Chapter 17

Training Models for Formal Caregivers of Elderly Persons at Home: Studies and Gaps

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ABSTRACT

The concern with the training models stems from our activity as teachers and researchers, recognizing the scenario of aging of the population, the need for policies and social and health responses, as well as the high relevance of training professionals to provide care for people in their homes and in the community. Thus, the authors organize the framework into topics that allow them to understand what underlies analysis and, of course, the proposals made at the end of the chapter. After presenting the national framework and a scooping review about what training models exist for professionals who provide care for the elderly at home, the authors discuss the findings and the lack of training models for professionals has become clear. So, supported by findings, they propose a training model, focusing in professional caregivers for elderly at home, and explore some trends related to technology support in the main objective of caring for and keeping the elderly persons in their homes, a kind of “caring-in-place” in a philosophy of aging-in-place.

FRAMEWORK

Concerns with the training models stems from our activity as teachers and researchers, in the recognition of aging population scenario, the need for policies and social and health responses, as well as the high relevance of training professionals to provide care to elderly people in their homes and in the com-

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munity. We organize the framework into topics that allow understanding the analysis and the proposals we make at the end of the chapter.

**Aging and Elderly Population**

We are all aware of the aging population. The data that have been released accentuate the increase in average life expectancy and longevity, so that, of course, the number of older people is increasing, in a trend that is expected to increase. Portugal is the 4th country in the European Union (in 28 countries) with the highest percentage of older people (European Commission, Eurostat, 2015), surpassed only by Greece, Germany and Italy. It is also worth noting the increase in the population aged 80 or over. In 1971, this population segment represented 1.43% of the resident population in Portugal, representing 5.84% in 2015 (PORDATA, 2015).

These data reflect one of the most important demographic trends of our century - in 2018, the aging rate in Portugal stands at 153.2% against 98.8% in the year 2000 (PORDATA, 2018) - which means that there is a greater number of elderly population when compared to the youth population, which has a strong impact on society.

It is understandable and is known “the common desire of most elderly and family members to stay in their own home as long as possible, avoiding or postponing institutionalization to the limit.” (Carvalho, 2009, p. 6). Putting in another way, most older people would rather grow old, be cared and die at home if they could choose (Gomes, Sarmento, Ferreira & Higginson, 2013).

Active and healthy aging is defined “as the process of optimizing opportunities for health, participation and safety, for improving the quality of life as people age as well as the process of developing and maintaining functional capacity, which contributes for the well-being of the elderly, the functional capacity being the result of the interaction of the person’s intrinsic capacities (physical and mental) with the environment” (World Health Organization, 2015, p.6).

**Care Policy: Social and Health Responses**

Thinking about the problems of the Elderly Person cannot be developed in a sectoral scenario, because it is necessary to frame different types of responses, such as social and health. From a broader perspective, we would certainly include urbanism, the environment and education.

“The conceptualization of the policy of care in the area of the elderly integrates the social and health dimensions. The social encompasses the psychological, the psychosocial and the Social Service, referring to the satisfaction of the fundamental needs, such as food, personal hygiene. Health includes nursing, rehabilitation and medicine, and refers to preventive health care, treatment, rehabilitation and palliative care, allowing the integration of different levels. These joint actions should be the responsibility of all social actors, such as policy makers, civil society organizations, the family and also the market, from a Welfare Mix perspective” (Carvalho, 2009, p. 124).

The political guidelines “in recent years have centered in Portugal on the integrated and articulated care between social security and health, with programs of continuous care (Joint Order No. 407/98 of May 15, later with the Decree Law 281/2003) and Integrated Support for the Elderly, the PAII (Joint Order No. 259) and the new law no. 101 (Order of the Council of Ministers, March 16, 2006) that created the Integrated Continuing Care Network (RNCCI)” (República Portuguesa, 2016).
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Helena Maria Arco and Maria Arminda Costa (2020). Handbook of Research on Health Systems and Organizations for an Aging Society (pp. 208-224).
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