

Institutional care for older people in developing countries: Under the policy radar? The case of Buenos Aires, Argentina

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Many developing countries are seeing a rapid growth of residential care homes for older people. In the main, these are small-scale, informal and entirely unregulated. This raises serious concerns about the wellbeing and rights of older residents.

A recent survey from Argentina identifies a wide range of problems with the quality of care provided by residential homes, including excessive use of medication and restraints, questionable processes of admission and limited support for dependent residents.

Key policy lessons

- Policy-makers and researchers in developing countries should pay more attention to the rapidly-emerging care industry. This industry is currently under the “policy radar”, is weakly regulated and may be contributing to a massive infringement of older peoples’ human rights.
- There is a need to ensure that processes of admission to care homes are appropriate. As part of this, there is scope for adapting care models from developed countries, which offer a wider spectrum of alternatives and hence avoid the ‘*all-or-nothing*’ choice facing families in developing countries (Table 1).
- There is a need to develop and implement protocols that preserve the dignity and autonomy of older people in care homes. Among other things, these should include strict guidelines about the use of psychotropic drugs and restraints. There should be particular protocols to ensure the appropriate treatment of highly dependent older people.

Background

Population ageing in developing countries includes the rapid growth of populations aged 80 and over (Table 2). As a result, many developing countries are facing a rapid expansion in the demand for long-term care; yet this issue receives minimal attention from policy makers.

It is often assumed that informal support networks still function well in developing countries. However, trends such as female salaried employment and population mobility reduce the capacity of these informal networks.

At the same time, there is evidence of shifting norms and preferences away from direct family support to residential institutions.

These trends are particularly evident in Buenos Aires, Argentina. It is estimated that the city contains at least 1000 care homes for older people, of which 400 are entirely unregulated.

There is almost no systematic research about the emerging care home industry in developing countries. One exception is a survey of 101 privately-run care homes in Buenos Aires conducted in 2005/2006 (Redondo and Lloyd-Sherlock 2009). This survey included interviews with managers, residents and family carers.

Intensive institutional care	Long-term hospitalisation
	Nursing homes
Less intensive institutional care	Residential homes
	Short stay or respite care
	Sheltered housing
Community services	Day centres
	Nurse visits
Family support	Home help
	Cash benefits for carers
	Support groups for carers

Table 1 – Long-term care options for older people

Regions	Years	1950	1975	2000	2025*
Less developed regions		5,278,000	12,072,000	34,057,000	87,333,000
Argentina		86,000	234,000	630,000	1,321,000
	Years	1947	1980	2001	2015
Buenos Aires city (Federal Capital)		17,604	74,257	125,742	147,185

Table 2 - Population aged 80 and above, 1950-2025

**Median variant projection.*

Sources: UN (2002); National Censuses of Population 1947, 1980 and 2001. Provinces' Population Projections 2001-2015 INDEC, Argentina.

Key Research Findings

- A third of older residents claimed that they had no involvement whatsoever in the decision to be admitted. In other cases, there was evidence of coercion by family members and professionals. These residents had particularly low subjective wellbeing scores.
- Many residents had not received any form of support or assistance before admission. Often they faced an “all or nothing” choice between receiving no care at all, or being put in a residential home.
- A significant number of residents had been admitted due to poverty and a lack of housing rather than because of actual care needs.
- Life in most of the care homes was highly regimented, with rigid routines. Levels of use of physical restraints and psychotropic medication were substantially higher than internationally recommended standards.
- Whilst 96 per cent of establishments offered personal health care programmes, only 15 per cent reported that these plans were prepared with the residents’ involvement.
- Provision for highly dependent residents was often inadequate. These residents experienced social isolation and complained about a lack of privacy and personal dignity.
- Overall the survey found that most residents felt they had a poor quality of life, which had not been improved by being institutionalised.
- The survey did not include questions about the institutional abuse of older people. However, interviews with residents sometimes referred to alleged cases of abusive treatment.
- The survey did not include unregulated care homes. There is substantial anecdotal evidence that conditions in such homes are considerably worse than in the regulated sector.

Recommended Reading

Brodsky, J. et. al. (2003) *Long-term care in developing countries: ten case studies*. World Health Organisation, Geneva.
 Lloyd-Sherlock, P. (2010) *Population ageing and international development. From generalisation to evidence*. Policy Press, Bristol
 Redondo, N. and Lloyd-Sherlock, P. (2009) ‘*Institutional care for older people in developing countries: Repressing rights or promoting autonomy? The case of Buenos Aires, Argentina*’ (WP13) available at www.uea.ac.uk/dev/publications/WP13

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