



Health and Social Care Promotion Materials that Focus on Intimacy and Sexuality in the Third Age

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Module: Long Term Care

Unit 2: Informal long-term care

Introduction

While informal carers are most frequently daughters, sons or spouses, informal carers can include siblings, neices, nephews, cousins, grandchildren or friends and neighbours. In some cases, older people themselves may be providing care to their ageing parents. Indeed, informal carers provide the bulk of care to older people in need of care and assistance (depending on the country between 70 to 90% of care needs are covered by informal carers). As such, informal carers, many of whom are family members and women aged 55 and over, provide a vast amount of the care work.

Informal carers are nevertheless a particularly vulnerable group and are at a high risk of burn out, abuse and/or social exclusion. The quality of life of the informal carer is closely linked to the quality of life of the older person in need of care and assistance. Services therefore have to consider support for informal carers as an integral part of the quality improvement process, as well as the need to improve cooperation between formal and informal care. At the same time, family members should have the right to refuse to provide informal care. Likewise, older people in need of care should have the right to refuse to receive care from informal carers (WeDo Project 2014). While informal carers are a vulnerable group, they can also be the perpetrators of abuse and it is therefore important that health and social care workers are aware of this and can recognise situations of concern.

Key message

- Informal carers provide substantial amounts of care to older people who require long-term care
- Informal carers are not a homogenous group and can be a vulnerable group, especially in relation to burn out and isolation
- In part because of the vulnerability of both older people who require long-term care and the informal carers who care for them, relationships can become abusive

Learning outcomes

At the end of this unit students are expected to:

1. Be aware of the contribution that informal cares can and do make to caring for older people who require long-term care



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2. Understand that both informal carers and older people are vulnerable groups who can require information, support and assistance
3. Appreciate that the relationships between older people in receipt of long-term care and their informal carers can breakdown and sometimes become abusive

Content

Case Study

“Mary” is a widow. She has lost both her legs and is wheelchair bound. Mary receives a monthly pension that is just enough to cover the basic expenses. Her son, “Bob”, is her primary caregiver and he lives with her. Bob is an alcoholic. He regularly takes his mother’s pension to spend on alcohol. During a regular examination, medical workers have discovered Mary has been severely mistreated and even sexually abused.

Reflective activities

1. How can caregivers interpret the signs that a person under their care is being mistreated?
2. In what way do the caregivers exchange information about the needs of the older person?
3. What could be specific activities of the caregivers for the wellbeing of the elderly?
4. Which experiences should the caregivers have to provide for the elderly?

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