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Dependent elderly person as a source of family crisis

Niesamodzielny senior jako źródło kryzysu w rodzinie

Abstract

Aim. The aim of the presented study is to analyse the areas of systemic functioning of a family caring for a dependent senior, with a particular focus on potential risks relevant to the emergence of a family crisis.

Methodology. In this work, the authors reviewed and analysed the source literature, as well as existing data on systemic solutions and resources for supporting a family caring for a dependent senior.

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Results and conclusion. The conducted analysis identified the main areas of adaptive difficulties for the family caring for a dependent senior. It also emphasized the individualized family determinants that are relevant to the emergence of crises in the family, and the ability to cope with them. These included family caring resources, and the readiness to redefine family roles and reorganize family life. Due to the ongoing process of the ageing population, more and more families will face the challenge of supporting a dependent elderly family member. The support from the state is not always available or sufficient to meet the needs of a dependent person and their family caregivers, which can lead to an increased risk of tension and conflicts within the family, particularly when the period of care is calculated in months and years. The authors drew attention to the need to continue developing the areas of education for old age and education about old age, while at the same time implementing solutions to provide systemic support not only for dependent seniors and their caregivers but also for entire family systems, including their youngest members.

Keywords: family, crisis, dependent senior, family caregivers, areas of support.

Abstrakt

Cel. Celem prezentowanego opracowania jest analiza systemowego funkcjonowania rodziny opiekującej się niesamodzielnym seniorem, ze szczególnym wskazaniem potencjalnych zagrożeń mogących przyczynić się do pojawiania się kryzysu w rodzinie.

Metody. W pracy autorzy dokonali przeglądu i analizy literatury przedmiotu, a także danych zastanych dotyczących systemowych form i zasobów wsparcia rodziny opiekującej się niesamodzielnym seniorem.

Wyniki i wnioski. Przeprowadzona analiza pozwoliła wskazać główne trudności adaptacyjne rodziny w sytuacji opieki nad niesamodzielnym seniorem. Zwrócono także uwagę na zindywidualizowane uwarunkowania rodzinne, które mają znaczenie dla pojawiania się kryzysów w rodzinie i umiejętności radzenia sobie z nim. Wyróżniono wśród nich między innymi: zasoby opiekuńcze rodziny, gotowość do redefinicji ról rodzinnych oraz reorganizacji życia rodzinnego. Ze względu na postępujący proces starzenia się populacji coraz więcej rodzin będzie stawało przed wyzwaniem udzielenia wsparcia niesamodzielnemu starszemu członkowi rodziny. Wsparcie ze strony publicznej nie zawsze jest dostępne lub wystarczające dla potrzeb osoby zależnej i jej opiekunów rodzinnych, co może prowadzić do wzrostu napięć i konfliktów w rodzinie. Szczególnie w sytuacji gdy okres opieki liczony jest w miesiącach i latach. Autorzy zwrócili uwagę na potrzebę rozwoju kwestii wychowania do starości i edukacji o starości, z jednoczesnym wdrażaniem rozwiązań wspierających systemowo nie tylko niesamodzielnych seniorów i ich opiekunów, lecz także całe rodziny, w tym najmłodszych ich członków.

Słowa kluczowe: rodzina, kryzys, niesamodzielny senior, opiekun rodzinny, obszary wsparcia.

Introduction and explanatory statement

The need to care for a dependent senior usually poses a considerable challenge for the family. Depending on the degree of dependency of the elderly person, the care potential of the family, the economic condition of the household(s), the place of residence, etc., family carers are forced to make changes in personal and social functioning. Sometimes the extent of care increases slowly over the years, with the progression of the illness or as a result of the loss of capacity, which is typical of seniority. It also happens that the organisation of the care environment takes place urgently, e.g., in the case of a massive stroke. In such a situation, sometimes the functioning of the family has to be reorganised within a few days. The period of care is also important. Sometimes it is days or weeks, and sometimes the care lasts for years, such as in the case of Alzheimer's disease. One factor that needs special attention when analysing issues related to family crises resulting from caring for a dependent person is the family's caring capacity. In this case, it is important to consider whether most of the responsibilities rest with one carer, e.g., a spouse or daughter, or whether family members share these responsibilities among themselves. The theoretical and cognitive aim of the presented study is to analyse the systemic functioning of a family caring for a dependent senior, with a particular focus on potential risks that may contribute to the emergence of a crisis in the family. The authors of this research paper decided to examine in more detail the group of difficulties that emerge when a family takes on the care of a dependent senior and their consequences. This allows for the practical-utilitarian aim of identifying the particularly relevant issues that need to be paid attention to when working for and with a family at risk of crisis due to the need to secure care for a dependent senior.

The issues addressed in the paper are particularly relevant as the demand for care for dependents will grow dynamically in the coming years, with a projected decline in the care potential of families. According to the economic categories defining the old-age threshold, i.e., 60 years for women and 65 years for men, there will be 8.6 million seniors living in Poland in 2022, accounting for 23% of the country's population (*Główny Urząd Statystyczny* [Central Statistical Office], 2023b). According to demographic projections, the number of seniors will increase in the following years, and by the middle of the 21st century, every third resident of Poland will be of senior age (*Główny Urząd Statystyczny* [Central Statistical Office], 2023a).

At the beginning of the second decade of the 21st century, the potential support rate (the quotient of the number of persons aged 15–64/65 and over) stood at 3.5, while in 2025 it will fall to 1.5 (*Bank Danych Lokalnych* [Local Data Bank], 2021; Iwański, 2021). In Poland, since the 1990s, the fertility rate has remained at a very low level of around 1.3–1.5. This is significantly below the value guaranteeing simple replacement of generations (2.15 children for every woman of reproductive

age). Although at the beginning of the 21st century the generation of the late 1970s and early 1980s, i.e., the second increase in the birth rate (the so-called "echo of the first baby boom"), was entering adulthood, the fertility rate continued to remain low: from 1.37 in 2000 to 1.26 in 2022. According to demographic projections, the fertility rate in the following years, even in the high variant, will be significantly below the value of 2.10–2.15, i.e., guaranteeing simple replacement of generations (Sojka, 2017; *Główny Urząd Statystyczny*, 2023a).

The first part of the article presents the theoretical background of the issue addressed, related to the care of a dependent elderly person in the family. Then, the authors detailed and analysed the problem of consent or non-consent to care by family members. The redefinition of roles in the family and adaptation to the new situation, including the realisation of child-rearing functions, were addressed. Another area was issues related to the support of family carers after the departure of the senior.

A theoretical approach to caring for a dependent elderly person in the family

In the context of the family's systems perspective, and therefore its theoretical and practical reference to the importance of intra-family interactions and interactions (Bowen, 1966; Cox, Paley, 1997; Lachowska, 2013; Haefner, 2014), the appearance of a dependent senior in the family becomes a significant source of multifaceted changes in family functioning, which at the same time make the senior the recipient of these changes (Massey, 1986; Lachowska, 2013; Franczyk, 2021). According to the idea of General System Theory originated with Ludwig von Bertalanffy (von Bertalanffy, 1984; Sękowski, 1988), that was developed in detail by many researchers (Bowen, 1966; Hoffman, 1981; de Barbaro, 1999; Bornstein, Sawyer, 2006), the family forms a unique structure and microculture. The family becomes a single system made up of many interrelated subsystems whose interplay results in its unique and unrepeatable character and way of functioning.

If, in a systemic understanding of the family in this way, we consider the crisis as the result of difficulties that arise in achieving life goals and that seem insurmountable in the way of choices and behaviours made so far (Caplan, 1964), then, on the one hand, we need to pay particular attention to its individual dimension and, on the other, to the fact that the importance of the interactions inscribed in the life of the family requires us to think of it precisely in terms of interactions. What emerges to us, then, is an intricate web of interrelationships inscribed or overwritten in the life trajectories of each member of that family (Franczyk, 2021). The crisis resulting in disorganisation, chaos, and a sense of lack of agency (James, Gilliland, 2003; Kubacka-Jasiecka, 2010) often arises from

the fact that, as already mentioned, the family's previous way of conducting life ceases to exist, and many attempts to resolve difficult situations most often fail to produce meaningful results. Thus, the physical space of the family's life, the range of activities undertaken in the family, the way the individual members function and, as a particular problem, their relationships with each other are changing (Mitkiewicz, 2021).

The grounding of the analyses presented by the authors in the general assumptions of systemic theories stems from the belief in the importance of these theories for understanding both the universality of interaction patterns in the family affecting family functioning and the need to individualise them in particular family and non-family contexts (de Barbaro, 1999; Cierpka, 2003). This assumption was made to organise the knowledge found about family crises to set a framework for appropriate empirical research embedded in particular systemic models.

Accepting a new situation

In a model situation, the decision to take on the care of a family member – whether a newborn child, a person with a disability, or a dependent senior – should be the result of informed consent, which is preceded by preparation for the new role. In the case of a dependent senior, despite the seemingly obvious fact that the family member is ageing, the moment of assuming responsibility for his or her functioning often comes as a surprise. It also happens that the consent to take on care is apparent, resulting from social or family pressure, views about the generational necessity of care or simply a lack of knowledge about the actual consequences of this decision. Beata Zięba-Kołodziej, in her research on the determinants of the motivation of relatives to care for a dependent senior, included this decision in the triad: need, necessity, and moral obligation (Zięba-Kołodziej, 2015a). She also highlighted its variability and ambivalence (Zięba-Kołodziej, 2015b).

Urgent decisions, such as those resulting from the sudden deterioration of a senior's health, at first force a rapid transformation of family life and focus the attention of family members on organisational activities. However, they quickly turn out to be only the beginning of permanent burdens, which often increase as the seniors' psycho-physical condition declines. They involve decisions to give up work by one member of the family – usually the woman – and significant restrictions, a complete withdrawal from social contacts, changes to daily family rituals, a transformation of the home space, and sometimes the diet. They also require the acquisition of extensive knowledge regarding the care of the senior, related to nursing, dietary, or physiotherapeutic interventions.

The limited availability of systemic and non-systemic forms of support for carers compounds the risk of a crisis occurring at this time. Particularly lacking are those

forms that could identify appropriate forms and ways of organising support resources during the first period of caring for a dependent senior. In practice, the family can mainly obtain support from the social assistance and healthcare sectors in caring for a dependent person. Although the *Ustawa o pomocy społecznej* [Act on Social Assistance] (*Ustawa* [Act], 2004) imposes obligations on local authorities at the municipal level to organise care services in the community and stationary form, the availability of such services varies across the country. The provisions of the Act indicate that in each municipality there should be care services provided at the place of residence by community caregivers for dependent older people when the family cannot or is not able to provide the needed support.

In 2022, regular and specialised care services were granted to 108,000 social assistance clients and, in addition, 13,800 people were provided with specialised care services for people with mental disorders. Significant differences in the number of persons covered by care services by voivodeship are noticeable. In 2022, the highest number of services per 1,000 inhabitants was granted in the Warmińsko-Mazurskie (3.92) and Kujawsko-Pomorskie (3.65) voivodeships. On the other hand, the least in Podlaskie (1.8). The average for the whole country was 2.86 (*Ministerstwo Rodziny, Pracy i Polityki Społecznej* [Ministry of the Family, Labour and Social Policy], 2023a).

Table 1

Care services provided by the social assistance sector to dependent people in the form of community care in 2022

	Care services	Number of benefits per 1,000 population	Care services for people with mental disorders	Number of benefits per 1,000 population	Population
Dolnośląskie	8 718	3.01	472	0.16	2897737
Kujawsko-pomorskie	7 373	3.65	2 362	1.17	2017720
Lubelskie	5 163	2.53	678	0.33	2038299
Lubuskie	3 111	3.16	59	0.06	985487
Łódzkie	6 357	2.65	143	0.06	2394946
Małopolskie	7 203	2.10	739	0.22	3430370
Mazowieckie	14 144	2.57	1 300	0.24	5512794
Opolskie	2 850	3.00	545	0.57	948583
Podkarpackie	4 955	2.38	1 275	0.61	2085932
Podlaskie	2 062	1.80	332	0.29	1148720
Pomorskie	7 411	3.14	1 480	0.63	2358726
Śląskie	11 738	2.68	749	0.17	4375947

	Care services	Number of benefits per 1,000 population	Care services for people with mental disorders	Number of benefits per 1,000 population	Population
Świętokrzyskie	3 245	2.73	1 520	1.28	1187693
Warmińsko-mazurskie	5 383	3.92	435	0.32	1374699
Wielkopolskie	12 776	3.65	1 309	0.37	3500030
Zachodniopomorskie	5 913	3.58	457	0.28	1650021
TOTAL	108 402	2.86	13 855	0.37	37907704

Source: Ministerstwo Rodziny, Pracy i Polityki Społecznej, 2023a; *Główny Urząd Statystyczny*, 2022.

Another difficulty in using systemic institutional solutions turns out to be the belief of family carers that care provided by institutions or strangers is of less value because it lacks the emotional bond and closeness of relationships (Zięba-Kołodziej, 2015a). When overburdened with caregiving responsibilities or the difficulty of deciding how and to what extent care should be provided, this belief constitutes an additional burden, often significantly affecting expectations of the family members' self-care attitude and involvement.

Redefinition of roles

The extent of care provided to a dependent senior depends mainly on his or her psychosomatic condition, but its quality is influenced by many factors, such as the structure of the family, the family's living and economic situation, but also the knowledge and skills of the carers and the previously mentioned sense of acceptance of the new situation. Irrespective of these factors, however, family roles that have been played so far need to be reconstructed. Adult children, as well as their partners, take on the role of caring for their parents or other older family members. The results of a study of 468 family carers of people with Alzheimer's disease indicated that 72% of the primary carers were women, mostly daughters and wives. The average age of the caregiver was 62 years and the duration of caregiving averaged almost five and a half years (Iwański, Bugajska, 2019).

In Poland, there is still a dominant view that the care of dependent persons should be undertaken by women (daughters, daughters-in-law, and granddaughters) and that men's tasks include technical and organisational support activities, such as transporting people, financial or material support (Ulaniecka, 2018). In our culture and geopolitical circumstances, women's assumption of additional care tasks

is associated with the burden of their duties, which necessitates the reduction or abandonment of their professional life, as well as their social life (Urbaniak, 2017). Women who are professionally active and socially fulfilling give up their autonomy and previous choices and enter caring roles, which are not recognised by some of them as developmental. This means that they deprive themselves of an important source of life satisfaction, often also a meaningful space of fulfilment for themselves, a component of their identity and overall sense of happiness (Chuchra, Gorbaniuk, 2017). In addition, they are deprived of greater access to informal emotional support groups, which could provide a mechanism to counteract crises or respond more quickly when they occur (Yakimiuk, 2018, p. 216). Caring, especially for people who do not leave their beds, involves considerable physical effort, especially in carrying out nursing and hygiene activities. This can lead to overload, which manifests itself not only on a psychological level but also physically (Zysnarska et al., 2010).

A consequence of this situation is also a change in intra-family interactions related to the way and quality of meeting the individual needs of the residents of the home. Discrepancies between the growing needs of the senior and the extent to which the needs of individual family members have so far been met force the main carer to want to delegate some tasks to other family members, and sometimes to abandon or reduce those previously undertaken. For many mothers who are still caring for their dependent children, it is also difficult to accept the limitations that affect the motherhood model that has been pursued so far. Trying to fulfil all new and existing tasks leads to rapid burnout and a significant reduction in psycho-physical conditions and crises. The degree of family cohesion, flexibility, and the quality of communication (Olson, Sprenkle, & Russell, 1979; Lachowska, 2013) are determinants of the readiness of the family as a system to adapt healthily to new conditions (de Barbaro, 1999, p. 50), including, for example, taking over some of the tasks of the primary caregiver of the dependent senior or consciously giving up existing forms of meeting the needs of the older person. Situations of overload, in turn, lead to conflicts, destabilisation of family life, consequently to the separation of partners and, in the case of children, to educational difficulties.

Mobilisation vs. resignation

At the point of needing to secure care for a dependent elderly person, the family takes steps to help adapt to the new situation or seeks solutions to make the problem go away. In the first case, there is a mobilisation of available resources: human, material, and financial.

Most often this task is shouldered by the main carer, who is more or less supported by other family members. In some cases, over time, the primary carer takes over most of the tasks and the support is incidental. This may be because some family members are not able to provide support daily due to distant residence, work, etc. There is also a second reason: the carer stops asking for help because he or she is not satisfied with the response of family members or the quality and dimension of care.

Regarding material resources, there is a rearrangement of the home to accommodate the needs of the dependent person. Families may decide to purchase a specialised bed, mattress and other accessories or gerontechnology solutions to facilitate care (Cieśla, Cieśla, 2018). The greater the dependency of the senior, the more important it becomes to adapt the home to his or her needs, especially in the case of those people who do not leave their bed. In such cases, performing care activities often involves considerable physical effort, e.g., during hygiene procedures.

Long-term care also entails costs, whether in terms of daily assistance, treatment, rehabilitation, medication, special food, or investments to adapt the immediate space to the needs of the dependent person, while, as indicated, carers reduce or suspend their professional activities. Lower or no income can be reflected in a reduced quality of life and is an important crisis factor. Where a person gives up work to care for a dependent senior with a severe degree of disability or a disability certificate indicating permanent or long-term care, that person may request a benefit of PLN 620, provided that in his or her family the income per person does not exceed PLN 764 nett (*Ministerstwo Rodziny, Pracy i Polityki Społecznej*, 2023b). The amount of the benefit relative to the minimum wage (PLN 3,600 gross from July 1, 2023) is very low and does not allow for the satisfaction of basic living needs. Even more difficult in economic terms is the situation when the main carer is the only working person in the family or runs a one-person household. When a family member gives up work to take up caregiving, this can have an impact on pension benefits in the future. If the period of economic deactivation is long, e.g., counted in years, which happens in the case of Alzheimer's care, or the carer is of pre-retirement age, this can result in problems later in life with re-entering the labour market.

It is also worth mentioning that not all family members always want to share in the costs of caring for a dependent person, which can be another area of tension and conflict. Sometimes it is necessary to mediate between family members to solve the co-financing of care. This can present a new challenge for social workers to fulfil the role of mediator (Szafranek, Iwański, 2022).

At the other extreme are families who, for various reasons, cannot or do not want to take on the care of a dependent senior. In this case, there are four main solutions:

- Organising care in the community, to be provided by a formal carer. There are many entities in the care market, operating both legally and in the grey market. In recent years, workers from other countries, mainly from Ukraine, have taken an increasing share of the labour market (Matuszczyk, 2017).
- Suggesting to the senior that he/she should live in a social welfare home, of which there are 820 in the country. The fee for the stay is covered by the elderly person's benefit (up to a maximum of 70%), then by family members obliged to pay alimony (income criterion applies), and the missing amount is paid by the municipality. If the pension benefit is not sufficient to cover the monthly cost of the stay (approximately PLN 6,000 in 2023), a dispute may arise between family members over the legitimacy of the senior's residence in the facility. For example, if two descendants in the family are obliged to pay alimony and the earnings of one of them do not exceed the income criterion and he or she does not pay the fee, while the other better-off one will be obliged to pay, for example, PLN 1,000 every month, they may have separate opinions on the issue of the senior family member's residence in a social care home.
- Another form of residential care is provided by private care facilities listed in the registers of the provincial authorities. In this case, a contract is concluded for the provision of services between the seniors (or representative if the person is incapacitated) and family members who are willing to pay the fee.
- Long-term inpatient care is also provided by healthcare providers in nursing and residential care facilities. In this case, the resident senior has to pay up to 70 % of the cost of the service, with the remaining amount covered by the NFZ (National Health Fund). Although some families prefer this form, it is reserved for older people who require specialised care.

In analysing issues related to the organisation and financing of care by family members, it should be borne in mind that the senior concerned should have a decisive say in the choice of care. If the senior is not incapacitated, he or she should determine this preference themselves (Zalewska, 2011). In particular, the value of the senior's placement in the family structure should be taken into account, for whom the family is, in addition to a place of care and support, also a source of a sense of security, and often the absolute highest value (Borowik, 2015; Franczyk, 2021). However, the needs of the senior are not always understood, especially in situations where there were frequent disputes between family members

before the onset of the health crisis causing the need to secure care. Sometimes, as mentioned above, the decision to provide non-family care for a senior is made against their wishes, but based on considerations related to their safety or health.

Childhood vs. old age

Caring for a dependent senior has a significant impact on the youngest family members. The sudden arrival of an older person also creates a sense of chaos, disorganisation and sometimes a disturbed sense of security. However, the course of this change largely depends on the child's age and understanding of the new situation, as well as on the seniors' state of health, existing intergenerational relationships and the aforementioned degree of reorganisation of existing relationships with other adult family members, especially parents. The appearance of a grandmother or grandparent in the home can be considered joyful (Franczyk, 2021, p. 65), although disorganising, an event for children with strong bonds to them. In this case, however, it should be noted that, in the longer term, the gradual loss of contact with a grandmother or grandparent as a result of their deteriorating health may become a source of crisis for the child (Sielicka, 2023). An important protective factor in this situation will be a healthy and secure relationship with other adults who will consciously accompany and support the child in the face of emerging emotions and difficulties. The adult, who is unfortunately burdened with caring for the senior at this time, does not always have the opportunity, but also the parental competence, to sense the moment and understand the importance of the breakdown of the child-senior bond as a consequence of the progressive illness.

For children who had a limited, complicated or hostile relationship with the senior, the reorganisation of life, with care as its new centre, can lead to the senior being perceived as an intruder. For the child, the elder becomes a person who not only interferes with existing family relationships by his or her presence but also takes away physical space in the home, worsens the financial situation and takes away the previous order and decorum of the home.

A difficult moment for children is also the aforementioned process of redefining roles in the family. Apart from leading to less accessibility to parents (both temporally and emotionally), it also affects children's perceptions within the family. In many cases, children and adolescents are expected to have a sudden and accelerated maturity, to be understanding, to understand the contexts of actions and to accept their consequences. Older children are sometimes required to share in caring tasks or to take on new household responsibilities over and above those previously undertaken. If this change is not adequately prepared by adults and introduced with a sense of security and acceptance of the emotions involved, it can lead to rebellion, anger or withdrawal, emotional

isolation and crisis. However, not all adults have the knowledge, skills and resources to support their younger family members in this new situation, and they rarely know where to seek such help at such a difficult time. One area that is emerging, therefore, that may be at risk of a family crisis, is one that requires support that is broader than just medical and nursing services or counselling. What is needed is assistance that goes beyond the current forms of family support with a dependent senior.

Support with a sense of loss

Another significant factor influencing the emergence of a crisis in a family caring for a dependent senior should be emphasised – the sense of loss and powerlessness in the face of change. This refers to the experience of emotional loss of the previous life – the change in family functioning significantly, as mentioned, limits previous activities. In addition, it takes away the mutual attention of individual family members, which is particularly felt by the younger generation. This is because the focus of attention is on the senior, who requires constant care and attention. What is more difficult is that the continuity and intensity of caregiving activities often leave no space for working through the loss, which often takes a form similar to bereavement. There are stages of adjustment to the new situation: surprise at the new situation, anger at the limitations and difficulties that arise, social withdrawal, sadness and grief at the loss of one's previous life.

The complexity also arises from overlapping anticipatory bereavement (Janusz, 2016), i.e., that which mourns the future loss of a relative and, with progressive illness, particularly in the case of dementia, the loss of the current relationship. In such a case, the emerging crisis may require an increased mobilisation of family resources to strengthen the support directed to the person experiencing the loss, and sometimes to seek specialist psychological, psychiatric or therapeutic help. Unfortunately, its availability to informal carers is significantly limited.

Conclusion

Caring for a dependent elderly person is a major challenge for the family. It can generate new problems and experiences, to which one has to adapt and develop patterns of behaviour, relationship building, etc. Entering a new role as a carer often requires reorganisation of life on a personal, family, professional and social level. At the same time, each caring environment has unique conditions, needs and diverse resources.

The theoretical and cognitive aim has been achieved, and the risks that may contribute to a family crisis due to the need to secure care for a dependent family elderly member have been detailed. Relevant issues were also highlighted, to which special attention should be focused by staff of family support providers, mainly family assistants, social workers, pedagogues, and educators.

The caring potential of families will decline in the coming years as a result of the demographic processes associated with the ageing population and the low fertility rate that has persisted since the end of the 20th century. It is therefore important to develop a support system for dependent older people and their family members, which is a challenge for social policy, but also for social workers, family assistants, pedagogues, and educators.

This paper does not exhaust the topic of potential crises and conflicts, but it is a further voice in the discussion of the challenges of contemporary families. It is a statement that is part of what can be described as upbringing for old age and education about old age. This topic has been of interest to many researchers for years, especially in the field of geragogy and social pedagogy (Dzięgielewska, 2009; Leszczyńska-Rejchert, 2022; Fabiś, Wawrzyniak, & Chabior, 2015). Equally importantly, there should also be an indication of the need to build modern formal and non-formal systems that are a source of support not only for the carer of the dependent person but also for the whole family as a system.

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