



THE GOALS AND ACTIONS TO ACHIEVE ACTIVE AGING: WHAT ABOUT CARE HOME RESIDENTS?

DR. ANGELA KYDD

SENIOR LECTURER RESEARCH INSTITUTE OF THE OLDER PERSON'S HEALTH AND
WELL BEING

UNIVERSITY OF THE WEST OF SCOTLAND

Abstract

Theoretical Background: It is clear from the demographics that an ageing population is now a factor affecting developed countries. The fact that people are living longer is both a celebration and a challenge. The celebration involves extending each individual's life, which is adding years to life; but the challenge is to ensure that those who do live into old age enjoy a healthy old age – which is adding life to years.

Objectives: To review current policies and available literature on active ageing with reference to older people in long term care settings.

Method: The paper explores the global and national recommendations on active ageing and points out that although the strategy is aimed at every citizen, in reality it would appear that older people in care settings are not given access to such activities. A literature search was undertaken between 2002-2012 to review strategies see-

king to address active ageing in a care home setting to see if this was the case.

Results: The search yielded 86 articles, but many of these articles included activities of daily living rather than activities as an enjoyable pastime, which would suggest that older people in long term care are not having their needs met with regards to access to meaningful and enjoyable activities. Given that active ageing is a relatively new agenda, the search date parameters were narrowed to 2010-2012 which yielded 29 articles, but only 9 of these addressed activities for enjoyment within a nursing home setting.

Discussion: There are many strategies being implemented to give individual's the opportunity to engage in activities across the life course. However, it would appear that such opportunities are not extended universally to frail older people within a care home setting, which negates their rights as citizens and renders them victims of passive neglect. This paper seeks to highlight the rights of older people in care

homes, specifically the right to have the opportunity to engage in activities. It also seeks to stress the benefits that such an agenda can have on the quality of life of the oldest old.

Key words: active ageing, nursing home, oldest old, care home resident,

Background

Active ageing is high on the political and economic agenda in Europe. Active Ageing is defined by the World Health Organization(WHO) (2002) as

the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. It allows people to realise their potential for wellbeing throughout their lives and to participate in society according to their needs, desires and capabilities, while providing them with adequate protection, security and care when they need assistance.

This definition focuses primarily on the rights rather than the needs of the individuals and this is inherent in the philosophy underpinning the active ageing agenda. The WHO key policy addresses the three pillars of active ageing: health, participation and security and these tenets underpin the current work taking place on active ageing. 2012 is the European Year for Active Ageing and Solidarity between Generations (EY2012). It marks the tenth anniversary of the Madrid International Plan of Action on Ageing (MIPAA) and its Regional Implementation Strategy (RIS) which put forward ten commitments to be implemented (United Nations, 2002). The first of these commitments pledged to 'mainstream ageing in all policy fields with the aim of bringing societies and economies into harmony with demographic change to achieve a society for all ages'. This mainstreaming is taken as the overarching goal, with the further nine commitments of participation, economic



growth, social protection systems, labour markets, lifelong learning, quality of life health and wellbeing, gender, intergenerational solidarity and regional cooperation. Building on this work, in 2008, the United Nations Economic Commission for Europe (UNECE) formed a Working Group on Ageing. This group decided that its key focus would be on capacity building activities in the form of national 'Road Maps for Mainstream Ageing', the aim being to help countries translate the internationally agreed policy frameworks of MIPAA. The Road Maps appraise the conditions and opportunities of the ageing populations of a country in terms of current policies. Armenia was the first country to be appraised in 2010 and at the second UNECE meeting in 2009 a representative from the Republic of Moldova requested that Moldova became the second country. The Moldovan representative on the UNECE Working Group, Larisa Rotaru was nominated as the coordinator of the Road Map Project and she represented Moldova's Ministry of Labour, Social Protection and Family (MLSPF). This organisation, with guidance from the National Commission on Population and Development, was responsible for the National Strategic Programme on Demographic Security for 2011-2025. The Road Maps for Mainstream Ageing are now considered in conjunction with this strategy.

The purpose of this paper is to call for the direct inclusion of frail older people in care homes. It highlights the rights of this client group and the need to provide active ageing strategies that provide opportunities for each individual to enjoy life. Such

activities that will keep them physically and mentally active, socially engaged, occupied - within the confines of their existing health status - and provide opportunities for them to mix with the younger generation.

The Rights to Active Ageing for Older People in Care Homes

In reviewing the Road Map self-appraisal form (UNECE, 2011) it is clear that people living in care homes are addressed under the 4th commitment 'To adjust social protection systems in response to demographic changes and their social and economic consequences'. Under this heading, the guidelines suggest Member States should protect the weakest groups in society and that social protection systems should be adjusted so that they can fulfil their basic functions of assisting those who are deprived and safeguarding those who are at risk. The guidelines state that in completing a country appraisal, Member States should note their country's policies on addressing 'in a timely manner the needs of older persons for a variety of social and health services, including sheltered housing and long-term care'. They should also 'demonstrate actions to improve standards of living for persons with disability and for fragile older persons which allow them to maintain their independence and dignity' (UNECE, 2011:7).

The work is to be discussed and evaluated in a conference in Vienna this September with representatives of fifty six Member States. The four overarching themes to be discussed are:

- Promoting active ageing in employment
- Promoting active ageing in the community through volunteering and caring
- Promoting healthy ageing and independent living
- Enhancing solidarity between generations in order to create a society for all ages

Three of these themes could be seen to be valuable to the care home community, with volunteers established in care homes; positive strategies to ensure residents maintain what levels of fitness they have; and working with other organisations – such as school children visiting care home residents – to encourage intergenerational work within the care home setting. Coupled with the 4th commitment on social protection, it is clear those individuals who live in care homes, usually the vulnerable frail old, have the right to opportunities to be engaged in the active ageing agenda.

Age Platform, a coalition of European stakeholders who are actively working on the EY2012 agenda, are campaigning to create an Age-Friendly European Union by 2020 (Age-Platform, 2012). The vision involves fostering solidarity between generations and enabling the active participation and involvement of all age groups in society while providing them with adequate support and protection. Age Platform have listed ten benefits of such a union and these are:

1. A positive attitude to ageing that recognises the value of all age groups' identities and contribution to society

2. An inclusive labour market
3. Accessible outdoor spaces, adapted buildings and available transport
4. Goods and services that are adapted to the needs of all
5. Digital inclusion to enable participation in information and technology
6. For individuals to have a voice in the decision-making and research processes that affect them
7. The opportunity to actively participate in volunteering, cultural, sport and recreational activities, thus creating and/or maintaining their social networks
8. Access to lifelong and intergenerational learning to acquire new skills and knowledge at any age
9. Social protection systems based on intra- and inter-generational solidarity that prevent and alleviate poverty
10. Conditions and opportunities to grow and age in good mental and physical health through disease prevention and the promotion of physical activity.

Apart from the second, inclusion in the labour market, all benefits listed have a clear message for those caring for frail older people in care homes.

The human right to active ageing- such as the right to participate in meaningful activities, to have the opportunity to engage in social interactions and to have access to exercise should be available to all (WHO, 2002) yet all too frequently older people in care homes are being treated only as recipients of custodial care and

there is a need to recognise a concept of active ageing, which embraces frail older people (Walker 2002; Bowling, 2008; Cook 2010).

The Literature on Active Ageing

A literature search was conducted using databases from EBSCO, these were CINAHL, Health Source: Nursing and Academic Edition, Medline, PsychINFO, SocINDEX and SPORTdiscus. The term active ag* (wildcard to search for all derivatives of the word age) was used with the 'and' option to add nurs* home 'and' older people. The parameters were set for peer reviewed articles with abstracts and full text from January 2006-2012. This search yielded 2 articles; Scourfield (2006) and Cook (2010), both highly relevant to this paper. The search was changed to 'activities' rather than 'active ag*', with the same two added options. This search yielded 86 articles, but many of these articles included activities of daily living rather than activities as an enjoyable pastime, which would support the suggestion of Scourfield (2006) who states that older people in long term care settings are treated as 'service users' and not as citizens. The date parameters were narrowed to 2010-2012 which yielded 29 articles, only 9 of which addressed activities within a nursing home setting.

The Benefits of Active Ageing

In an increasingly older population the main drive of any society is to ensure that adding years to life is not as important as adding life to years (Scottish Executive,

2002). It is never too late to start active ageing (Spiriduso, 2005) and the effects can be dramatic even for frail older people (Bowling, 2008). The benefits of active ageing have been well documented. Keeping active mentally and physically can help maintain independence and contribute to mental health (Mountain Mozley Craig Ball, 2008). Activities to promote social engagement are strongly associated with life satisfaction and quality of life (Ball, Corr, Knight Lewis, 2007). This is also relevant to older people with cognitive decline, Phinney Chaudhury and O'Connor (2007) reported that older adults who had mild to moderate dementia enjoyed activities which allowed them to be active because it evoked feelings of a sense of belonging and sense of autonomy and identity. Engaging in an active lifestyle maintains gait, muscle strength which in turn can reduce the risk of falls (Skelton et al, 2005) and physical activity can decrease the development of conditions such as obesity, cardiovascular disease and osteoarthritis at any age (Laventure, 2005).

Example of a Project that Supports Active Ageing in Care Homes

Active or passive denial of opportunities and resources for older people, limited resources, and situations of isolation are forms of restraint (Wilcock, 2005). Cook (2010) states that when people settle into care homes older people work hard to do meaningful activities and this should be encouraged. It is important that people in care environments do more than just exist and there are many projects that highlight best practice in providing meaningful ac-

tivities to this client group. The care of older people remains deeply problematic as they have frequently been seen to receive substandard or undignified care (Tadd et al, 2011). There are improvements, but care of frail older people in care homes need to be less custodial and the potential each individual has to engage in activities needs to be nurtured and encouraged.

One such improvement was a project started in England by the National Association for Providers of Activity (NAPA). The project was titled Go For Gold which fit very well with the current [at the time] enthusiasm for the Olympic games. The Go For Gold project challenged residents and staff in care homes to increase their physical activity. A choice of events was available and these included games, walking and dancing. Residents from care homes and day services took part; some people involved were over 100 years of age. The organisers invited communities to get involved and the uptake was good. Some pictures are available on internet and can be accessed on <http://www.youtube.com/watch?v=79V15jdR6Uk>.

The benefit of such a project encompasses the three pillars of active ageing – health, participation and security. The author attended one of the dancing sessions – which included people in wheelchairs. The local community attended the day which took place in a large hall in the local council offices. Most of the older people who attended were over eighty years of age and came from either the local day hospitals or from local care homes. The

event was staffed by council workers, nursing and care home staff and volunteers. The overarching feeling on that day was one of fun. People of all ages attended and the day was a great success.

Discussion

Active ageing is essential for all individuals regardless of age. Studies have demonstrated that any activities aimed at health promotion and also aimed at enjoyment and inclusion is beneficial to all individuals regardless of age. However, frail older people in care homes are frequently the victims of passive neglect due to the attitudes of staff who feel that rehabilitative activities for residents in care homes are no longer of any benefit. This client group therefore are often denied the opportunities to participate in meaningful activities or indeed to get out of their care home and into community settings.

It is time for the rights of this client group to be recognised. The need for residents to regain their citizenship within communities is essential not only to re-establish they have rights, but to provide an inclusive agenda for all health promoting strategies and interventions such as the active ageing agenda.



References

Age Platform Manifesto for an Age-Friendly European Union by 2020. 2012

Available at: http://www.ageplatform.eu/images/stories/EN/EY2012_Manifesto_FINAL.pdf (Accessed May 4th 2012).

Bowling A. Enhancing later life: How older people perceive active ageing? *Aging & Mental Health*. 2008;1(3):293–301.

Cook, G. Ensuring Older Residents Maintain their Unique Identity. *Nursing and Residential Care*. 2010;12(6):290-293.

Laventure B. Active for Later Life Resource. 2005. Available at: <https://www.bhfactive.org.uk/older-adults/publicationss>. Accessed April 22nd 2012.

Ball V, Corr S, Knight J, Lowis M. An Investigation into the Leisure Occupations of Older People. *The British Journal of Occupational Therapy*. 2007;70(9) 23-31.

Mountain G, Mozley C, Craig C, Ball L. Occupational Therapy Led Health Promotion for Older People : Feasibility of the Lifestyle Matters Programme. *British Journal of Occupational Therapy*. 2008; 71(10): 313-327.

Phinney A, Chaudhury H, O'Connor Doing as Much as I can do: The Meaning of Activity for People with dementia. *Aging & Mental Health* 2007;11(4)51-62.

Scottish Executive, Adding Life To Years. 2002; Available at:

www.scotland.gov.uk/Publications/2002/01/10624/File-1 (Accessed April 14th 2012)

Scourfield, P. (2006) Helping Older People in residential Care Remain Full Citizens. *British Journal of Social Work*. 2007; 37, 1135-1152

Skelton D, Dinan S, Campbell M, Rutherford O. A 9 month tailored group exercise (FAME): An RCT in community dwelling women aged 65 and over. *Age & Ageing*. 2005; 34 (3)636–639.

Spiriduso W. *Physical Dimensions of Ageing*. 2005. Champaign, Illinois, Human Kinetics

Tadd W, Hillman A, Calnan S, Calnan, M, Bayer A, Read S. Right place-wrong person: dignity in the acute care of older people. *Quality in Ageing and Older Adults*. 2011;12(1):33- 43.

World Health Organisation Active Ageing: A Policy document. Second United Nations World Assembly on Ageing, Madrid. 2002. Geneva Switzerland: WHO.

Wilcock A. Older people and occupational justice. In A.McIntyre & A. Atwal (Eds.), *Occupational therapy and older people*. 2005:14-26. Oxford: Blackwell Publishing.

United Nations Economic Commission for Europe. Guidelines for Reporting on National Follow-up to the UNECE Regional Implementation Strategy (RIS) of the Madrid International Plan of Action on Ageing (MIPAA). 2002;

Available at:

http://www.un.md/job_opp/2011/036_UN_FPA/Guidelines_on_National_Reporting_in_the_Context_the_2nd_R_A_Cycle_EN.pdf August 1st 2012

Walker A. (2002). The evolving meaning of retirement. A strategy for active ageing. *International Social Security Review*. 2002;55(3):121-139.

World Health Organization Active Ageing: A policy framework. 2002. Geneva. WHO

Towards an Age-Friendly European Union by 2020

