



Position Paper VII

De-institutionalisation requires a sound back-up plan for the community and hence, a re-organisation of the socio-medical care chain.

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Independent and assisted living is every older person's dream. The transition from institutional to community-based socio-medical services (de-institutionalisation) is too often considered as socially desirable and as a cheaper option for care. In discussions about de-institutionalisation, older persons are also wrongly equalled with mentally ill and disabled people. Both false assumptions deny the right to choose for older persons.

Some facts and figures :

- It is difficult to provide an all-encompassing definition of an "institution" or of "institutional care", mainly because of different cultural and legal frameworks in Member States. In some Member States even the providers of non-residential community-based services are classified as "institutions" because of the legal framework.
- Some people formerly cared for in institutions will be able to live independently with very little support; others will need constant help from staff to accomplish activities of daily living at home and in the community. The spectrum of services available will need to include options for people with widely differing needs for support.
- The actual number of persons in institutional care is difficult to ascertain due to the lack of available data, but it is certainly in the millions.
- In some Member States institutional care still accounts for more than half of public care expenditure.

- De-institutionalisation requires a sound back-up plan for the community and hence, a re-organisation of the socio-medical care chain.
- OECD and the Joint project on measuring effective social protection in LTC has found that home care is often a more expensive way of managing severe needs than institutional care.

EAHSA therefore calls for Member States, all stakeholders and the aged care services and housing sectors :

- To consider older persons not as mentally ill or handicapped in advance, but as a specific category, with a specific set of needs and preferences;
- To accept the fact that older people have freedom of choice to decide upon their preferred living environment, being it at their home, in a nursing home or in a combined setting;
- The process requires sufficient and well-trained staff with skills appropriate for community-based care as well as adequate support to families. Both the transition process and the resulting services need quality control with a clear focus on user satisfaction.
- To recognise and to accept older persons' right to choose how, where, and with whom to live.