ABRIDGED

Lebanon does not have a comprehensive social care system of policies and programs, with the few existing public services being engaged mainly to poverty-related safety nets that provide limited home services in the form of particular housing and infrastructural allowances or for homeless older persons only. These are also planned mostly for poor/low-income, checkered, and temporary populations. The Caregivers’ Network launched by the Alzheimer Association Lebanon in 2004 is a support group for caregivers in specific categories of old and elderly individuals in need.

Older persons need to be enabled to ‘age in place’ and to enjoy the physical, social and cultural environment of their neighborhood. In this process, the capacity, abilities, and informal support networks in the case of older persons cannot be underestimated. Support policies need to be geared towards conceptualizing caregivers as a resource to the older persons and as themselves beneficiaries of health, social, and other services.

As a resource, care/giver support services could include assistance in arranging supportive services (e.g. mobile units and training and counseling). As beneficiaries, support services could include support from various categories of caregivers by taking different forms, such as providing a fee-for-service care. With the exception of Lebanon, which does not have a comprehensive social care system of policies and programs, with the few existing public services being engaged mainly to poverty-related safety nets that provide limited home services in the form of particular housing and infrastructural allowances or for homeless older persons only. These are also planned mostly for poor/low-income, checkered, and temporary populations. The Caregivers’ Network launched by the Alzheimer Association Lebanon in 2004 is a support group for caregivers in specific categories of old and elderly individuals in need.

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INTRODUCTION
As in other regions of the world, socio-economic changes and the commitment of more resources to health care brought about a situation in Lebanon over the past three decades, described above from 20 years ago. The population, its health and its employment region in the West. The growing demands of work and caring roles for younger generations has been the focus of future long-term care facilities in different forms (e.g. long-term care, sheltered housing, and home care). In Lebanon, however, as elsewhere in the Arab region, placing an older parent in institutions is stigmatized and is considered as the last resort in the case of frail or disabled older members and only when other channels of support fail (less than 1 per cent of older people in Lebanon are institutionalized).

Chances in family structure and roles
Declines in fertility, together with gains in schooling and employment among women have altered the demographic and social patterns of family life. The growth of two-child families has been accompanied by increased numbers of women gaining access to education earlier and to employment, especially in the urban areas. The age at marriage and the birth rate have significantly declined for women. Tensions in the family, increased financial strain, physical health problems, and emotional distress from the domestic worker towards an older impaired relative at home, particularly those with memory loss (Seoud et al., 2007). A large number of caregivers, and particularly those who take care of frail older members living alone, are under great pressure due to insufficient financial support and emotional strain. However, migrant caregivers have no formal qualifications and lack most commitments or formal attachment to the older person. There is the potential for abuse, possibly financial as well as emotional, from the domestic worker towards an older person, a factor which requires urgent exploration as the male caregiver is a source of remittances to the family, and the public. In developed countries, where institutionalization rates are over five times more than those in Lebanon and the Arab region, it is estimated that the national economic value of the informal caregiving amounts to more than double national expenditures on formal long term care services. It also represents a tremendous financial asset for the state and the public. In developed countries, where institutionalization rates are over five times more than those in Lebanon and the Arab region, it is estimated that the national economic value of the informal caregiving amounts to more than double national expenditures on formal long term care services. It also represents a tremendous financial asset for the state and the public.

The changes of the family caregiving in Lebanon over the past three decades has driven some 20 million people from the country to seek better economic opportunities and to provide financial support to their families.

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SOCIO-DEMOGRAPHICS
During the past three decades, rapid declines in fertility in Lebanon (from 3.8 children per woman in 2007) and mortality (from 0.7 deaths per 1,000 inhabitants) among children has led to a decrease in the number of potential family caregivers. Lebanon has the highest percentage of older persons aged 65 years and above (13.6 per cent) and is projected to increase to 33.2 per cent and 13.8 per cent of the population for the year 2030 and 2050, respectively (CAS, 2008; EIA, 2006). Those above 60 years will make up 51 per cent of the population by 2050 (60 years and 4.3 per cent, respectively).

Trends in ever schooling in Lebanon show that men tend to gain access to education earlier and to complete a higher number of grades than women. This is mainly due to the fact that women have gained access to education earlier and to employment, especially in the urban areas. The age at marriage and the birth rate have significantly declined for women. Tensions in the family, increased financial strain, physical health problems, and emotional strain from the domestic worker towards an older impaired relative at home, particularly those with memory loss (Seoud et al., 2007). A large number of caregivers, and particularly those who take care of frail older members living alone, are under great pressure due to insufficient financial support and emotional strain. However, migrant caregivers have no formal qualifications and lack most commitments or formal attachment to the older person. There is the potential for abuse, possibly financial as well as emotional, from the domestic worker towards an older person, a factor which requires urgent exploration as the male caregiver is a source of remittances to the family, and the public. In developed countries, where institutionalization rates are over five times more than those in Lebanon and the Arab region, it is estimated that the national economic value of the informal caregiving amounts to more than double national expenditures on formal long term care services. It also represents a tremendous financial asset for the state and the public.

Family caregiving represents a tremendous financial asset for the public, but an unregulated financial liability for most caregivers. Finally, the issue of care for the older person is critical, but it is not an easy one to address. However, the national economic value of the informal caregiving amounts to more than double national expenditures on formal long term care services. It also represents a tremendous financial asset for the state and the public. In developed countries, where institutionalization rates are over five times more than those in Lebanon and the Arab region, it is estimated that the national economic value of the informal caregiving amounts to more than double national expenditures on formal long term care services. It also represents a tremendous financial asset for the state and the public.