USING HEALTH AND SOCIAL SERVICES AS PREVENTION OF SOCIAL EXCLUSION IN OLD AGE

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ABSTRACT

With regard to the demographic aging of the population, the use of health and social services has become hot topic in old age. Care of elderly people should be holistic and complex – i.e. health and social care, because deterioration of the health of the elderly leads to a worsening of the social situation and vice versa. An unsatisfactory social environment leads to a deterioration in the health of the elderly because health and social situations interact and condition each other.

Social exclusion is a topical issue that can take different kinds and forms (spatial; economic; cultural, social and political exclusion and symbolic exclusion). The use of health and social services and their availability for the elderly can prevent the emergence of social exclusion in old age. The aim of the paper is to describe the relationship between the use of health and social services by the elderly and the emergence of social exclusion in old age.

The author will focus on the presentation of results of qualitative research, which has been realized in seniors 65+ living in a home environment in the Czech Republic. The results will focus on the use and availability of health and social services in the context of social exclusion.

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Keywords: *health care, health, social care, elderly people, social exclusion, home environment*

INTRODUCTION

Aging of population and care for senior citizens is one of the most serious worldwide problems which especially European countries have to cope with. The demographic forecasts clearly identify that in the coming years the need for medical treatment and social care for senior citizens and requirements connected with it will increase significantly.

During the past few years, the senior population prevails over other patients, and medicine is going through a process of so-called "geriatrisation" in practically all its fields, the same situation is in social work and social services. In connection

with the health consequences of aging of population we talk about higher sickness rate of senior citizens which is often connected with partial or complete loss of self-sufficiency. Senior persons are more often hospitalised and their visits to their practitioners are more frequent. A practitioner spends more than 50 % of time treating seniors [1]. Every increase in the number of seniors by 1 % will result in increase of costs spent on their treatment by 4 % [1]. The group between 70 – 80 years of age is the most economically demanding one as far as their treatment is concerned [1].

Care of elderly people should be holistic and complex – i.e. health and social care, because deterioration of the health of the elderly leads to a worsening of the social situation and vice versa. An unsatisfactory social environment leads to a deterioration in the health of the elderly, because health and social situations interact and condition each other. The general targets of health and social care for seniors which apply nearly all over Europe include expansion of outpatient care (primary and community care including home care), shortening of the time of hospitalisation to the shortest optimum time and minimisation of long-term and permanent institutional care.

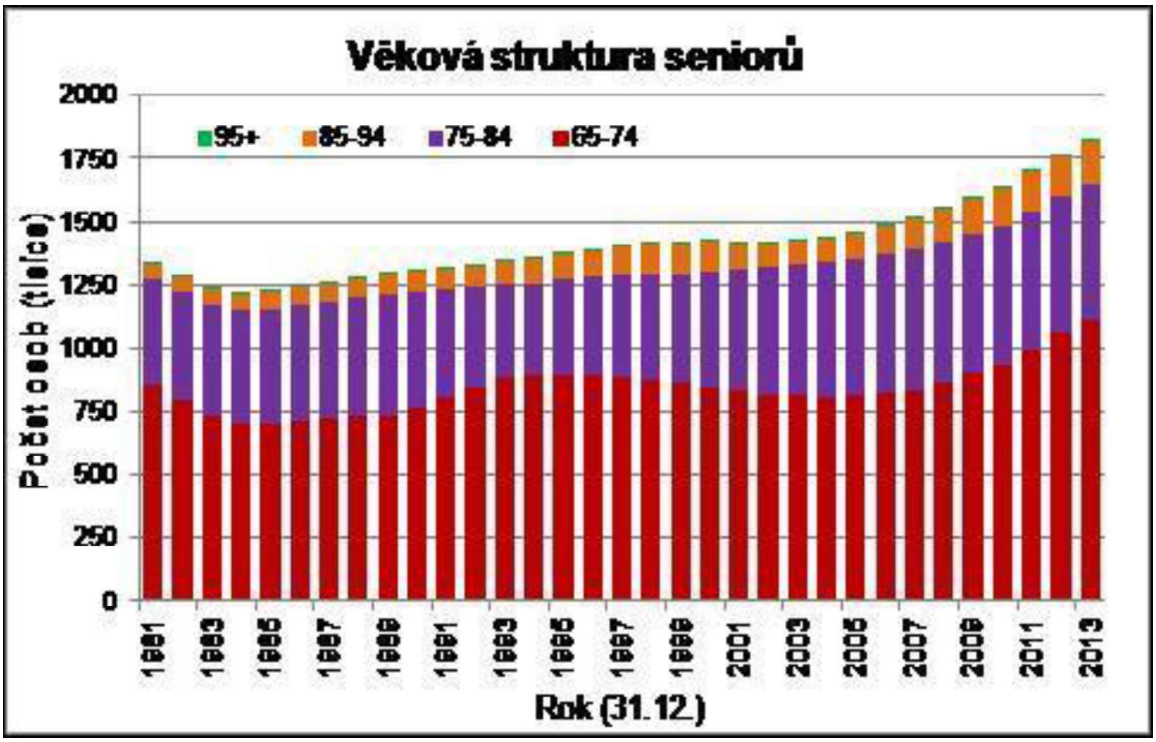
THE DEMOGRAPHIC DEVELOPMENT IN THE CZECH REPUBLIC

Demographic prognoses forecast that in 2010 23.4 % of inhabitants in the Czech Republic will be over 65, in 2030 the share of inhabitants over 65 years of age will increase to 30.6 % [2]. The aging of the population "from the top" of the age pyramid (due to improved mortality and longer life expectancy) was also accompanied by the so-called aging of the population from " below" [3].

Chart 1 shows Age structure of seniors in the Czech Republic [3]. It is obvious that changes in the age structure of the Czech population will also be reflected in many areas of public and social life, probably also in the structure of the economy [3]. Certainly, it will be necessary to respond to these changes, at least in terms of providing appropriate medical and social services [3]. It should be noted that, unfortunately, prolonging life expectancy does not necessarily mean the same life expectancy in health [3]. At the beginning of 2018 (the last known definitive data), the Czech Republic have had 2,040 million inhabitants aged 65 and over (persons with a year of birth 1952 and earlier). People 65+ accounted for 19.2% of the total population [4].

If all the assumptions of the medium variant of the Czech Statistical Office projection from 2018 are fulfiled, the population at the age of 65 will increase every year, up to and including 2058 [4]. By the end of 2050, it should climb to 3.097 million, ie by 1.057 million, respectively 52% higher than at the end of 2017 [4]. From demographic and epidemiological data, we can assume that the increasing number of senior citizens in the Czech Republic and higher morbidity of this age group will influence the general requirements regarding medical and social services.

Fig. 1. Age structure of seniors in the Czech Republic



Explanatory notes: věková struktura seniorů = Age structure of seniors. Počet osob = number of persons. Rok = year. Source: [3].

HEALTH SERVICES FOR SENIOR IN THE CZECH REPUBLIC

Senior citizens rank among the greatest consumers of health care. It is said that nearly one-third (some sources even state 40 %) of the total cost of health care is spent by senior citizens. Their share in prescribed drugs is 40 % and the percentage of all days of hospitalisation is 30 % [5]. Health care for senior citizens should be continuous, active, permanent, differentiated and complex and it should include a high ratio of welfare services. When rendering health and social care to senior citizens, their individuality and dignity should always be respected and it is necessary to respect the right of privacy and autonomy [5].

The basis of primary health care for the elderly is the care provided by a **general practitioner** who should know the health as well as the social situation of the senior patient. Basic health care on the community level is provided in surgeries of general practitioners who are also called first-level geriatrist. Practitioners are contractual partners of health insurance companies and they usually work as independent medical units.

In the Czech Republic, a lot of **geriatric out-patient departments** have been established; these provide follow-up care for patients from geriatric hospital wards and long-term patients´ sanatoria. **Geriatric out-patient department** should include a diagnostic and remedial section, a section of welfare services

(welfare officer), a section of specialised professional activities (psychologist, logopaedist and others), a rehabilitation section including mobile rehabilitation activities to be carried out in patients´ homes, a section of field geriatric nurses who provide care within so called home hospitalisation and a supervisory service for welfare and medical services including an alarm system [6].

Home nursing care is provided by medical facilities (a legal entity or a physical person) according to the attending doctor's (the doctor who is treating the patient at the moment) recommendations who indicates the kind and scope of home nursing care. Home health care is provided by agencies of home care which are mostly privately owned. Such agencies employ nurses who provide medical care to ill patients according to the recommendations of the practitioner and who have concluded contracts with insurance companies. Home care agencies provide complex medical and welfare care for patients in their home environment.

Hospital care is provided regardless person's age according to the character of the illness at all hospital wards. The most frequent reasons for hospitalisation include cardio-vascular problems, dermatological and respiratory illnesses and tumours. Typical features of long-term institutional care include chronic and advanced degree of health problems, inability to take care of oneself and dependence on the care of another person. **Stay-in geriatric care** is divided to institutional and semi-institutional. Chronic illnesses and a co-occurrence of more than one illness per one senior person, so called polymorbidity, require longer hospitalisation, and that is why **geriatric wards are** established in large hospitals mostly. These are wards of hospital type specialised in care for seniors who are not to be located at acute wards.

Sanatoria for long-term patients are specialised medical facilities for treatment of patients whose diagnosis requires long-term medical treatment or nursing care and rehabilitation. Such **follow-up treatment wards** accept patients who are in a stabilised state, their diagnosis has been determined, the acute phase of their illness has finished and they need further treatment and rehabilitation. Patients are relocated to this ward from acute hospital wards.

Specialised wards in hospitals provide acute medical treatment for old and ill seniors in the same scope as for other sick people. The main reason for accepting seniors to such wards are health problems – illnesses of blood or digestion system and tumours. **Gerontopsychiatric wards** are mostly included in psychiatric sanatoria. They accept patients in a state of uneasiness or aggression who are not able to stay at home since they endanger themselves and their surroundings. Psychiatric wards can also be included in follow-up facilities or long-term patients´ sanatoria.

Home hospice care is usually the most ideal form of care for an ill person since ill people can stay in their familiar environment. **Hospice short-stay wards** accept patients in the morning and lets them return home in the evening. Such

type of care is advantageous for patients who live near a hospice and their home care is not sufficient or is not available at all. **Hospice beds** are reserved for such patients whose lives are endangered by their illness, they need palliative treatment and care (especially symptomatic care) and hospitalisation is not necessary and/or home care is not sufficient any more.

SOCIAL SERVICES FOR SENIORS IN THE CZECH REPUBLIC

Social services for seniors are an important issue topic not only in the Czech Republic. Social services are provided in the Czech Republic according to Act No. 2008/2006 Coll. on social services. Social services are provided in the form of outpatient, field, or residential [7].

The **care service** is provided to persons with reduced self-sufficiency due to age, chronic illness or disability, and to families with children whose situation requires the help of another natural person. This service may be pursuant to Act No. 2008/2006 Coll. on social services provided in the field form (in the client's natural social environment) or outpatient form of personal hygiene center.

Personal assistance is a field service provided to persons who have reduced self-sufficiency due to age, chronic illness or disability, whose situation requires the assistance of another natural person. This service is provided in the client's home environment.

Day care center is provided to outpatient services to persons with reduced self-sufficiency due to age or disability and to persons with chronic mental illness whose situation requires regular assistance from another person. This service is provided in an ambulant form, when the senior takes the service to the provider's facility.

Relief services are provided to persons who have reduced self-sufficiency because of age, chronic illness or disability who are otherwise cared for in their natural social environment; the aim of the service is to give the caring individual the necessary rest. This service is provided in the form of an outpatient (client after the service to the provider's facilities), field service (the service is provided in the client's natural social environment) and residential form (the service is associated with accommodation in social service facilities).

Residential social services include nursing homes and nursing homes with special regime. In nursing homes, residential services are provided to persons with reduced self-sufficiency mainly due to their age, whose situation requires regular assistance from another person. In addition to the basic criteria for the provision of social services (reduced self-sufficiency mainly due to age and dependence on the assistance of another natural person), the fact that the social situation cannot be solved by another social service (field or out-patient). In nursing homes with

special regimes, services are provided to persons with reduced self-sufficiency due to chronic mental illness or substance abuse, and to persons with old age, Alzheimer's dementia and other types of dementia who have reduced self-sufficiency due to these conditions whose situation requires regular assistance from another person.

Seniors can also use **telephone emergency assistance**, which is provided for a temporary period to persons who are in a situation of health or life threatening or in another difficult life situation, which they cannot temporarily solve by themselves. This service is provided only by phone contact once or repeatedly. Seniors can use emergency assistance in outpatient form, for example in **crisis center centers** or an intervention center for victims of domestic violence.

Basic social counseling is provided in all social services. **Professional social counseling** is provided with a focus on the needs of individual groups of social groups of persons in civic counseling, counseling for the elderly, counseling for persons with disabilities, in special inpatient health facilities of the hospice type. This service is provided in the form of an outpatient (in the natural social environment of the client) and the field form (client goes to the counseling service).

SOCIAL EXCLUSION

Social exclusion is a topical issue that can take different kinds and forms (spatial; economic; cultural, social and political exclusion and symbolic exclusion). The use of health and social services and their availability for the elderly can prevent the emergence of social exclusion in old age. Social exclusion mainly affects 65+ people living in their natural social environment, but also seniors living in residential social services, i. e. nursing homes, nursing homes with the special regimes. These residential services may in some locations in the Czech Republic represent closed, excluded facilities without the practical possibility to be an active part of all key areas of Czech society life.

In the Czech Republic, social exclusion is a topical and key issue related to the so-called socially excluded localities. In the Czech Republic, the number of socially excluded localities and people living in them has increased and may be up to 115,000 people concentrated in a total of 606 localities, how shows the Analysis of socially excluded localities in the Czech Republic, which was prepared by the company called GAC spol. s r.o. for the Ministry of Labor and Social Affairs of the Czech Republic [8].

Residents living in socially excluded localities have difficulties that they often cannot cope with without help [9]. Theirs most frequently solved problems are: unemployment, dependence on social benefits, low or no income, risk of losing housing, low social mobility, low legal awareness or difficulties in contact with institutions. Failure to address these problems leads to deeper social

exclusion, less hope for resolution and, in some cases, to crime [9]. Social services are a way of addressing the situation of people living in socially excluded localities or at least preventing their deterioration [9].

CONCLUSION

The number of senior patients/clients is increasing in all fields of medicine and in social work too, medicine and social work are being geriatrised. This is the reason why the structure of medical and social facilities and the spectrum of provided services and the character of care shall be adjusted to this situation. Since the worldwide population is aging it is necessary to manage the relevant knowledge and skills in the field of complex health and social care for elderly persons, to get ready for aging of population in connection with social exclusion, professionally and materially.

The results of qualitative research carried out on elderly 65+ living in their own households in the Czech Republic have shown that seniors need not only relevant information but also specific help and advice on coping strategies and strategies to overcome the problems related to the aging and old age. An integral part of the prevention of social exclusion is the participation of seniors in various activities related not only to healthy aging, but also to activities related to active lifestyles and the involvement of seniors in the community, in which they live.

We shall start creating an effective and connective network of health and social services, i. e. on the one hand outpatient ones and stay-in ones and on the other field services as prevention of social exclusion in old age. It is necessary to train doctors-specialists and social work-specialists in the field of health an social care for seniors and to integrate geriatrics, gerontology and social work with elderly people in all schools educating at the secondary and tertiary level.

At present, in most socially excluded localities, sufficient coverage of social services is not ensured [9] and it is, therefore, necessary to address this situation in the field of social work with regard to the needs of the population in each socially excluded locality. Through field social workers and field workers, social services establish contact with socially excluded persons, identify problems, find solutions and work together to solve the client's situation [9]. Long-term cooperation with the client benefits not only the client himself but also his close and wider surroundings [9].

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