

Institutional Households

1. Definition

The Economic Commission for Europe/Eurostat recommendations (OECD, 2001) defines an institutional household as “a legal body for the purpose of long-term inhabitation and provision of institutionalised care given to a group of persons”. Institutionalised care when viewed as an extension of long-term care serves the following functions:

- Assistance with essential routine activities e.g. eating, bathing dressing etc,
- Task required to maintain the independence of the institutionalised individual e.g. preparation of meals, management of medications, shopping for groceries, using transportation,
- Housing,
- Medical care.

Under the OECD (2001) definition Institutional households are recommended to follow or fall under the following classifications:

- Educational Institutions,
- Healthcare Institutions,
- Institutions for retired elderly persons,
- Military Institutions,
- Religious Institutions,
- Other Institutions.

In many cases institutional facilities offer 24-hour room and board, supervision and nursing care as well as services ranging from personal care, activities for daily living support, medical management, nursing management, medication management, restorative nursing, palliative care, physical rehabilitation, social activities (Minnesota Evidence-based Practice Centre, 2012) and supporting services such as laundry services, catering, cleaning and technical maintenance.

2. The Role of the Institutional Household

Where a community cannot provide for the needs of its members the care needs to come from somewhere else. As a result specialised services have evolved to fulfil those needs. People that have a physical or intellectual condition, the aged and other groups are supported by an organisation or service that can provide for the specific needs of each group. Notwithstanding the role of institutional households in the wider society the provision of institutionalised care is not without its challenges.

Herne (1994) cites a number of challenges confronted by the elderly when it comes to institutionalisation. These include:

- Foreseeing the changes in the needs of the elderly.
- The psychological impact of relocating.
- Unreliable evidence in terms of the individual's ability to be independent. Homes often times trust the descriptions of the family committing an elderly member- in terms of his/her ability to be self-sufficient and reliant. However this has been found to be problematic.
- Dealing with the varying degrees of dependency.
- The temptation of thinking of the elderly as a homogeneous group and not accounting for the different social backgrounds, ethnicities and opinions.

In addition to the challenges inherent within the organisations providing institutionalised care, there also exist the challenges facing the organisational aspects of institutional households. These challenges are concerned primarily with the cost associated with maintaining these institutions and the services required for the provision of long term care and/or support of its residents. These challenges can be summarised under the following main points:

- Service organisation in terms of process effectiveness and efficiency.
- Service organisation in terms of ongoing technological progress.
- Definition and agreement on quality standards.
- Contrasting demands – quality demand vs. available resources.

In above definition of institutional care, the role of Home Economists is clearly evident. The institutions are dependent on a variety of well-functioning services that support and enable the primary purposes of them – providing a home for its residents.

The IFHE facilitates an active exchange of knowledge between Home Economists that are either directly involved or are interested in the various aspects of institutional households.

3. References

- Herne, S. (1994). Catering for Institutionalized Elderly People: The Care Homes Dilema. *British Food Journal*, 5.
- Minnesota Evidence-based Practice center. (2012). Long-Term Care for Older Adults: A Review of Home and Community-Based Services Versus Institutional Care. Rockville Maryland: Agency for Healthcare Research and Quality.
- OECD. (2001, September 25). OECD Glossary of Statistical Terms. Retrieved November 15, 2013, from stats.oecd.org: <http://stats.oecd.org/glossary/detail.asp?ID=1372>.