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AGEING IN PLACE

Models and strategies
focused on autonomy,
social participation
and improving the
well-being of older people

EXECUTIVE SUMMARY
RECOMMENDATIONS

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EXECUTIVE SUMMARY

Although the vast majority of Portuguese people grow old in their homes, in Portugal the measures for ageing in place are still little known compared to the attention paid to institutional solutions, in particular, the role of residential facilities. Contrary to the conventional view of assisted living for the elderly population by placing them in institutions, enhancing ageing in place responses means addressing the needs of older people based on where they live, seeking to coordinate responses by gradually increasing the range of services provided – at local, regional and national level. Practically speaking, this means not making the person leave their home to give them the care they need, but rather creating conditions for their needs to be met. The purpose of this paper is precisely to see “how this can be done”, by analysing what is actually done in various locations across the country (and also abroad) and to also make recommendations to disseminate these practices.

1.

The Good Practices Guide for Ageing in Place (<https://gulbenkian.pt/publication/boas-praticas-de-ageing-in-place-divulgar-para-valorizar/>), published in 2008, enabled a study of innovative initiatives implemented in Portugal to encourage and facilitate ageing in place by promoting independence, social participation and individual well-being. According to the World Health Organization **the concept of ageing in place is the ability of older people to live and grow old in their own home and community safely and independently**, which implies the need to adapt the physical and social environment to their daily lives as they age.

2.

According to data from 2011 (Eurostat, 2012), in the then 28 Member States **approximately nine out of ten people aged 65 or over living in Germany, France, Finland and the United Kingdom lived independently in their own homes**. In the Netherlands, this percentage was even higher (95%), while in southern and eastern European countries, such as Cyprus, Spain, Portugal and Estonia, it was lower. Besides enabling older people to live independently, there are other residential solutions implemented in Europe resulting from cultural influences and socio-political choices. People living with their children and fami-

lies (in Romania, Poland and the Baltic States, more than 10% of the elderly population is in this group; however, this arrangement is rarely seen in Nordic countries and the United Kingdom), and people living in long-term care facilities.

3.

In Portugal, despite the occupancy rate of Residential Facilities for Older People (ERPis – Estruturas Residenciais para Pessoas Idosas) being close to 100% (and often have waiting lists), other social responses seek to enable older people to remain in their homes and in the community of which they are a part. In this respect, home care services are on the rise and are the social response that has seen the greatest growth since the beginning of the century. The investment made in recent years, to provide nationwide coverage and to diversify the services provided to users, **has helped to enable a significant number of older people to continue living in their own homes** and delay or even avoid them being placed in an institution.

4.

The rapid ageing of the population has led western societies to **develop new concepts, programmes and services capable of addressing the concerns and needs of the elderly population**. Askham, Cameron and Heywood (in Means, 2007) found that older people who chose to continue living in their own homes for as long as possible did so because they believe it was the best solution for their individual needs, preferring to live in familiar surroundings. Milligan (2009) argues that living independently helps to maintain a sense of self-confidence, self-control and positive self-esteem, and as such older people should be allowed to live independently provided their health allows them to do so and they have a residence and an appropriate social support system. Van Dijk *et al.* (2015) concluded that the idea underlying the concept of ageing in place is that living in a family environment has a positive effect on the well-being of people in general, helping older people to continue having positive experiences in the later stages of life.

5.

When asked “where is the ideal place to grow old?”, older people tend to answer: “the place I already know!”. **Growing old in a place where one has lived most of their life and where the main references of that life are** is an advantage in terms of maintaining independence and autonomy, and one’s social roles in the places where one lives.

6.

As we age, the ability to live at home for as long as possible and being able to extend that life to the surrounding community means taking into account several factors that can maximise functional ability. **The dwelling and surrounding area, the availability of services and resources essential to daily life, social, civic and economic opportunities, involvement in useful and socially recognised activities, and inclusion in programmes and services that encourage participatory ageing within communities.**

7.

The concept of ageing in place poses an added challenge given the diversity of individual needs. From an individual perspective, ageing in place refers to older people living at home and in the community for as long as possible. But ageing in place is also a concept used in ageing policies, traditionally focused on housing issues and the creating “age-friendly” environments. How daily life is organised and managed (“living arrangements”) is key to active and healthy ageing.

8.

Stressing the importance of the dwelling to older people goes far beyond its physical dimension. Besides being a shelter from the elements and where they carry out the basic and essential activities of their daily lives, **the “home” holds a lifetime of memories, offers an unparalleled sense of security and enables older people to feel in control of their lives,** something they will never have at an institution. Finally, the place where the dwelling is located is just as important, in particular, in terms of proximity and accessibility to transport, shops, social and healthcare services, cultural and recreational spaces, places of worship, etc.

9.

Although the first public home care programmes for older people emerged in the 1930s in the U.S. (Klimczuk, 2017), the use of the term “ageing in place” only dates back to the 1980s and started gaining popularity from the 1990s, particularly in Europe, the U.S. and Oceania (Pani-Harreman *et al.*, 2020). Since then, the concept of ageing in place has served as a slogan for adopting housing, healthcare and social policies for older people ageing in their homes. **The common goal of these policies is to help older people to remain living in their own home for as long as possible, emphasising the benefits that this has for quality of life** by avoiding the loss of identity and the disruption caused in their social lives with institutionalisation.

10.

According to Iecovich (2014), ageing in place has several interconnected dimensions: the physical dimension (the dwelling, village, neighbourhood, city where one lives), the social dimension (involving relationships and interpersonal contacts), the emotional and psychological dimension (relating to the sense of belonging and connection to a place), and the cultural dimension (linked to the values, beliefs and meaning that people attribute to a particular place). Thus, when talking about “place” we are referring to **an environment that allows an older person to preserve the meaning of their life, including a social identity that can be preserved even if the person becomes less capable**. The “place” reflects an extension of personal identity, enabling preservation of the integrity of self and fostering a sense of continuity between stages of life.

11.

Given the positive effect on well-being in a later stage of life, using the concept of ageing in place as a policy tool implies that it is the most desirable mode of life in old age. In 1994, the OECD - Organization for Economic Co-operation and Development (OECD, 1994) announced the importance of ageing in place policies by setting an agenda to prompt measures to expand such policies. **These measures should make it easier for people to remain in their own homes, even if they become somewhat limited or experience a decline in their functional ability**. During the 2000s, the OECD continued to encourage this course of action.

12.

The Second World Assembly on Ageing, held by the United Nations in Madrid in 2002 (coinciding with the emergence of the Active Ageing paradigm), pointed out the importance of promoting ageing in place, stressing a number of concerns related to this objective: creating communities where the needs of older people are specifically addressed, encouraging investment in local multi-generational housing arrangements, establishing multi-sectoral partnerships between different community agents, creating social welfare services for older people, and intervening directly in the residences of the elderly population. Accordingly, **adopting an ageing in place model that paid particular attention to individual preferences as regards residential options in old age was set as a priority objective.**

13.

In 2015, in the Report of the Second WHO Global Forum on Innovation for Ageing Populations, five key areas of intervention for ageing in place are identified (**the 5 Ps - People, Place, Person-centred services, Products, Policies**): (i) the people being supported and cared for; (ii) integrated health and care services (person-centred services) that improve the functional ability of older people; (iii) age-friendly places and environments; (iv) products and equipment offering new solutions (technological in particular) that address problems associated with ageing; and (v) innovative policies that implement support systems for older people.

14.

The concept of ageing in place also has its **limitations**. Firstly, the dwelling may not be adapted to the needs of the older people that live in it, either because it is uncomfortable or because it has architectural barriers that make mobility difficult. Another limitation are the differences between urban and rural environments, since the latter tends to limit access to services and infrastructures, such as transport and technologies. Finally, home care services (often essential later in life) are often provided by poorly qualified professionals or unskilled personnel, unlike those provided in residential facilities for older people.

15.

According to Fernández-Carro (2013), the term “ageing in place” can have a twofold application: a policy and a process. On the one hand, it is true that the concept of ageing in place refers to a set of institutional measures intended to promote independent living among the elderly population within the so-called active ageing paradigm. Popularisation of the term is, in fact, a result of this approach. On the other hand, **scientific application of the concept has led to the development of different perspectives – from the social to the urban sphere – on how to create the best possible environment for the elderly population.** It is, therefore, a multidimensional process that depends on a series of mutual and continuous adaptations between two key agents: the older person, on the one hand, and the environment in which they live, on the other, which includes the following three dimensions: individual, dwelling, socio-community environment.

16.

Although ageing in place is generally considered beneficial given the positive effects independent living has on satisfaction as one grows older, a scientific analysis of the concept has questioned the actual advantages of ageing in place. There are **situations in which living at home does in fact correspond to more satisfactory ageing, especially when independent living ensures privacy and enables one to maintain control of their personal life. However, in other situations living at home is not always synonymous with quality of life,** when individuals are confined to an inappropriate environment and it has counter-productive effects such as isolation, loneliness and disconnection from the surrounding social environment.

17.

Ageing at home, on its own, does not necessarily guarantee independence and the consequent satisfaction with life, as this depends greatly on the level of the older person’s functional ability and a sufficient adjustment between individual needs and residential conditions. **When the residential conditions do not meet the person’s needs, this usually leads to increased vulnerability and fragility,** and inevitably compromises well-being.

18.

The different perspectives on residential conditions and ageing underscore the importance of the physical and relational environment to the greater or lesser adaptive success of ageing (Paúl, 2005). **The best place to grow old would, essentially, be that which provides the most appropriate and positive connection between the older person and the surrounding environment.** But successfully ageing in place requires some specific pre-conditions to be met, such as, for example, an adequate dwelling and an active network of formal and informal support, otherwise vulnerable older people can be at serious risk of social and physical isolation.

19.

In short, “ageing in place” is a common expression relating to ageing policies that generally refers to living at home and in the community with some level of independence, remaining autonomous and having a participatory social life. Ageing at home also encourages and facilitates the forming of social bonds with family and friends. While the objective attributes of the community where one lives and individual functional ability are important, subjective feelings about community may be a significant source of satisfaction, irrespective of the objective aspects of adequacy or safety. To assist ageing in place, **not only should housing options be taken into account, but also transportation, recreational opportunities and services that facilitate physical activity, social interaction, cultural involvement and continuous education.**

20.

From our perspective, **ageing in place should be seen as the first choice**, a “natural choice”, given the benefits of social inclusion and emotional reward that come with it. Growing old in a place where one has lived for most of their life and where the main references of that life are is an advantage in terms of preserving one’s identity, a meaningful life and a sense of security and familiarity. This is achieved as much by maintaining independence and autonomy, as by their roles in the place where they live. Thus, ageing in place acts in multiple ways that must be taken into account when defining actions and policies for older people.

RECOMMENDATIONS

The challenges of ageing in place are related to needs that are relatively common among all elderly people and that must be met through adequate planning based on individual requirements and the characteristics of the place where they live, which includes both the dwelling and the constantly changing surrounding area. Having regard to some of the typical changes associated with ageing, the impact they may have on several day-to-day and common activities is obvious: being able to live in their own home; leave and return home without incident; drive safely and anxiety-free; use public transportation easily and without setbacks; participate in social events without difficulties; keep the house clean and tidy; tend to the garden; lift or carry heavier objects; take care of personal finances, pay bills and fulfil other administrative tasks; care for themselves, including being able to do tasks such as go shopping and eating healthy; and take care of their health, including going to the doctor and taking medication correctly, and also doing physical activity on a regular basis. Planning for ageing in place that ensures a satisfactory quality of life requires planning in advance how daily life will unfold so that those changes (and other perhaps more debilitating changes that occur) do not significantly affect autonomy and preserve the functional ability required for independent living.

What, then, are the main challenges to and, simultaneously, the main recommendations for ageing in place?

1. PRESERVING INDEPENDENCE

In order to age at home, a high level of control over one's personal life must be maintained, meeting all basic needs autonomously and managing those needs independently.

2. MAINTAINING THE DESIRED LIFESTYLE

Ageing in place should enable each individual to continue enjoying what they value most, according to their own tastes and preferences, thus improving well-being and resilience as they get older.

3. MAINTAINING COMMUNITY TIES

It is essential that older people continue, insofar as possible, to have the same everyday life as they always had. Friendships, participating in cultural, leisure and learning activities and other important social interactions must continue to be part of everyday life.

4. MANAGING PERSONAL FINANCES

Being able to control and manage a budget that covers living, health and other costs (including possible regular home care) is a priority task when planning and opting for growing old at home.

5. ADAPTING THE DWELLING

Stairs, difficulty in getting into bathtubs, using old-fashioned kitchens, narrow hallways and various other obstacles pose a risk to mobility, so it is important to assess the safety and security of the dwelling and make any necessary changes.

6. CHANGING COMMUNITY MINDSETS

Great strides still need to be taken to encourage entire communities to make a collective effort in adapting to the challenges posed by ageing in place, transforming public spaces in good places to age and involving older people in the transformation.

7. SUPPORTING CAREGIVERS

Much of the success of ageing at home depends on the efforts of informal caregivers who help ensure older people that would otherwise have been forced to move to an institution, due to some type of disability (physical or mental).

8. FIGHTING SOCIAL ISOLATION

The experience of living alone later in life, although common, is still a threat to individual well-being and psychological health, especially when combined with social isolation, that is, no contact with people who are part of the person's everyday life.

9. ENHANCING THE ROLE TECHNOLOGIES PLAY

Using technologies as diverse as mobile communication, social media, virtual reality and different types of apps have proved useful in enabling people to continue living at home safely and helping to improve their quality of life.

10. INCREASING HOME CARE

Providing more home care services for older people is essential, focusing on the characteristics and needs of the person cared for and exploring alternative ways to provide services that help improve their quality of life.

11. ENSURING SUITABILITY OF DAY AND COMMUNITY CENTRES

Day and community centres can be valuable aids in helping older people to continue living in their own homes and providing opportunities for social interaction and various forms of stimulation – physical, sensory, cognitive and emotional.

12. INCREASING SOCIAL PARTICIPATION

It is important to not only keep older people “busy”, but to also be active participants in their communities. The health and well-being benefits of participating in social, cultural and recreational activities is well documented.

13. ENCOURAGING LIFELONG LEARNING

It is important to extend educational programmes to the elderly population, whether through formal education establishments (universities and polytechnics) and informal establishments (senior universities/academies) or through private institutions of social solidarity, foundations, local authorities and other entities.

14. DEVELOPING NEW HOUSING ARRANGEMENTS

Everything related to the dwelling is directly involved in enabling one to age at home and in the community. While some will choose to continue living in their own homes, possibly with some outside support so they can do so independently, others will opt for more innovative housing arrangements, such as co-housing, where residents are active participants in the environment they live in.

15. FOCUSING ON HEALTH, NUTRITION AND PHYSICAL ACTIVITY

Health is central to quality of life, particularly for older people. Given the evidence that people are living longer and that such longevity must be accompanied by improved health (physical and mental), health and that which helps keep us healthy will be a major issue in the coming decades.

16. FOCUSING ON SECURITY

Talking about security as an underlying condition for ageing at home essentially means talking about technological tools (remote assistance, remote healthcare, residential automation) to help older people to act preventively in the face of risk or to receive immediate assistance in the event of an emergency.

17. ENSURING THE MOBILITY OF PEOPLE LIVING IN THEIR HOMES

Ensuring mobility while ageing is essential in any ageing in place policy and programme, in particular, when we consider the importance of the environmental factors involved when older people travel to and from the various places that are part of their lives, whether on foot, driving their own car or using public transportation.

18. IMPLEMENTING POLICY MEASURES

Ageing in place involves several areas and jurisdictions; not only the residence and the surrounding environment, but also the social environment, provision of care, urban design, housing and transport policies, use of spaces and facilities, and the availability and accessibility of social and healthcare services.

19. CONDUCTING STUDIES

It is important to understand what older people who age in their own homes really need to make such an arrangement feasible, while ensuring they have the best quality of life possible. Research in this field takes several forms, some of a more biographical nature, others more organisational, focusing on the sustainability of the very concept of ageing in place.

20. TRAINING AGEING IN PLACE SPECIALISTS

Colleges and universities could offer training opportunities for gerontology professionals who wish to specialise in promoting ageing in place among adults and older people..

The direct impact these recommendations could have on well-being and quality of life can be observed taking into account how older people living in their own homes deal with the demands of everyday tasks (personal care, related to food and hygiene), essential daily activities (going shopping or to the doctor), and the activities they enjoy and that could become compromised if they become incapacitated (such as walking or socialising). One of the greatest benefits of ageing in place is undoubtedly the fact that older people are able to continue to lead a "normal" life and thus continue to freely do the activities they enjoy most. This is why integrated policies, programmes, services and solutions for ageing in place must be designed holistically and not just from a clinical perspective to meet people's needs as they grow old. In other words, older people should not be seen as having problems that social and healthcare services address, but rather as having needs that those same services should meet individually, for example, in terms of their health status and the environment (rural or urban) in which they live. Besides immediate needs, whether basic or essential, any model aimed at improving the well-

being and quality of life of older people through ageing in place must be designed from a community perspective so as to prevent one of the risks most often associated with ageing in place — social isolation. Any effort to help people grow old at home and in the community must, therefore, focus on empowering them to establish meaningful social relationships: older people are at less risk of social isolation when they feel that they are included in their communities, where they can lead a certain “lifestyle” according to their preferences and what they enjoy most. After all, older women and men have the same rights as everyone else, regardless of their age and/or functional ability (more or less autonomous or dependent) and must be allowed to continue living in their own homes and communities for as long as possible, while meeting their needs and respecting their interests and aspirations.