

Jan Lorman
**HOW TO OBTAIN GENERAL
RESPECT?**

IFA
***11th Global Conference on
Ageing***

MELBOURNE, 2010

Structure of the presentation

- A. Community life on ageing society – why?
- B. What are the barriers to, and opportunities for, development of community life on ageing society?
- C. Practical example of a community programme. Community centre “PORTUS House” in Prague – Czech Republic
- D. Can the active ageing concept also be developed to allow for better intergenerational connections in communities? Czech experience.
- E. Conclusion

A. Community life on ageing society – WHY?

- ◆ One of the most important human needs is the **need of a relationship**; we want to “belong somewhere.
- ◆ Also the need to **accept help** from others is growing, or just the **fear of the inevitability** of this help.
- ◆ We are afraid to set the limits of our personality out of the fear of **living a life without love**.
- ◆ These **borders limit the territory of our responsibility**. Setting up the borders and accepting responsibility saves lives. (Pr. 13,18.24)
- ◆ The responsibility for relationships is a whole-life task
- ◆ **Social exclusion is a result of the relationship crisis**

A. Community life on ageing society – why?

The local framework of community







- ◆ **No community can exist without its authorities**, without a vision, a leader
- ◆ **Giving is joy** and benefits the giving person as well as for the receiving one.
- ◆ Community of older people and **their friends**.
- ◆ The condition is **freedom** and free will of the individuals – of all parts of the community

A. Community life on ageing society – why?

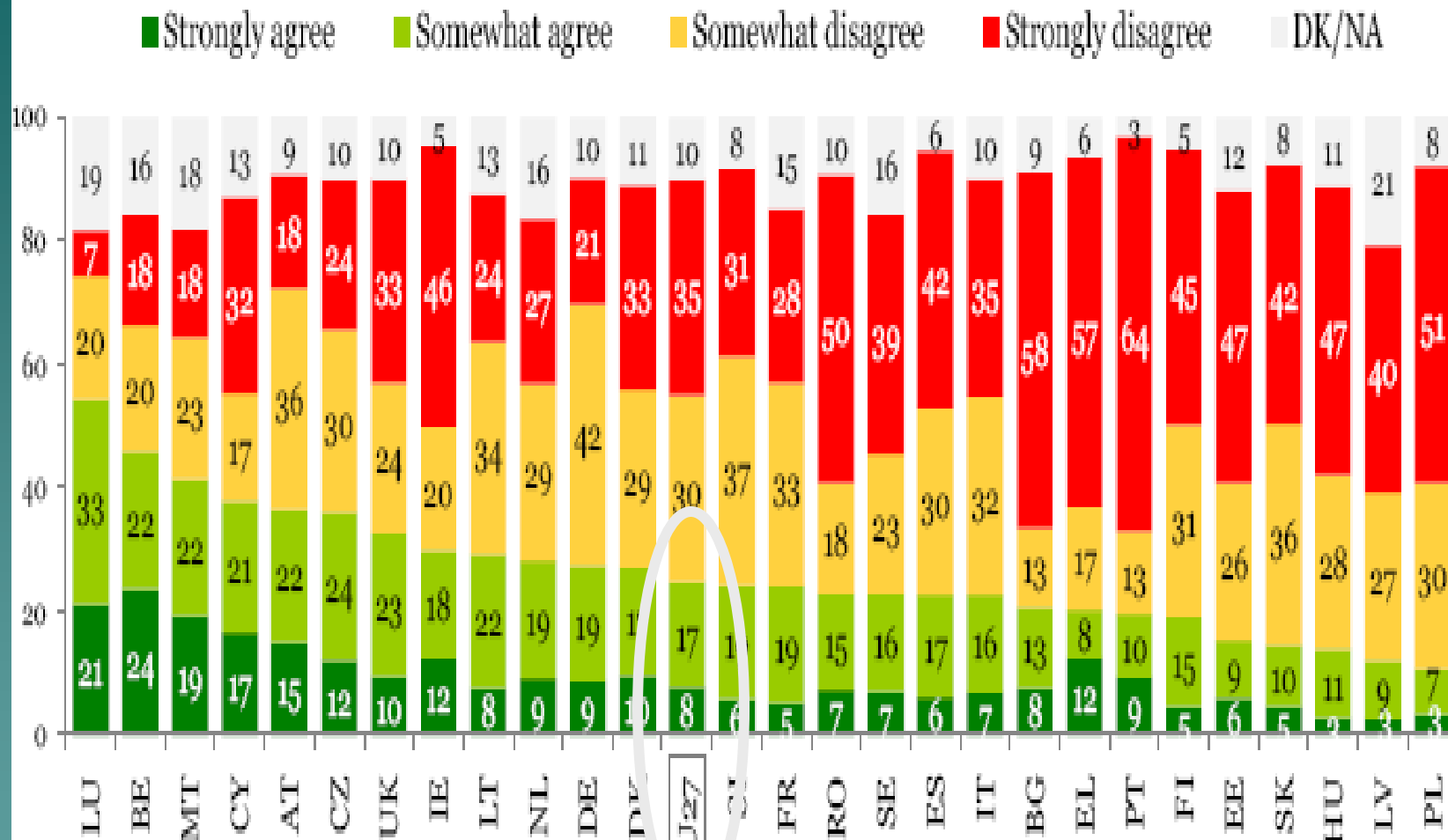
The family environment

- ◆ Family care represents the most relevant form of support provided to dependent older people living in the community (often continuing when the older person is institutionalised).
- ◆ Most people provide family care for positive motivations, such as love, affection and emotional bonds, and derive from it positive feelings.
- ◆ Sometimes, however, family care becomes the only solution available, due to a feeling of duty/obligation towards the older person or the lack of care alternatives.
- ◆ For these and other reasons, family care might become then a stressful, burdening experience...
- ◆ **...potentially leading even to the abuse of the older person who is actually supposed to be cared for.**

What factors influence families' decision to care?

							All
emotional bonds / love	96,8	96,3	90,5	96,6	94,1	92,6	94,5
a sense of duty	89,3	73,3	79,5	67,7	91,6	85,8	81,4
sense of obligation towards elder as a family member	91,4	57,4	75,6	73,6	93,7	90,9	80,6
caring for elder makes me feel good	81,5	56,4	61,9	83,4	77,2	84,2	74,0
elder would not wish anyone else to care for them	43,5	45,4	62,9	46,1	53,6	62,1	52,3
there was no alternative	53,2	30,3	46,0	45,5	45,4	64,4	47,6
I found myself caring by chance without a decision	37,8	31,5	61,5	65,3	32,3	29,5	42,7
my religious beliefs	40,0	38,0	22,6	8,2	67,7	24,7	33,9
high cost of formal care	43,8	31,1	30,2	14,8	34,4	45,1	33,5
economic benefits	8,0	4,3	8,7	13,2	8,1	12,3	9,1

People who have to care for older family members at home receive good support from social services in [our country]



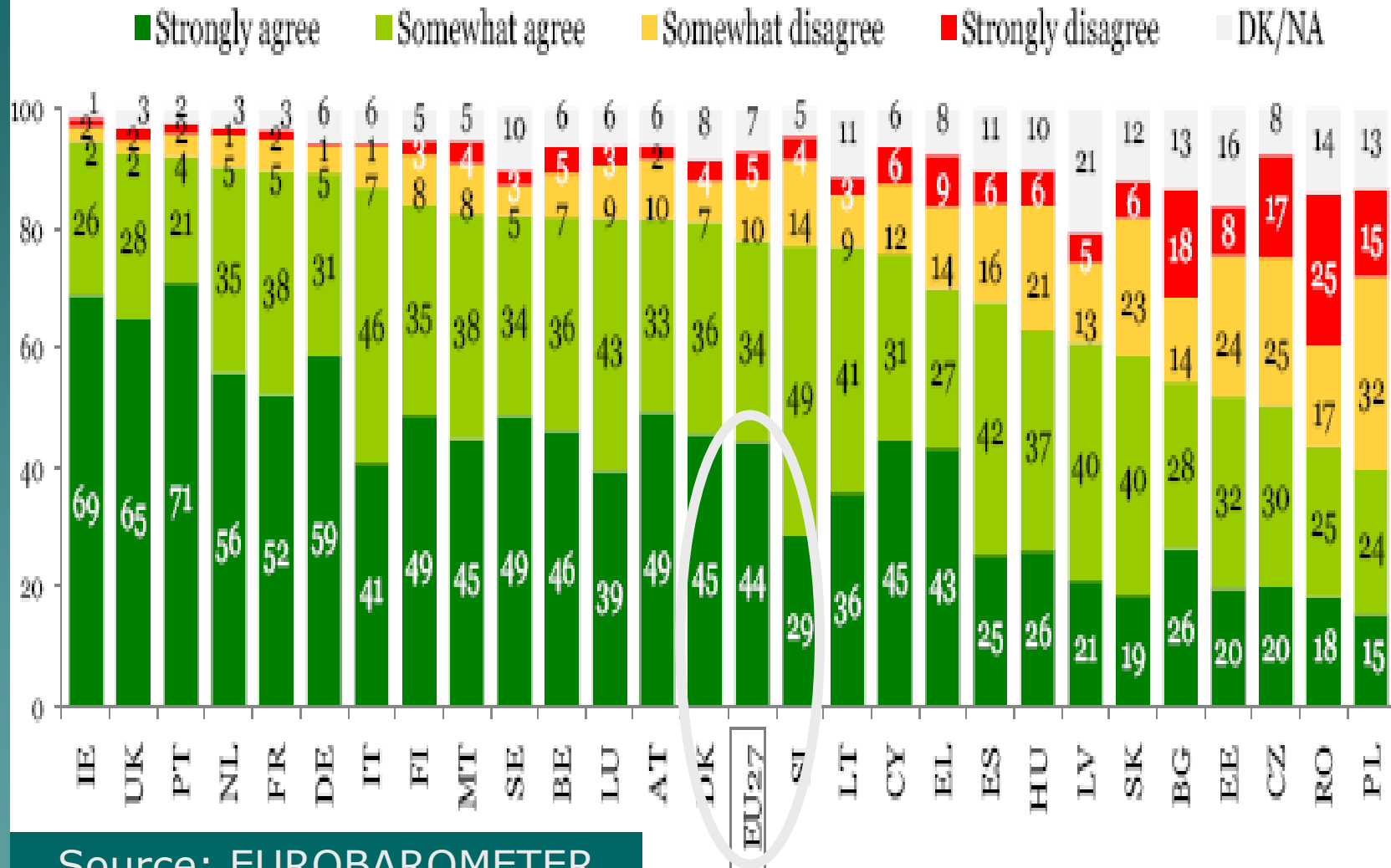
Source: EUROBAROMETER

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Source: Eurobarometer 2007

Older people make a major contribution as volunteers in charitable and community organisations in [our country]



Source: EUROBAROMETER

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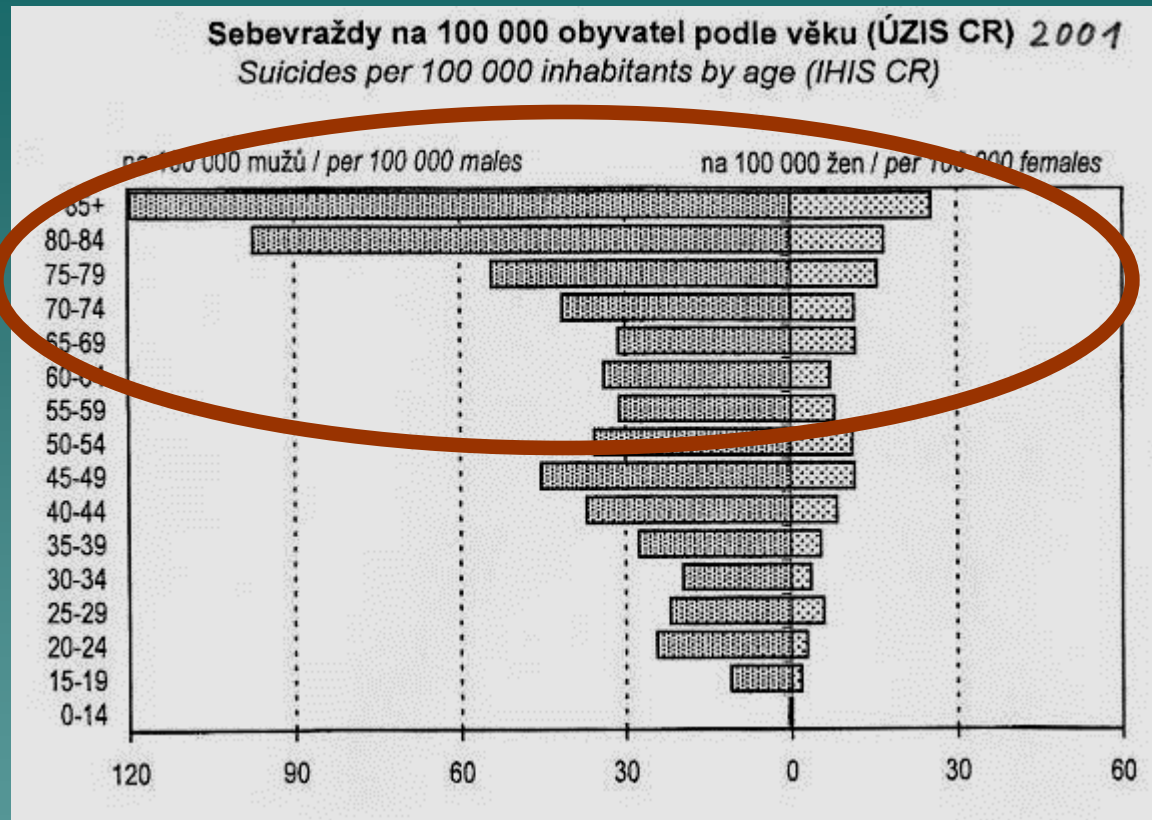
B. What are the barriers to, and opportunities for, development of community life on ageing society?

Age-related prejudices

- ◆ *1. All old people **are the same***
- ◆ *2. There is no difference between **old men and old women***
- ◆ *3. Old people have **nothing to contribute to the society***
- ◆ *4. Old age is **fragile** – old people need to be looked after*
- ◆ *5. Old people are an economic **burden for the society***

[in Tamara Tosnerova, Ageism in practise, 2005]

B. What are the barriers to, and opportunities for, development of community life on ageing society?



Over 11 000 people 60+

The main motives: - loss of sense of life

- "I will not be a burden of society"

B. What are the barriers to, and opportunities for, development of community life on ageing society?

Continuum of life as an indivisible whole

1. Modern society **divided human life** into industrial stages
 - a. Old age is regarded as a **loss of strength**
2. **absence** of projecting one's old age
3. The welfare state acts as a reliable safeguard
4. People transfer **responsibility** for their old age

But:

- people cannot be **reduced to labour force**
- **The ultimate goal of human life is maturity [no productivity]**

B. What are the barriers to, and opportunities for, development of community life on ageing society?

Care versus independency

- ◆ **Totalitarian** political systems **take away** the citizens' **responsibility** for themselves;
- ◆ Human beings have the **basic right** to be themselves
- ◆ **owning of one's self** as basis for individual responsibility for their own lives

C. Community centre “PORTUS House” in Prague

◆ There, is a 3-stage model:

- Centre of **activation programmes**: *The Academy of Seniors (education, culture, physical exercises, and hobbies), Volunteers' Centre, Seniors' Theatre and Senior Café Bar.*
- **Social care and intervention services**: *home care and home help, non-stop crisis line (free charge), advisory, diet canteen, physical hygiene, transport services for handicapped seniors, senior bazaar*
- **Social-health services**: *distress care (non-stop monitoring, quick crisis help, health advisory, psychotherapeutic support), home care centre, respite care centre with rehabilitation care, lending office for compensation aids, physiotherapy, denture services, memory training*
- **Community centres for coordinating** of professional provision of services with self/help activities

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AREION EMERGENCY CARE



AREION emergency care is a service designed for senior and physically disabled persons. Equipped with a terminal enabling two-way communication, a client is monitored in his/her home by the system that guarantees immediate professional help in case of a crisis situation. A single push on the emergency button connects a client with the control room. Professional aid is available on a 24/7 basis.

An example of an urgent crisis situation



The monitored client falls in his/her bathroom, gets injured and cannot stand up.

S/he pushes the emergency button worn around his/her neck and waits.



An alarm is displayed on a screen in the emergency care control room within thirty seconds.

A nurse on duty calls the client's apartment – the telephone set automatically unhooks – and finds out what happened.



Motionless for 10-12 hours

Space sensor

In addition to the terminal, space sensors are installed in the apartment to react on motion.

In case that within a set timeout period no motion is detected (usually 10-12 hours), an alarm is automatically generated and a phone call is established. A space sensor can be easily switched from "motion detection" mode to "apartment guard" mode.

If a client leaves his/her apartment for a period longer than the set timeout period, s/he switches the motion detection function off by turning a key, which switches the system to the apartment guard mode.

In case of unlawful entry, the system sends an alarm and the operator calls POLICE. This is an important crime prevention function.



If the injury does not require immediate medical treatment, the client's health continues to be monitored in order to react fast in case it gets worse. If required by the situation, the nurse carries out a psychotherapeutic dialogue with the client.

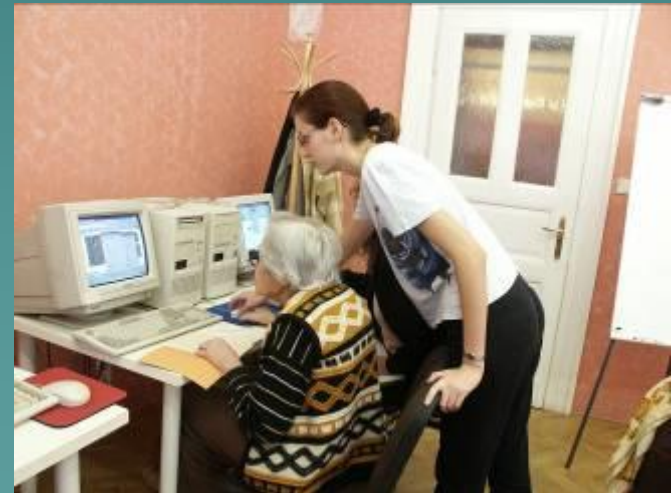


Depending on the nature of injury, the nurse organizes help. The nurse can either call a medical help, or an ambulance, and ensures that the apartment be accessible. The nurse can call a family member or a friend who has a key, or an emergency service to pick up a key stored in the emergency service control room, municipal police station or another safe place accessible 24/7.

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Principles

- ◆ Support of **senior** citizens who live in their own homes, and support of their **relatives** living with them
- ◆ **Activation** of senior citizens
- ◆ **Individual** approach
- ◆ **Complex** - holistic approach
- ◆ **Plurality** and interconnectedness of the programmes
- ◆ **Openness**
- ◆ Support of **self-sufficiency** and independence on the service
- ◆ **Creativity**
- ◆ **Involvement of the family** and close friends
- ◆ Principle of **free choice**

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Community centre PORTUS House– WHY?

- ◆ Support of living in **natural surroundings**
- ◆ People are **social beings** but used to live as **individuals**
- ◆ The **demand** for the residential kind of care for old people is mostly motivated by the **fear of lack of service**
- ◆ Up to 90 % of the population **wants to live independently with the support of family**
- ◆ The self-help save money

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Why are these programmes concentrated in one place?

- ◆ So the **people wouldn't need to travel around the city** to get advice in one part of the city or rehabilitation in another, etc...
- ◆ The senior generation's typical submissive behaviour
 - They don't want to bother anyone
 - They don't like to communicate
 - They have problems with motion
 - They don't hear or see well
 - They are not sure, they don't know if they are “in”
 - They don't like going to offices
- ◆ Those **who help should communicate too**: e.g. professionals, nurses, care-people, cooks, actors, dramatic advisors, psychotherapists, layers, volunteers: young and old.
- ◆ To be able to offer a complex and **multidisciplinary - holistic solution**, not only an ointment for an aching knee but also a support for the soul and help in house work, etc...
- ◆ To **stop stigmatizing** – marking those who “miss something.”
- ◆ Because **solving problems of someone without his effort or against his will is difficult and immoral.**

Community centre Portus House – conditions for the cooperation of all partakers.

- ◆ The necessity of a strong and shared **vision**:
 - To live longer and enjoy it.
 - We are here to improve the quality of life of the whole society by contributing through our humanitarian activities to solve the problems of senior citizens whom we will help to actively and meaningfully live in their own homes as long as it is possible and we will lead them through the autumn of their lives so no one would have to be ashamed of their old age.

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The helping professions must have:

- ◆ A clear, understandable and acceptable division of labour and exact **responsibilities**
- ◆ A **complex approach** to the people
- ◆ Necessarily they have to enjoy and suffer with them or live through **„common causes”**
- ◆ Friendly and professional interpersonal **relationships**
- ◆ **Positive** and emphatic relationships to the users
- ◆ **Personal vision of their own old age**

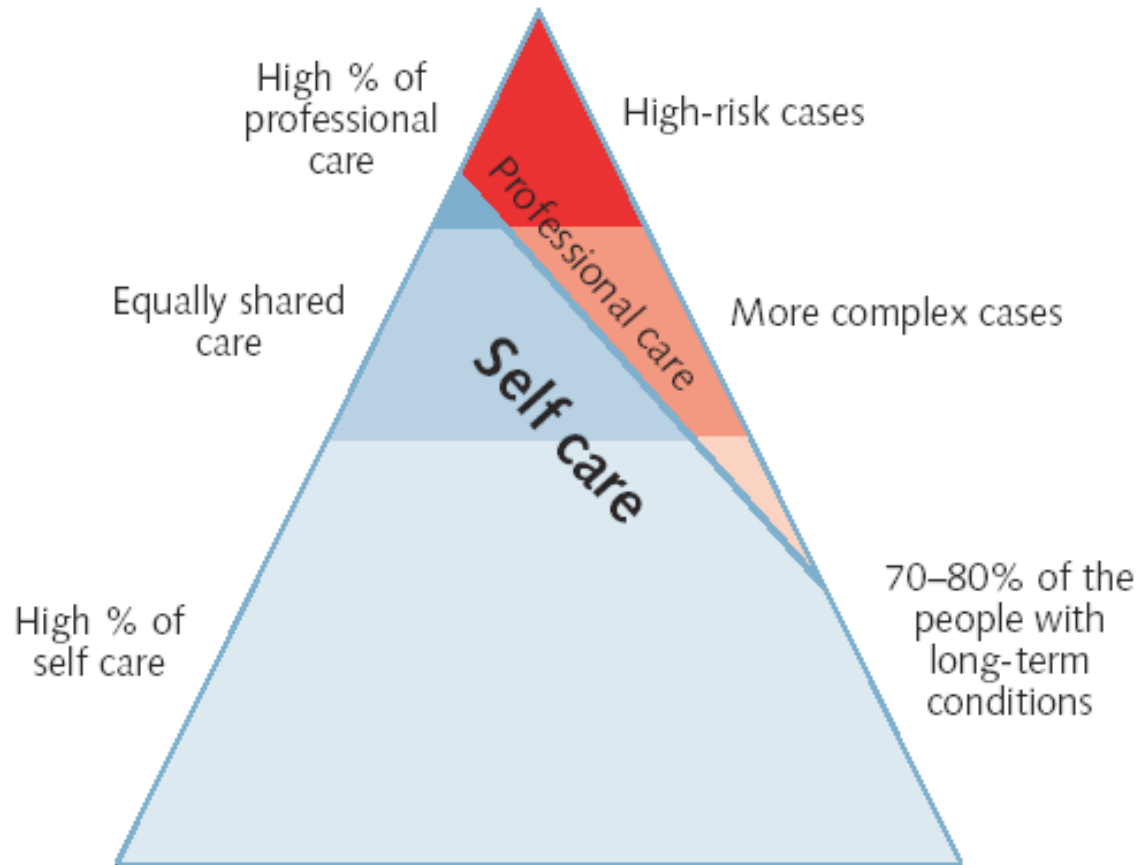
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The specific demands for the communication of the caring professions

- A wide spectre (variety) of professions
- Professional **stereotypes**
- Common as well as **various legal environment**; e.g. social, healthcare, business, cultural, etc.
- A **variable vocabulary**, various expert terminology,
- **Various methods** and models of therapies and processes
- **Variable** organization of **working hours** (non-stop operation, office hours, ...)
- Various kinds of **personalities**
- Various degree of **education** (32% university degree, 55% secondary education, 13% basic school education)
- Various standard of **wages** and forms of reward
- **Many-source funding** (approx. 100 of applications for subsidies and grants; payments of the users; donations)
- A **wide spectre of the department submitters**: healthcare, social, cultural, of inner affairs, local development, education, region, European fund, foundations...
- Various **equipment**, appliances and technique
- **Volunteers and paid workers**
- There is **no legislation norm** for this complex kind of service = Misunderstanding of the public and officials

The self-help save money

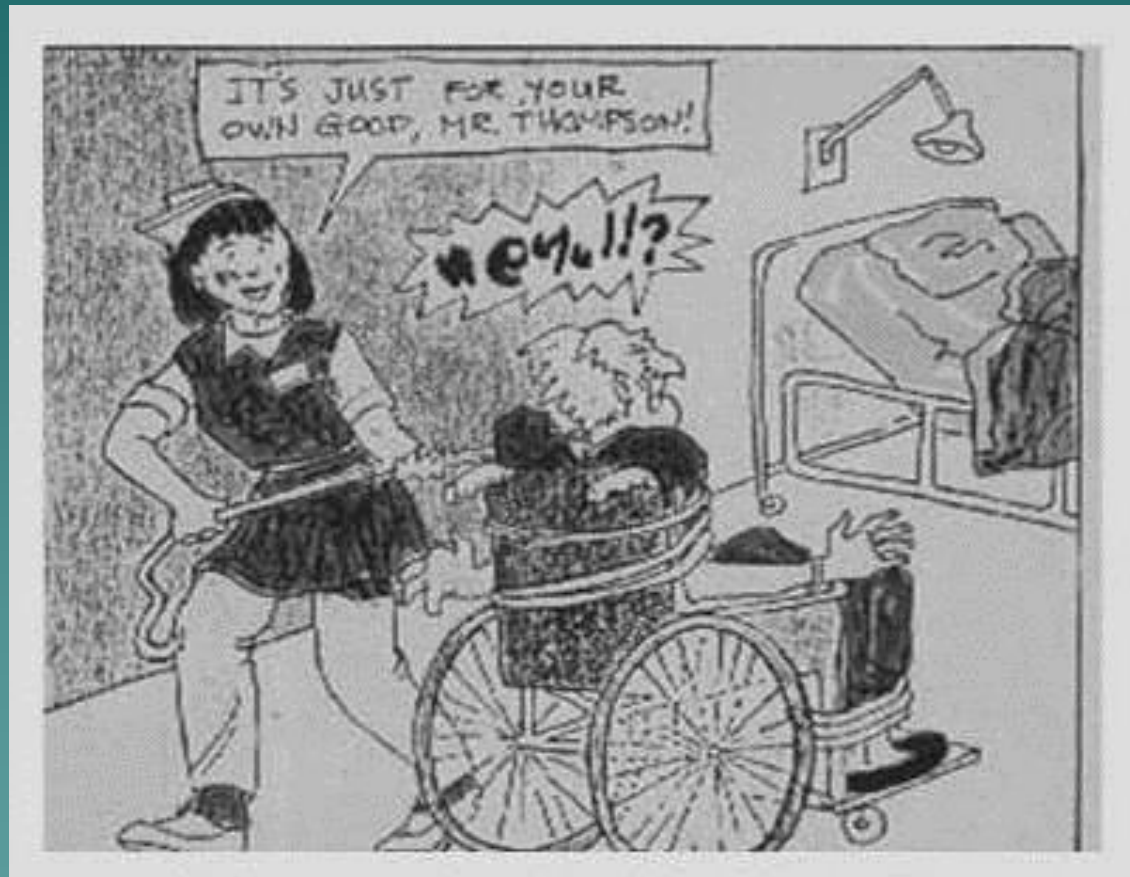
Fig 5.2 Empowering and enabling individuals to take control



Source: Department of Health

Community centre PORTUS House– WHY?

Risks of mechanical restraints using



Acc. Jutta Lindert, EUPHA

Epidemiology of medical restraints

- Community dwelling elderly:
 - 20-25 % psychotropic medication
- Elderly in residential care facilities:
 - 40-80 % psychotropic medication

Aparasu et al. (2003) JAGS 51(5): 671-7

Hosia-Randell H & Pitkala K (2005) Drugs Aging 22(9):793-800

D. Grow old in the community – HOW?

- ◆ Supporting the **concept of responsibility of the community**
- ◆ the concept of **life-long home**
- ◆ The concept of **dignitogenesis**
- ◆ Supporting those types of care which make it possible for older people to remain in their own flats as long as possible.
- ◆ **community cohesion** is a means of better understanding for the problems of older age

E. Conclusion

- ◆ A shift from the traditional approach of delivering services to a passive population, **to an approach recognizing the rights of older people to health enhancing living conditions and access to services and support, irrespective of economic or social circumstances.**
- ◆ **Breaking down the stereotypes of the “burden of older people”** to focus on the capacity and continuing contribution of older people

E. Conclusion

- ◆ Embracing a life-course approach, recognizing the impact of earlier life experiences on the way in which people age.
- ◆ To generate strong local political commitment and to introduce policies and planning processes that will ensure a **holistic and well-balanced approach to the health development and care needs of older people**

E. Conclusion

- ◆ **To create health enhancing living environments** [transport, housing, spatial planning] that support healthy ageing outcomes by being well-designed, accessible and safe, taking into account the functional capacity of ageing and disadvantaged groups.
- ◆ To promote accessible health and social care services that support independence while providing, where needed, formal care for older people and support to their families and carers.
Attention should also be paid on rebalancing preventative and public health services with health and social care services.

E. Conclusion

- ◆ We should try to make the **endless ring of human life into one whole**; birth, childhood, adulthood, older, old age, and death
- ◆ to explore the stories of those who have a quite a bit of older age behind them already.
- ◆ decisive role in the solution of the problems of **older age is played by older people themselves**
- ◆ **The community life there is the golden occasion to do it**
- ◆ Promoting the idea of **personal responsibility** for old age,

GETTING OLD IS NORMAL.



BUT AGEING WELL IS A GREAT ART,



**BUT AGEING WELL IS
A GREAT ART,
WHICH
DESERVES OUR
ADMIRATION !**

**THANK YOU
VERY MUCH
!**

A. How are the different stakeholders responding to the challenge of active ageing?

- ◆ **The most elderly** among our fellow beings
- ◆ **Senior citizens themselves**
- ◆ **Families**
- ◆ **Organizations of/for older people**
- ◆ **Schools**
- ◆ **Churches**
- ◆ **Volunteers**
- ◆ **Politicians**
- ◆ **Companies**
- ◆ **Academics**
- ◆ **Service providers**
- ◆ **Police**
- ◆ **Doctors**