not considered individually, or are general consider as part of a number or a paper, and not as single person with a name.

Sometimes bureaucracy makes professionals loose their mission. Not enough time to connect strongly with the resident.

There is very little research and thinking in our organizations. This way of management, keeps the directors very busy with the day by day issues but not leaving time to listen to our seniors, to their families. This is the only way to be up to date and to be prepared for the future.

It is important to think ahead not just in the short time but also in the next 10 years. People can move into other areas of the city, new generations might have different needs. Shoah survivors will decrease although there will be more adults and more elderly people demanding services. New services can be created.

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CONCLUSIONS

“Abandon me not when I grow old.”

Proverbs 71:9

It was raised the following question: Who is the beneficiary of our actions?, what we do is for keeping buildings or the mission is caring the people?

There was a consensus that what matters is the people. The way we care our seniors in each period of time might change and we need to adapt ourselves. The building is a tool not our main purpose.

The facilities we have can be converted in to real Community Centers where different services can be offered, like: residential care, temporary care, day care but also many other activities not related to care but to socialize, to learn and not only addressed to senior population. It can become open houses where different generations can meet. There are already many experiences.

The senior people in our societies have a negative image. How we can change to a more positive attitude? Jewish sources show us that the community involvement is needed to take care of its elderly. A good option is a serious work with volunteers bringing our elderly to intergenerational programs, linking generations. There are currently excellent experiences to be shared.

It was proposed to create a platform composed by different organisations in order to lobby at the local administrations, at the EU but also as a clearing house where to share experiences.