

A Good Place to Grow Older

Draft comment paper

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Introduction

ESN is delighted to be involved in a peer review that is focused on place and community. This peer review acknowledges the broad role played by local authorities in shaping their local area as a good place to grow older, not just in terms of service planning and provision (ESN members' direct responsibility), but also town planning, transport and accessibility.

This is one of a series of valuable peer reviews about issues related to ageing societies in Europe, led by different countries. ESN is very supportive of the peer review programme and looks forward to continuing its involvement in this programme in the framework of the European Platform against Poverty and Social Exclusion.

This policy area is of course **highly relevant to other countries**: as the discussion paper illustrates, demographic ageing is a major issue across Europe, even if it is happening at different rates. As we understand it, the specific UK programmes *Partnerships for Older People Projects* (POPP) and LinkAge are different models of engaging a wide range of stakeholders in making better places for growing older. Although structures and agencies may be different, joint working and partnerships are constantly on the agenda for ESN Members across Europe. Although the stakeholders and structures would be different, the principle of the approach is certainly **transferable to other countries**.

In the area of ageing, ESN has mostly concentrated on long-term care, taking a particular interest in the **relationships between stakeholders** in care systems and the **quality of care** provided to older people. This was the subject of a two-year research project covering the UK, Germany, Sweden, Belgium, Spain and the Czech Republic. It developed a typology of six roles commonly found in care systems (financer, planner, regulator, case-manager, provider, user) and examined how the relationships between them impact on quality of care delivered to the user.

ESN members in the cities of **Dortmund** (Germany), **Gothenburg** (Sweden), **Madrid** (Spain), **Dublin** (Ireland) and **Reykjavík** (Iceland) responded to these questions.

1. What are the priorities in respect to ageing and demographic change in the countries of your members?

Countries across Europe are seeking to adapt their health and welfare systems to ageing and demographic change. Most welfare states were built around the following elements, as regards old age: pensions (to ensure an adequate income in retirement); health care (to monitor and treat conditions developed in old age); social care (to help people who are no longer able to look after themselves). Although ESN members mainly work in the social care field, they are well aware of how the wider challenges too. The social care system often relies on the other two elements: for instance, social and health care often have to work together to be effective, e.g. in hospital discharge and rehabilitation; pensions are in large part used to finance users' co-payments for social care.

Germany:

- To increase the **pension age** so that people work until 67 years old
- To give **incentives for companies** to employ people over the age of 50
- To **fight against prejudices** about older people, including educating people that not all older people are dependent on the care system
- To adapt the definition of care dependency in the care insurance system to **dementia**
- To offer more project funding for new **volunteering** initiatives on local level
- To promote **preventive health care** initiatives by health insurance companies
- To develop more **case management** to support older people with the target to stay at home as long as possible and to avoid too early a move into nursing homes
- To incentivise projects for **new living concepts** in age e.g. assisted living communities
- To push the awareness that the coming generation of elderly people need **more self-help initiatives** together with neighbours (e.g. for shopping, to guide older neighbours to the doctor, bank etc.) because of the changes in family structures

Sweden:

- To make **ordinary houses better adapted** to older people, i.e. by changing building regulations for new houses and flats but also to support adaptations financially
- The trend is also increasing for **service apartments**, blocks of ordinary living accommodation, in which social/health care is available on site
- The **use of ICT** in older people's lives (e.g. helping people keep in touch with their relatives) and care (e.g. monitoring a person's movements at home) is also being developed further
- ICT is also being deployed in the public services to make it easier for different public services to **access patient records**
- The government is **reviewing training** for social workers and nurses and is likely to raise the level of training of social care staff such as home-care workers; improved guidelines for the care of people with dementia have also been issued; there is also to be a new training programme for elderly care managers.

Iceland:

- Current economic pressures have caused **cuts and revision of services** and plans and it is unclear when it will be possible to continue growing services.
- For the future, **financial security** during retirement will continue to be challenging despite a successful pension fund system.
- The emphasis is on providing services to people **in their homes as long as possible** with the attendant community and health services being better tailored to the needs of the elderly, while still meeting financial targets.
- **More nursing homes** will have to be built to meet current and future needs, as will more affordable service apartments.
- There are still many challenges to be met regarding services to elderly mental health patients and **patients with dementia or Alzheimer's**.
- There is increased emphasis on the **active participation of the elderly in services** to themselves and to other elderly people and there is increased emphasis on the active participation of service users in decision making.
- Iceland is a family-oriented society but the **isolation of the elderly** is an increasing challenge.

Spain's current priority is the implementation of the law on autonomy and dependency across the Autonomous Communities. This law introduces an individual right to services that promote older people's autonomy and independence. In the City of Madrid, the priorities for older people are:

- Active and healthy ageing
- Facilitate older people to stay in their own home for as long as possible by providing enable the necessary adaptations and humane care
- Improve the identification of fragile older people at risk of isolation, abuse or social exclusion, and provide the requisite social and health support to them
- Support carers and self-help groups
- Promote intergenerational solidarity that enables young and older people to learn from each other and share their values

The concept of 'a good place to grow older' has much to add to the existing provision through the elements of the welfare state.

2. What characterises 'a good place to grow older' in the countries of your members?

ESN members in Dortmund, Gothenburg, Reykjavik, Madrid and Dublin had many ideas about what characterises a good place to grow older, but this was more at the level of their city/region than at national level. Overall, members characterised it as follows:

- "A place where the experience of age and the contribution of elderly citizens is respected, where their diverse needs are taken into account and where every effort is made to meet them." (Reykjavik)
- "A place where you can get old with dignity, by staying as long as possible in your old flat, that the city is built and the services designed so you can live an independent life in good contact with others." (Gothenburg)
- "A vibrant, active and safe environment for older people" (Dublin)

Dortmund, meanwhile, emphasises some of the underpinning factors in designing a good place to grow older: you need **political commitment** from the local authority; you need **information** about population and service trends and a **strategy** to meet demand; you need **participation** of older.

Drawing on input from Dortmund, Gothenburg and Reykjavik, ESN has tentatively (and by no means exhaustively) identified the following characteristics of a *good place to grow older*:

- A place where **flats and houses that are physically adapted** so that older people can live in them as independently as possible
- A place whose **living environment** (i.e. public transport, public spaces) is adapted and accessible to older people: more park benches, public toilets, longer crossing times at traffic lights, better street lighting, more police visibility and security
- A place where older people are able to **live near good facilities** - shops, attractive parks & leisure space, hospitals and medical centres with good public transport that is fully accessible to older people
- A place where older people can easily **access information** about the help they can receive and support in accessing and managing services and about community life and local news
- A place which has a **supporting infrastructure** of affordable, high-quality and accessible social and community health care, that enable people to stay at home for as long as possible and that works alongside family carers and support networks around an older person
- A place where **older people can choose** what setting (at-home, day-care, service apartments, residential home) and what level of health/social care they would like to have

- A place where **older people can choose to get involved** in various community/social activities and are empowered to contribute to society when they are no longer working.
- A place where there are **opportunities for interaction** between people of all ages, where families can interact and be together easily.
- A place where nobody is unable to access such services due to their **financial means**, and where services and leisure/cultural/educational opportunities are able to meet the needs of each citizen according to his/her budget.
- A place where it is possible and supported through laws to **save for retirement** and where it is possible to live a comfortable life in retirement.

These cities provide a variety of services or opportunities for older people either in-house or by funding community and self-help groups. Dublin City Council, for example, has been providing Senior Citizen housing for many years, where various learning and cultural opportunities are also offered. However, these services may be scaled back or outsourced as budget pressures increase on municipal services.

Madrid City Council, meanwhile, advises anyone over the age of 80 to have a tele-assistance package installed in their homes, including an alarm; it also has 85 day centres, where people can pursue their personal interests...; another 105 day centres across the city cater for people with serious physical or mental problems, such as Alzheimer's. The City also tries to encourage 'good neighbourliness' so that isolation or possible abuse can be detected early. In serious cases, the City authorities help older people to access the services and benefits to which they are entitled under the recent autonomy and dependency law of 2006.

ESN's chair, Lars-Göran Jansson, points out that it is rather easy (for politicians and others) to agree on high-level principles; **what is more difficult is to agree on how they should be enacted**. For example, there is political variation between municipalities in Sweden, as to whether the municipality delivers services in-house or through some sort of customer choice model, in which older people can choose among different providers. As we shall see below, research, indicators and evidence-based practice may help in future to determine which model produces better results.

3. How can communities be supported to become good places to grow older?

This raises the interesting question of what is meant by 'place' – the area of a municipality or the area of a neighbourhood. At the neighbourhood level, Dortmund City Council has had some success by bringing people together from quiet small areas to talk with its social workers and NGO staff about their neighbourhood. The city's *Sozialamt* is conscious that **new networks around people** are needed to complement or replace family structures that are becoming weaker – this is something the authorities want to help people with locally.

In Gothenburg, services for older people are managed by the city districts, but the municipality has set up a city-wide organisation, *SeniorGothenburg*, to help make the city a better place for older people to live. That might mean taking part in city planning, building a showroom with IT-equipment for flats to which they invite housing companies and others to inspire them in their work etc. The idea is that this organisation is a **champion for older people** across the city's districts and administration.

In Reykjavík, communities can be supported by the active participation of their own citizens. **Citizens can lobby for change** through political participation, through organisations for the elderly, through active participation in charities and societies or private enterprise that work towards making

communities a good place to grow older. Communities can also be supported through participation in country-wide or international initiatives, through participation in projects with research centres, universities or other interested parties.

Madrid City Council, organises an annual opportunity to apply for **grants for community work** (principally volunteer-led) for older people. An ESN colleague in Ireland, meanwhile, points out that there has to be a balance between outreach and encouragement to participate in community activities on the one hand – and respect for individual independence and self-determination on the other. Ireland has many small communities, where people know each other, especially in **rural areas** – this can be both good and bad, with informal support networks being strong, but formal services and voluntary organisations being less present. The local pub may be the only place to socialise – which can present problems with drink-driving.

4. What is the attitude towards taking into account and making use of local diversity in the countries of your members?

Counties and cities' demographic composition varies a great deal across Europe. Cities like Dortmund and Gothenburg have large districts with many citizens of migrant origin – perhaps unfortunately, ethnic minorities are concentrated in particular areas. "It is absolutely necessary to make a lot of efforts to integrate the migrants with respect of their culture and lifestyle habits," says Reinhard Pohlmann of Dortmund's social services department. Dortmund is running special projects to **help elder migrants access information locally**. Gothenburg's city and districts' elderly care **staff reflect the city's ethnic diversity** very well, meaning that it is normally possible to speak to older citizens in their own language. What is perhaps more challenging is when elderly care options based on a Swedish model feel quite alien to people from a different culture and tradition. Iceland, meanwhile, is quite a homogeneous society in terms of ethnicity, but even here there is a growing understanding of the value that diversity brings. Spain has only recently experienced migration, so has a high number of young migrants seeking work, but very few older people from a migrant background.

5. Do your member countries use indicators for evaluating policy measures? What is your member country's approach to the (early) participation of researchers in the evaluation process?

The use of indicators is becoming more and more widespread in evaluating policy measures, however this is at an early stage of development in most service areas and countries. Most indicators focus on **inputs or outputs rather than outcomes for service users**; the challenge for the next generation of policy evaluation perhaps lies in the identification of quantifiable outcomes, such as the number of people who stay longer at home with case-management by social workers than without. This indicator, from the city of Dortmund, helps the city authorities to verify what types of social work intervention are most effective and so to prevent more people going into nursing homes, a policy which has a positive effect on the city's budget. The city also closely monitors the latest findings in gerontology and dementia.

In Spain, Madrid City Council's department for older people's services, defines objectives and quality criteria for every type of service – it is responsible for planning, management and evaluation of these programmes. Indicators of quality are included in every service contract with external providers, which allows the department to measure efficiency and effectiveness. The department also has a specific

contract for **independent evaluation of contracted services** – the fulfillment of the terms of service contracts and users' satisfaction is regularly verified in this way.

Sweden is strongly interested in **evidence-based practice** and Swedish regions have established research and development departments with the aim of ensuring that social services are evidence-based. The national "Programme for Good Elderly Care" aims to build robust regional structures in order to promote evidence-based practice. Regional Research & Development Departments are being developed across Sweden's counties to develop **cooperation with universities and high schools** about education for the care sector.

The Swedish government together with the Swedish association of local authorities and regions has launched a model for "Open Comparisons" covering the whole country. Under this system, a lot of facts are delivered to the national level, and the results are published also at micro level, so everybody can read them. Where many municipalities earlier had their own indicators, there is a **strong trend to adopt new national indicators**. This model is still in progress, and a coming – and desirable step – is to help the municipalities use all data that is collected.

6. Concluding Remarks

ESN believes that the WHO's 'domains of an ageing-friendly community' are a very good checklist for local authorities wanting to evaluate their degree of readiness for ageing trends (discussion paper, p 9). However, it is also apparent from research in Germany (Menning et al, 2010 – see discussion paper, p8) that regions and towns need to have strong data, in order to plan their readiness to be a 'good place to grow older'.