

Home Sweet Home

Observations on

“Why and how do older persons want to age at home?”

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Shift in Expectations

Over the last 100 years, life expectancy in European countries has risen approximately 2.0 to 2.5 years per decade. This trend is probably going to continue and perhaps may accelerate, thanks to progress in life sciences and technology. Today, people not only live longer but enjoy good chances to age well – provided that all societal possibilities are used in the most appropriate manner.

During the same timespan, European society has changed fundamentally with enormous consequences for the ageing population. Just a few very important aspects are mentioned here. High mobility and work-related migration have altered traditional family structures and solidarity patterns. Strong trends to individualization and the value of personal choice in life planning, as well as rapidly growing female participation in the labor market, have fundamentally affected the readiness and ability to provide long-term care inside the family. Advancement in the medical and social care professions have led to increased institutional treatment and attention to patients.

In their determinations about where to be during the last phase of life and how to age, older persons are heavily affected by these developments. As a first reaction to rapid ageing and the change of family and kinship patterns, the welfare state felt the responsibility to create old peoples' homes and geriatric institutions. However, these proved to be almost always insufficient in numbers and capacities, very often understaffed or lacking professional competence, sometimes of questionable general quality and expertise, very costly for society and/or the individual, and often also

unsatisfactory in terms of respect of older persons' dignity and their fundamental rights as well as their will and preferences.

During the last decades, it has become clear that a generalized solution to put older persons into retirement homes or institutional care facilities or to keep older patients for long-term care in hospitals is neither adequate, nor affordable, nor corresponding to the needs and preferences of most of the ageing persons. Thus a new "ideology" connected with choices covering personal needs became more and more significant -- "living and ageing at home!" as long as possible, with services as well as professional support from the community.

Ageing in Place"

Research shows that a very large majority of older persons -- around 80% as a European average -- do not want to go to "old folks' homes" and fear to be treated there "like vegetables". This attitude prevails even when their capacities are reduced by age, when they experience functional limitations or infirmity and thus may need specific assistance or long-term care. A study from the American Association of Retired Persons, (AARP) has shown that 89% of persons 50+ prefer to remain in their homes indefinitely as they age. The option to "age in place as long as possible" has consequently become more and more a preferential choice of policy makers, insurance companies, the medical and care professions -- as well as the families concerned.

However, the term "in place" is not at all precisely defined nor generally understood in a non-ambiguous way by all stakeholders. An interesting study asked the question "What is the ideal place to grow older?" Ageing respondents thought immediately and consistently about functional, symbolic and emotional attachments, connections, experiences and meanings of "home" -- including the neighbourhood and even the surrounding community. "Ageing in place" -- in one's own home placed in a larger community context -- inspired a feeling of personal identity, of autonomy, providing a certain degree of independence, maintaining self-determination, giving better possibilities of choice, but also offering chances for various interactions in terms of connectedness, attention, security, communication, participation, and personal recognition, as well as caring relationships and intergenerational contacts.

“Ageing in place’ was also associated with trust that one is familiar with the environment, knowing existing opportunities and perhaps enjoying easy access to services of all kinds. Thus the “in place” goes far beyond the concept of the physical and emotional home that is not simply a “container” for the person living in it. Home can be seen as a refuge from which one can go out to benefit from the resources and amenities the community offers. In addition, it often provides an important focal point for interaction with family members, friends and neighbors. Many express the feeling that it is very important to be near these persons “towards the end”.

Still, home may also be an uncomfortable, work intensive and even dangerous place, full of hazardous features and difficult to live in. For example, statistics from Germany show that the physical home environment produces more than double the number of fatal accidents than does traffic. Most of today’s rented or owned flats, apartments and houses are not conceived and equipped in an appropriate manner for older persons or for persons with physical or mental handicaps. They are not even sufficiently safe for children. A majority of homes are not at all senior-friendly and look like “Peter-Pan-Houses”, designed for people who never grow old. They may require intensive maintenance work. Most important, daily living activities may encounter severe obstacles, barriers or complications that make it hard for older persons to lead their lives easily.

With advancing age, general and specific individual ailments, incapacities and limitations create needs that have to be clearly addressed, whatever the individual or collective living arrangements may be. Older adults are likely to be considered as “old, frail and forgetful,” But what does that mean in more concrete and practical terms?

To start with, there are physical problems with the ageing body such as the reduction of muscular tension and strength, uncertain balance, poor eyesight, hearing and sense of smell, perhaps incontinence, possible loss of consciousness, etc. Mental and cognitive problems may render independent living more difficult or even impossible without help. Issues include failing memory, low level of stimulation to become active or to care for oneself, phases of depression, incapacity to get organized, a feeling of insecurity, etc. Also, health issues of all kinds normally become more frequent and severe with higher

age. The impacts of reduced social interaction are important and not to be underestimated, such as the feeling of being abandoned, lonely, neglected, disregarded, with ensuing sentiments of isolation and loneliness. In addition, there are often real or imagined financial problems that can haunt older persons.

Public Policy Perspectives

Both society at large and local communities have a fundamental interest in responding adequately to demographic changes and their ensuing consequences – particularly in respect to the needs, aspirations and choices of older persons. When public decisions support “ageing in place / ageing at home” rather placing older people into institutions, this preference should not solely be a matter of financial considerations but follow a strategy aiming at guaranteeing human rights, maintaining social cohesion, and supporting solidarity. The families concerned and the ageing population itself are highly interested in seeing implementation of the right strategies.

General and specific needs derived from ailments, incapacities and limitations due to ageing must be addressed by a wide variety of measures:

- improving public structures and services,
- supporting voluntary organizations in their efforts to help older persons to live with their limitations and benefit from ageing,
- adapting immediate physical living conditions to the new or changing needs of people as they age,
- developing technical and logistical devices to help persons with lower capacities to overcome problems, be more secure and feel better connected,
- creating or reinforcing adequate personal and home help services arrangements, and by
- education and information to motivate people to intelligently prepare themselves for ageing – preferably well before an age-related personal crisis.

Public authorities have the responsibility to take the needs, preferences and choices of older persons into consideration in their planning and provision of service systems and infrastructure. Information, transportation, and ambulant care service systems as well as educational, cultural and leisure opportunities necessary to create an age-friendly

community environment. The public leaders also have to make sure that appropriate regulations, budgets, and quality monitoring systems are created, connected and coordinated to insure broad coverage of medical and care services and address other personal assistance needs of the older population. Last but not least, public authorities should actively promote a comprehensive understanding of ageing from a life-course perspective and foster a positive image of older persons, with clear recognition of their past and present contributions to the development of society. They should also promote the understanding of the indispensable mutual responsibilities of solidarity among generations. Such a constructive approach may also stimulate a meaningful public discourse about the future chances and perspectives of European society – not least in moral and economic terms.

The groundwork for the required strategies and action has been achieved by the Second World Assembly on Ageing of the United Nations that took place in Madrid in April 2002. It adopted the “Madrid International Plan of Action on Ageing” (MIPAA) – a comprehensive strategic document with some 130 concerns, concepts and action points addressing the changes and the needs of ageing societies and older persons worldwide. This was followed by a European “Regional Implementation Strategy” (RIS) by which the 56 member states of the United Nations Economic Commission for Europe, UNECE, committed themselves to implement the UN “International Action Plan on Ageing” through a total of 100 specific action points regrouped in 10 chapters.

More concrete commitments of the UNECE member states are made in regional “Ministerial Conferences on Ageing” that take place every 5 years. The representatives assess the progress made during the last five years and set new targets. On these grounds, the individual states develop their own policies, strategies and action plans to match the targets set in common. They are motivated, supported and critically monitored by competent civil society organizations representing older persons or advocating for the concerns, interests and demands of the older population. Also, inter-governmental organizations such as the Council of Europe and special agencies of the United Nations encourage and support national programs in this area. For example, the World Health Organization has developed an “Age-Friendly Cities Program”, after consulting older persons’ organizations from 33 countries. Now, hundreds of cities and smaller communities are members of the Age-Friendly Cities and Communities Network.

And the European Union sponsors a “European Ambient Assisted Living” program with partners in 23 countries.

While governments have to deal with the overarching political concepts about how to create an age-friendly society, it is largely considered reasonable to leave the implementation to the regional and, in particular, to the local level. Municipalities administered with a high degree of social responsibility know best the needs and wishes of their older population and how to support older persons to age well in community. Increasingly, they have understood that the processes of planning and implementing measures that facilitate physical activities, mobility and communication, social interaction, cultural engagement and on-going education should be performed “with” older persons rather than “for” them. Older persons should not be treated as objects but as subjects of policy- making and thus be considered as an important societal resource.

Many municipalities try to act in an age-friendly manner when they plan physical spaces, transportation and infrastructures, including parks and gardens, shopping areas, community-based social and health centres, and so on. Thus they provide accessible social hubs in addition to technical and economic service facilities. It is important for people to feel that the community is a resource provider, on the one hand, and also “a warm place” to be, on the other. It is well known that interconnectedness through social contacts is indispensable for human beings. A sense of community can not only promote individual wellbeing but also significantly contribute to the health status of the person.

Fulfilling the requirements of the ageing society in general as well as the needs and choices of older individuals offers huge market opportunities for private business. Medical prevention and treatment, lifestyle technology offerings, personal health and social care services, as well as household and personal assistance will be among the strongest booming economic sectors for the foreseeable future. The demand for goods, process solutions, services, and employment will expand. Totally new conceptual approaches and practical solutions will be required – originating simultaneously from a multitude of drivers, including: science and research, hardware and software industries, public and private service providers, the construction sector and housing associations, social security organizations and insurance companies, and also from politicians, public administrations, and a broad range of interested professions.

Broad Range of Supports

In contrast to biased opinions and societal attitudes, older persons do not fit within a homogeneous category. They are at least as diverse in personalities, needs, preferences and judgements as members of any other age group. However, because of their various age-related ailments, possible physical and mental deficiencies and growing limitation of capacities, they may require additional multifaceted attention and support. These limitations may be related to self-care tasks like body hygiene, dressing, eating, moving around -- also called 'activities of daily living' -- or instrumental daily tasks, such as meal preparation, household cleaning, or managing money.

In relation to disabling conditions, long-term care certainly does not cure the underlying illnesses but tries to maintain a reasonable to optimal level of functioning that provides some kind of independence. Thus an important objective is to give each person the feeling of being still in control of his or her life and wellbeing by "extending the margin of independent living" – recognising that it is very important for them "to live under one's own rules" and that this is a key reason for staying in one's own home.

An initial and very important step is to make homes more user-friendly, rather than just having them more beautiful or luxurious. This entails prioritizing necessary housing modifications and adaptations according to the needs of the vulnerable and less able individual. Making the home safer, easier to maintain and more comfortable, helps the person to be independent and able to continue to live at home for longer. Even well conceived "little details" can make everyday life much more easy and less hazardous.

Advanced technologies, high-tech products, innovative processes and services of all kinds can be tremendously important to ensuring better and more independent living conditions, improving people's comfort and quality of life – and even combatting loneliness and feelings of abandonment. There are available applications such as home automation, functional service robots, inter-active leisure devices, sophisticated communication and information tools, systems of tele-medicine and tele-care, as well as monitoring and supervising sensors connected to remote assistance and intervention centres, plus artificial intelligence gadgets characterised by self-learning capacities. In the long run, investments in these products and applications will certainly extend the

longevity of home-residents and probably be much less costly investments than nursing home placement and institutional care.

The growing emphasis on meeting unique individual needs is matched by the impressive options created by science and technology – not least by the sequencing of the human DNA. Totally new public and private responses are available to match the varying support needs and choices of the individual, thus eliminating inappropriate ‘one-size-fits-all’ approaches. They can effectively address the desire of people to receive personalised and flexible care that is tailored to their specific needs and respects them as unique individuals. At the same time they can empower the older person to understand that he or she is still functioning, maintaining the personal skills and social abilities that enable them to go on ageing in place.

Broad Involvement Needed for Next Steps

One of the most important principles for successfully tackling the challenges of an ageing society is that older persons must be directly involved themselves. So far this principle has been mostly neglected or underdeveloped. Direct involvement of older persons themselves: a) starts with the conceptual phase of planning for goods, services and processes; b) goes through production and implementation or marketing steps; and c) finally reaches the monitoring, evaluating and readjusting process. None of these steps is unnecessary. They all deserve a high degree of combined and continuing attention. At the same time, issues of personal data protection and respect of individual privacy need to be carefully addressed. It is equally important to develop intense communication and cooperation among the different generations in society, not only to promote mutual understanding of the various needs, choices and solutions, but also to facilitate compromises between possibly divergent but legitimate interests.

New concepts and configurations of “Extended-Public-Private-Partnerships”, EPPP, with strong inclusion of science, research and civil society organizations, will be needed and tested. European priorities should definitely include intensive efforts to create and develop the best possible “enabling environment” for innovations addressing the needs and opportunities of an ageing European society. Such innovations or further refinements of the existing solutions need to take place, particularly in the area of science and research, in the field of technology and operational processes, in social and

cultural issues, in medicine and health care, and in personal attendance and support – just to mention a few important sectors. They will span a broad spectrum, with invention of goods and services, improvement of physical structures and of logistic processes, and consideration of ethical orientations, philosophical options and action strategies. All possibilities for close interconnection, cooperation and combination of these areas should also constitute a matter of high attention.

Collection, documentation, analysis and dissemination of successful concepts, solutions and practice – especially when conceived and organized at an international level – will be highly important, and may easily lead to helpful “creative imitation” adaptation to regional or local conditions. Substantial targeted public investment should be made by the European Union. It certainly will boost the EU’s global competitive power in this extremely important and future oriented economic sector.

All these considerations lead to the conclusion that we are at the doorstep of a brand new form of society and presently have the enormous opportunity and responsibility to shape its future through wisely orienting its technical, ethical, cultural and economic developments by benefitting from the available options and by making the right choices for today’s populations, as well as for generations still to come.

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