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INTERNATIONAL SOCIAL SECURITY ASSOCIATION
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Good Practices in Social Security

Good practice in operation since: 2008

Provision of assistance for functional disabilities

A case of the Mutual Association for the Protection of the Family

Mutual Association for the Protection of the Family
Argentina

Summary

The provision of assistance for functional disabilities targets older members whose functional capacities and/or competencies have been reduced as a result of the life cycle or who suffer from a pathological or functional disability which limits their capacity to carry out day-to-day activities such as personal hygiene, cleanliness, nutrition, etc.

A functional disorder is defined as adaptation to the needs of the environment and the abilities or competencies required responding to such needs, which define the ability of the individual to function. A pathology modifies the interaction of the individual with his or her environment.

The aim is to minimize this modification by seeking optimal adaptation, a satisfactory interaction with the environment. The first step towards achieving this is a visit to the member's home by the interdisciplinary team to evaluate the modifications and actions required. Changes are made in order to help the member involved to cope better. The aim is to achieve maximum autonomy thus improving the quality of life of both the member and his or her family.

CRITERIA 1:

What was the issue/problem/challenge addressed by your good practice?

During the second half of the 20th century, average life expectancy increased by approximately 25 years throughout the world. These changes lead to modifications in the age composition of the population, with a steady increase in the demographic weight of old people.

As a result, the Mutual Association for the Protection of the Family (*Asociación Mutual de Protección Familiar (AMPF)*) has a large number of older members with diminished capacities whose housing does not meet their needs, with architectural obstacles which prevent them carrying out their day-to-day activities and restrict their mobility and access.

CRITERIA 2:

What were the main objectives and the expected outcomes?

The objectives and expected outcomes are as follows:

- reduce architectural obstacles and optimize the environment in order to enable the individual to function adequately;
- adapt surroundings to compensate for disabilities;
- facilitate access and mobility in the home;
- assist members and/or their families for greater autonomy in day-to-day tasks and assist and support progress towards an independent, satisfactory and productive life;

- facilitate the development of abilities, the restoration of functions, the maintenance or improvement of the essential competencies of individuals and groups in order to achieve maximum well-being in the performance of day-to-day activities-Provide continuous maintenance including minor repairs in the homes of beneficiaries in order to preserve the improvements made and ensure maximum impact on the quality of life of each individual concerned.

CRITERIA 3:

What is the innovative approach/strategy followed to achieve the objectives?

The focus is on the evaluation of the home environment at the request of members, or in cases which draw attention because of the care provided for them, taking into account their centres of interest, the environment which causes the greatest difficulties and their mode of interaction with their surroundings.

The objectives are achieved through improvements and changes in the home environment, for instance by eliminating steps and building ramps, changing door fittings, and installing technical aids such as: support bars, bathroom facilities and other orthopaedic devices.

CRITERIA 4:

Have the resources and inputs been used in an optimal way to implement the practice?

The Mutual Association provides the financial resources from the monthly contributions of members and third party donations. Optimal use is ensured in each case by exhaustive analysis of suppliers and the elements required (quality/price ratio). In terms of human resources, the interdisciplinary team (social workers, architects, occupational therapists) is responsible for both the evaluation of the cases and their follow-up.

CRITERIA 5:

What impact/results have been achieved so far?

During the last two trimesters 2008, the housing of fifteen members was assessed in the following areas: Ciudad Autónoma de Buenos Aires, Punta Alta, Bahía Blanca, San Martín, Quilmes, La Rioja, Resistencia and Santiago del Estero.

Their housing was adapted to remove architectural obstacles and provide technical aid to facilitate their activities.

Depending on the handicap, support bars were installed in bathrooms, access to home and other environments was facilitated through the installation of ramps and new door fittings, among other modifications.

Adapting housing has helped to improve the quality of life of our members, allowing them greater autonomy in their day-to-day activities.

These modifications have the following effects: facilitated day-to-day activities (personal hygiene, wc, meals, control of bladder and intestines, etc.); improved functional mobility; made tasks easier, facilitated care; increased independence; improved security; reduced the need for personal assistance; improved the quality of life and prevented household accidents.

CRITERIA 6:

What lessons have been learned from the introduction of this good practice?

Our prime conclusion was that every case is unique in the same way as every human being; ageing is an on-going process throughout the whole of life, which is why it is important to prepare for optimal old age, adapting tasks and occupations as well as the environment. Processing our cases has made us realise that individuals should remain as long as possible in their own homes, in their family environment, surrounded by affection and their own belongings. Environment, context and culture all influence ageing.

CRITERIA 7:

To what extent would your good practice be appropriate for replication by other social security institutions?

This practice is appropriate for replication by all institutions and/or associations which have elderly people with disabilities caused by a specific pathology or by ageing among their members, and which include the improvement of the quality of life in old age among their objectives. Priority must be given to the individual assessment of cases, recognizing above all that much can be achieved with few resources by organising space, establishing routines and removing obstacles, among other things.