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SUPPORTING ELDERLY. A PRACTITIONER'S GUIDE

"You are never too old to learn new things."

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#SENIOREDUCATION



Supporting Elderly Needs Is Our Responsibility

Cooperation for innovation and exchange of good practices

Strategic Partnerships for adult education

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Abstract	<p>Active ageing means helping people stay in charge of their own lives for as long as possible. Because keeping minds active is equally as important as keeping bodies physically active, there is an urgent need for an educational, cultural and social context.</p> <p>According to the Active Ageing Index Analytical Report (UNECE, Integration and participation of older persons in society, 2009) the involvement of older persons (age 55-74) in education varies among the 28 EU countries from 0.2% to 19.3%.</p> <p>A consortium formed by five non-governmental organisations conducted primary research national country analyses and interviews to understand the causes of the reduced level of commitment of seniors to participate in activities for education, inclusion and exchanges of experiences.</p> <p>Based on the data collected, the research team concluded upon an innovative course framework to improve the skills of the educators and staff working with seniors.</p> <p>This course contains 5 modules, which intend to provide the needed knowledge and to foster the development of skills and attitudes of the</p>



	staff working with the elderly. The modules have been designed according to the encountered needs of the previous research: <ul style="list-style-type: none">● Getting to know your seniors● Understand your seniors● Work with your seniors● Empower seniors● Value your seniors
Keywords	Active ageing; lifelong learning; elderly; seniors; educational context

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Summary

Active ageing means helping people stay in charge of their own lives for as long as possible. Because keeping minds active is equally as important as keeping bodies physically active, there is an urgent need for an educational, cultural and social context. From this perspective, the report addresses the educational needs of educators and staff working with the elderly.

This course is part of the Erasmus+ project “SENIOR - Supporting Elderly Needs Is Our Responsibility”, implemented by a consortium of five partners from Italy, Romania, Spain and Poland, aiming at increasing the level of commitment of seniors to participate in activities of education and exchanges of experiences.

Educators and adult education institutions play an important role in the development of an enabling environment for an active ageing society. In this context, the report addresses several aspects of education, from the needs of educators that work with seniors to the methods to keep the seniors engaged in activities. The course is structured in five modules: Get to know your seniors, Understand your seniors, Work with your seniors, Empower seniors, Value your seniors.

The course was developed as per Merrill’s 5 principles of instruction:

- 1) Problem-orientation: learners deal with issues of real life
- 2) Activation: prior knowledge of learners is used to activate new knowledge
- 3) Demonstration: new knowledge is shown to learners
- 4) Application: new knowledge or skills are used to solve a problem
- 5) Integration: learners use new knowledge or skills in their real life

This course offers organisations and professionals working with seniors the possibility to improve their processes with methods developed at the European level. An array of educational instruments and initiatives are presented to underline the potential of transferring models and good practices across local communities.

Currently, there are efforts at the national and EU levels to improve active ageing. The course intends the harmonization of the educational programs for educators and staff working with seniors at the European level can foster an active ageing society. In addition, it aims at developing modern and effective educational models that enable organisations working with the elderly to improve the continuous professional development of staff.



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Introduction

Education and lifelong learning are essential for all people, no matter the age, background or social statute. As set out in the Sustainable Development Goal no. 4, efforts shall be directed to Ensure an Inclusive and Equitable Quality Education and Promote Lifelong Learning Opportunities for All. In this regard, the slogan “You are never too old to learn new things” is worth being recalled. Even at 65+.

Adult learning courses help to keep the brain healthy as seniors are continuing to challenge it. The more the brain works in old age, the higher its defences are against the onset of dementia.

There are plenty of adult learning courses and plenty of advantages to signing in. Even so, according to the Active Ageing Index (UNECE, Active Ageing Index, 2019) the involvement of older persons (aged 55-74) in education, varies among the 28 EU countries from 0.2% to 19.3% in Denmark. The lowest level was for Romania, where only 0.2% of respondents received education within the latest 4 weeks preceding the survey. Low percentages were accounted for in all other consortium countries: Poland (0.8%), Spain (3.1%) and Italy (3.8%).

In this context, the project consortium assembled by five non-governmental organisations conducted primary research national country analyses and interviews to understand the causes of the reduced level of commitment of seniors to participate in activities for education, inclusion and exchanges of experiences.

Course aim and objectives

This course aims to improve the knowledge and skills of the educators and staff working with seniors. The main objectives are strongly related to each module:

- Get to know the challenges elders face during the process of ageing
- Understand the pillars in the elders' life and overcome stereotypes related to ageing
- Learn how to work with elders, with practical examples
- Learn how to empower elders to be active citizens
- Learn how to value senior citizens as an asset for the communities and society

Entry standards (prerequisites)

The most important prerequisite is the desire to acquire knowledge and skills related to what involves working with elders. Otherwise, there are no prerequisites for this course. However, it would be helpful to have previous knowledge or practice in social care, caregiving, intergenerational learning.

Staff requirements

Adult Trainers are professionals, who have the essential formal qualifications as well as certified educational proficiency in adult General Education and Vocational Training within the context of Lifelong Learning.



Trainers of Adult Teachers are also professionals with the above-mentioned qualifications, as well as additional specialized knowledge and skills, which enable them to coordinate and train adult trainers' groups in subjects related to adults' general education, training and lifelong.

As the modules of the online course can also be taught during a presential course, the staff requirements for the trainers leading this course are the following:

- Previous experience in lifelong learning
- Previous basic knowledge regarding working with elderly
- Ability to transfer knowledge, skills and encourage positive attitudes
- Ability to create engaging methods to deliver the theoretical content of the modules

Teaching facilities and aids

To implement the course face-to-face, we recommend the following teaching facilities and aids:

- Non-electronic – Chalkboards/ flip board, flipcharts, chalk/markers, copies of the evaluation sheets
- Electronic/digital – Computer, video projector, clicker devices, speakers; internet, PowerPoint slideshows created on the base of the modules), videos

Course outline

Knowledge

Students should acquire knowledge of:

- Ageing (challenges, sociologic & physical changes, tips)
- Pillars in the elderly lives
- Mental health issues related to ageing
- Myths and stereotypes about old people and how these can affect them
- Social work personal skills for working with the elderly
- Importance of senior citizens in our societies
- Best practices on integrating seniors actively in the society

Skills

Learners should be competent in:

- Determining services needed for elderly
- Communicate with the elderly
- Motivate and engage older people in activities
- Empower seniors to become active citizens for others
- Improving their quality of life through active ageing activities



Attitudes

Learners should:

- Be aware of the various myths and stereotypes related to older people.
- Recognize that ageism, like racism, affects all levels and aspects of society, including health professions, and can adversely affect the optimal care of elderly patients.
- Recognize that “the elderly” are a diverse group with different personalities, different values, different functional levels, and different medical illnesses, and understand that each person needs to be viewed and cared for as an individual regardless of chronological age.
- Be open and willing to work with colleagues in other disciplines in caring for older patients.
- Be aware of their attitudes about their own ageing, disability, and deaths.
- Be compassionate toward those who provide day-to-day care to frail elderly and the difficulties they face.
- Appreciate the need for improving and optimizing older people's functioning rather than just focusing on diseases.

Teaching syllabus (and training outcomes)

The teaching syllabus was created based on Bloom's Taxonomy, ensuring gradual learning from theory to practice.

Bloom's Taxonomy comprises three learning domains: the cognitive, affective, and psychomotor, and assigns to each of these domains a hierarchy that corresponds to different levels of learning. There are six levels of cognitive learning according to the revised version of Bloom's Taxonomy. Each level is conceptually different. The six levels are remembering, understanding, applying, analysing, evaluating, and creating.

The five modules were created on these six levels of gradually learning from theory to practice:

Know your senior: Definition of ageing, Challenges of ageing, Sociological changes of ageing, Physical changes of ageing, The ABC of ageing well

Understand your senior: Pillars in the elderly lives, Family, Mental health issues related to ageing, Myths and Stereotypes about old people and how these can affect them

Work with your senior: Determining Services Needed, Social work personal skills for working with the Elderly, Communication with the elderly, How to motivate and engage older people, Activities for elders

Empower seniors to become active citizens for others: Health, Lifestyle aspects

Valuing your senior: Importance of senior citizens in our societies, Improving the quality of life, Healthy & Active Ageing: Best Practices in Japan, Singapore and EU, Common efforts – pieces of advice on how can we contribute to creating suitable societies for our seniors



Evaluation method and recognition system

After each module, there are **20 multiple-choice questions**. These questions are meant to **evaluate the acquired knowledge and skills** after each module. However, in terms of **evaluating attitudes**, we **encourage self-reflection** during, but especially after the completion of the course in situations related to knowing, understanding, working, empowering and valuing the elderly.

The recommended time of evaluation for each module is **20 minutes**. (1 min per MCQ)

All the students will receive a certificate upon completion of the course. Automated in Moodle for the online students or issued by the trainer, in the case of attending a presential course.



1. Know your seniors

1.1. Introduction

When we think about age the first statement coming to our mind is “age is just a number” and it could be just that or much more. As life expectancy for humans increases, so does our perception of what age we consider ‘old’ (Roebuck, 1979). We have better medicine, lifestyle, and disease prevention than ever before. We have more science promoting healthy life practices that keep us younger for longer.



Source: seniorplacementcare.com

Old

Depending on who you ask, the definition of what old is can differ depending on the opinion and the age of the person being asked. Searching for what is considered “old” can seem irrelevant when you will always receive a subjective answer.

If a 95-year-old Finnish woman can be one of the oldest people to bungee jump, or an 80-year-old can be the oldest person to reach the summit of Mount Everest even after four open-heart surgeries and suffering a shattered pelvis, who really gets to decide if you are too old to do something?

With life expectancy growing every year in Australia, currently being at 82.5 years, it seems a little bit ambitious to say goodbye to your youth in your mid-30s and welcome old age before you blow the candles out at 60.

These days it seems age has become just that, a number, and it's more about how you are feeling physically and mentally which determines whether you are old.

The World Health Organisation believes that most developed world countries characterize old age starting at 60 years and above.



However, this definition isn't adaptable to a place like Africa, where the more traditional definition of an elder, or elderly person, starts between 50 to 65 years of age.

The World Economic Forum (WEF) has recently defined old age through a new measure called "prospective age" which looks at the average number of years people have left to live. So according to WEF, being old doesn't start at age 65, rather when people have an average of 15 more years left to live.

Old age around the globe

Most of *Europe* have similar views of old age to the World Health Organisation, believing old age starts at 65 years of age. In America, one researcher found that you are considered old at 70 to 71 years of age for men and 73 to 73 for women. Just under a decade ago in *Britain*, people believed old age started at 59. However, research undertaken in 2018 found that British people believed you were considered old at 70. A decade ago, *Turkey* considered 55 the beginning of old age, because the country's average life expectancy at the time was 72. Now, however, with an unexpected boom in people over the age of 65, you are considered old when you reach the age of 70. In developing countries, the age you are considered old is around when you can start receiving some form of pension. In *China*, the retirement age is 60 for men and 50 for female workers or 55 for female civil servants. China's retirement age is considered one of the bigger gaps in retirement age. Whereas, *India* has one of the lowest retirement ages in Asia, with 58 considered the age to retire. In Libya, a country in Africa, the retirement age was raised from 65 to 70 years. In many cases, it seems that the common idea of what old has either raised or lowered to a similar mark, around 65-70 years of age. In *Australia*, the current retirement age is 67, however, that is expected to rise over the next few years. The Government is also pushing for older people to remain working for longer, so there has been a shift in what the Government believes is old.

Age vs perception

A US study found that young adults have a different view of what is considered old, many believe old age hits at 50 and middle age starts at 30. The principal researcher of the study thought it was interesting that so many younger people had a skewed perception of ageing. The study found that the perception of old age changes as you age. So, the older you get, the more likely you are to feel younger. Additionally, the older you become, the more likely you are to shift towards a youthful idea of how you look, the interests you have and the activities you participate in. This study believes this move to believing you are younger than you are may be due to the stigmatization of older people. So older people will tend to disassociate themselves from the older age group, so they don't experience the negative stereotypes of being old. The main finding of the study was that people don't want to associate themselves as being in an older adult group because of the stigma they have had from younger ages towards older people.

A market research company, Ipsos, surveyed 30 countries to see how the perceptions of age are different across countries. The survey found that Australians perceive old age nearly the same as when you can begin receiving the age pension. While Australia has a high life expectancy, the country is also very negative towards ageing. About 29% of Australians are optimistic about ageing. This is lower than the global average, 33%. Just over half of Australians are worried about ageing, 51%. And around 71% of participants believed they were prepared for old age. Australians did agree, 61%, that our elders did not receive enough respect.



What do younger generations consider old?

A 2018 survey in the United States found that female participants, between the ages of 16-34, thought 61 was when old age started, whereas young males identified 56 as the age when they were considered old. There were a lot of extra false perceptions around what young people thought were true about older people (Seccombe & Ishii-Kuntz, 1991). The false, but popular, belief that older people were bad drivers had around 72% of participants thinking this myth was true. This perception is in line with other popular beliefs, like older people losing touch with modern technology. Around 55% of participants believed that was a true statement, even though it was found not to be true. However, younger people were correct around the belief that older people are lonelier, like their bodies less as they age, and their physical and general health and mobility decline.

How media and modern society portray older people

The perception in our media, whether that is film, television, books or news, seem to continue perpetuating ageist stereotypes. One of the biggest is related to computer literacy. Whilst the perception is the older you are the less familiar, you'll be with modern technology, a large portion of older people can use computers and quite well. A large number of YouTube consumers are retirees with around 36% of users clicking on the plethora of free entertainment and informational videos. Additionally, one of Facebook's biggest demographics are people over the age of 50. It's the most commonly used social media by older people.

Dementia is nothing to joke about. However, many jokes in the media we consume poke fun at older adults and their memory loss. Along with perceptions of older people having memory loss, is the continued stereotype of older adults being mean and rude. Everyone can be mean and rude, those behaviours aren't reserved for every older person, and studies have found that those stereotypes can further push ageist views and leave older people feeling excluded and neglected from society. One study even found that elderly people are usually depicted very negatively in literature and are not often cast in major roles in books or do not have fully developed characters.

Gerontology

Gerontology is the study of ageing processes and individuals across the life course. It includes:

- The study of physical, mental, and social changes in people as they age
- The investigation of changes in society resulting from our ageing population
- The application of this knowledge to policies and programs

Gerontology is multidisciplinary in that it combines or integrates several separate areas of study. GSA fosters collaboration between physicians, nurses, biologists, behavioural and social scientists, psychologists, social workers, economists, policy experts, those who study the humanities and the arts, and many other scholars and researchers in ageing. Geriatrics, the branch of medical science concerned with the prevention and treatment of diseases in older people, is a part of the broader field of gerontology.

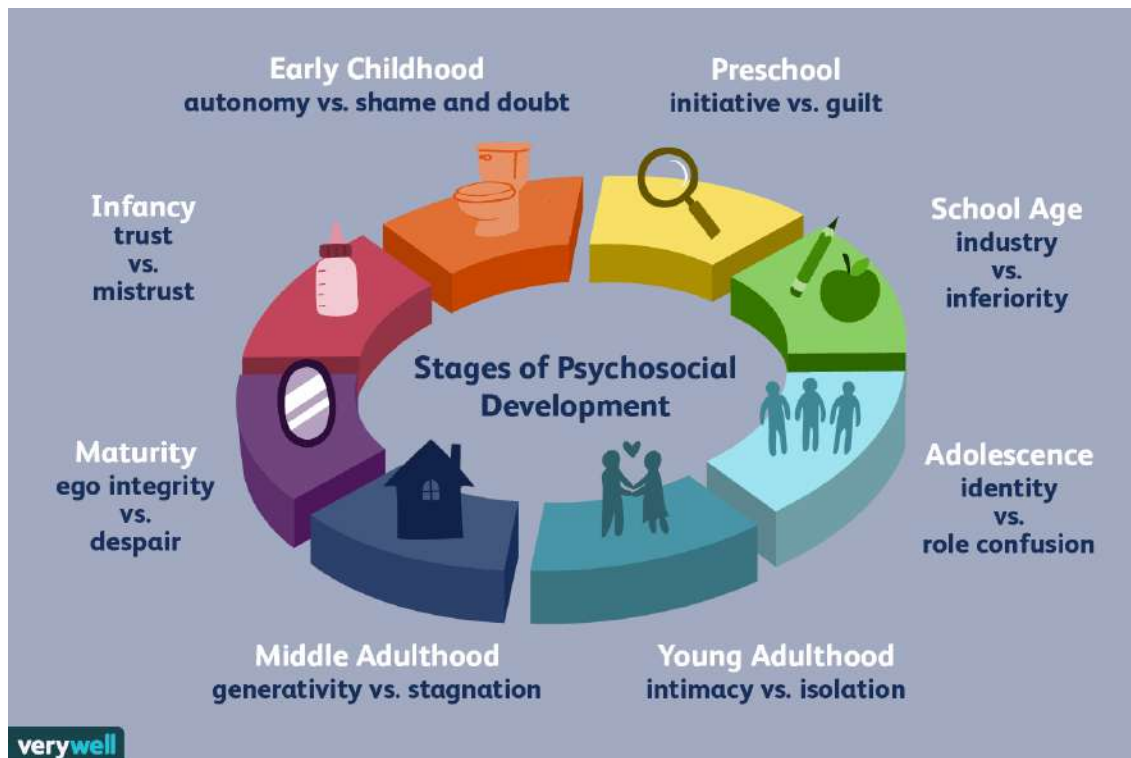
As a result of the multidisciplinary focus of gerontology, professionals from diverse fields call themselves gerontologists. Gerontologists improve the quality of life and promote the well-being of people as they

age through research, education, practice, and the application of interdisciplinary knowledge of the ageing process and ageing populations.

Life stages and theories

Erikson's stages of life theory is one of his most recognized models. He established 8 stages that presume a change or evolution in personal identity throughout the life cycle. In this article, we will briefly explain each of the different stages of his theory.

Erikson's stages of life theory establishes 8 stages that imply a change in personal identity throughout the life cycle. The main quality of each of these different stages presented by Erikson is their bipolarity. Each is formed by two poles – one positive and one negative. A person has to face these socially generated poles to be able to adapt to their context and develop their identity. Each stage is a crisis that each person must try to overcome to advance in the life cycle.



Source: Verywell / Joshua Seong

Trust vs. Mistrust

This is the first stage of the life cycle, from 0 to 1 year old. At this stage, the baby must develop an attitude of trust towards their parents. Therefore, if the care received is stable, the child will believe that although things may go wrong for a while, then they will improve. Overcoming this stage means putting trust in others in the face of the “uncertainty” that the unknown can inspire.



Autonomy vs. Shame and Doubt

This is the second stage of the life cycle, which appears at around 2-3 years old. At this age, the child is forced to take steps towards their autonomy. They will learn to eat, dress, and begin to oppose their parents independently. They must, however, reconcile their desire for autonomy with the social norms that their parents represent and impose. Starting to perform autonomous activities can cause questions regarding whether or not they have the ability to carry out tasks by themselves. But adaptive success consists in transforming this uncertainty into a challenge that feeds the child's motivation to grow, within the limits imposed by society.

Initiative vs. Guilt

This is the third of Erikson's stages of life, occurring between 3-6 years old. The infant takes the initiative to try to achieve personal goals. But they will not always be able to do this, since on many occasions they will collide with the wishes of others. They must learn to pursue their goals and thus gain a sense of purpose.

Industry vs. Inferiority

This is the fourth stage in the life cycle, and this crisis appears around 7 to 12 years old. The child must learn to manage cultural tools while comparing themselves with their peers. It is essential to start working or playing with the rest of their classmates. Society provides us with methods and a culture of cooperation that the individual must understand to achieve competence and good performance. If this does not develop, it will lead to a feeling of inferiority to others.

Identity vs. Role Confusion

This is the fifth life cycle stage, and it appears during adolescence. The adolescent faces a series of physical changes together with the appearance of new social demands. This will cause them to feel confused about their roles and self-concept. Therefore, the individual must commit to ideological, professional and personal ideals, to achieve the development of identity. From Erikson's work, James Marcia also developed his theory about adolescent identity.

Intimacy vs. Isolation

This is the sixth stage within Erikson's stages of life, which appears throughout early adulthood or youth. A person must root their identity to achieve a link with other people. They must find bonds "among the rest of individuals" to achieve a fusion of identities while maintaining their personal identity. Overcoming this stage means you have acquired the capacity to have different types of relationships, rather than social isolation.

Generativity vs. Stagnation

The seventh and penultimate stage in the life cycle covers a large part of average adulthood. Beyond identity and intimacy, the person must engage with others, with their work, with their children, thus achieving a productive life. The adult's need to achieve a productive life protects them from stagnation and helps them move forward with their goals and intentions.



Integrity vs. Despair

The last stage of a human being's global development occurs throughout late adulthood or old age. To achieve satisfaction with one's life, the individual must look back on and agree with the life decisions they have made. Thus, a positive assessment of the objectives and decisions made form a self-integrity, which shapes a complete and meaningful self-image. On the other hand, a negative view of one's life can lead to feelings of despair and impotence.

Self-reflections

What was the last news you read regarding elder people?

Resources and further reading

- Ageing and health: <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
- Erik Erikson's stages of psychosocial development: <https://www.verywellmind.com/erik-eriksons-stages-of-psychosocial-development-2795740>

Video materials

- Definition of old age: <https://youtu.be/OetURrW7Kvs>
- Let's change the way we think about the old age: <https://youtu.be/IVOVlrtETJU>

1.2. Definition of ageing

What is ageing?

Ageing is defined as "a continuous, universal and irreversible process that determines morphological, functional and psychological changes, which lead to a progressive loss of adaptability". We can say that physical ageing starts from the time full physical maturity and the end of the growth stage is reached, around twenty years old.

Characteristics of ageing:

Universality: it happens in all living beings, they are all followed by a process through which they are born, grow, mature, age and die.

Irreversibility: cannot be stopped or reversed

Heterogeneity and individuality: each of the species has a characteristic speed of ageing. It also occurs between each of the fasteners of each species and even, in each organ of the same individual.

But why are we getting old?

Although over time there has been a diversity of theories about the reason for the ageing process, there is no clear theory as to what is the intimate mechanism by which it is aged. Currently, all scientific studies



show that for ageing there is a genetic basis on which various external agents act, ranging from tobacco or alcohol to the most diverse pathologies, which shorten or accelerate ageing.

The programmed theory:

- Ageing by Program, where biological clocks act through hormones to control the pace of ageing
- Gene Theory, which considers ageing to be the result of a sequential switching on and off of certain genes, with senescence being defined as the time when age-associated deficits are manifested
- Autoimmune Theory, which states that the immune system is programmed to decline over time, leading to an increased vulnerability to infectious disease and thus ageing and death.

The damage or error theory:

- Wear and tear theory, where vital parts in our cells and tissues wear out resulting in ageing
- Rate of living theory, that supports the theory that the greater an organism's rate of oxygen basal, metabolism, the shorter its lifespan
- Cross-linkage theory, according to which an accumulation of cross-linked proteins damages cells and tissues, slowing down bodily processes and thus resulting in ageing.

The free radicals theory, which proposes that superoxide and other free radicals cause damage to the macromolecular components of the cell, giving rise to accumulated damage-causing cells, and eventually organs, to stop functioning.

What is it like to be old?

An old man is an elderly individual. It is someone who belongs to the so-called elderly and who is close to death, according to the life expectancy that human beings can have. There's no exact moment when a person becomes old. By convention, it usually establishes the beginning of seniors at 65 years of life. In this way, those who are 65 years of age or older are elderly. However, some 80-year-olds are in full activity, while subjects in their 50s already feel the passage of time in their bodies.

Generally, it can be said that an elderly person experiences a detriment of his or her body. All the functions and abilities he deployed during youth, which reached a peak degree of development in adulthood, begin to deteriorate. Thus, it is common for an old man to have difficulty scrolling and memory problems, for example.

Increased life expectancy and improved quality of life led to the growth of the number of elderly people worldwide in recent decades. Even if it is the final instance of life, the stage is no longer associated with passivity: on the contrary, it is attempted that elderlies maintain an active life within their means and that they are integrated into the community.

Precisely because of the increase in the number of elderly people, there has been a significant increase in all the senior residences that exist and even of people who are dedicated to caring for these elders. Considering that there are elderly people with very different needs, these professionals must adapt to them. Thus, they can dedicate themselves to preparing food, helping them in their daily hygiene and care work, assisting them in everything they need because they do not have mobility, follow up on their diseases and ailments.



According to culture, the elders are often valued for the wisdom they acquired from experience. In other cases, on the other hand, the elderly are belittled and youth is highlighted.

We cannot ignore the existence that in many cultures being old involves associating with values such as intelligence and wisdom. A good example of this can be discovered, for example, in the television series "Haunted". In this there is a group, "The Elders", that is responsible to monitor the witches and indicate to their "white guides" when they must act to lead them on the right path.

Self-reflections

Do the exercise below:

- 1) Place earplugs in our ears
- 2) Put popcorn kernels in your shoes.
- 3) Wear gloves that would also simulate neuropathy (numbing), in our hands.
- 4) Place bands around your ankles, to mimic impaired walking.
- 5) Wear glasses that simulate eye problems that can occur with ageing and illness (ex. no peripheral vision—a common problem of old age and elderly eyes)
- 6) Use a walking cane
- 7) Now try to walk down the hall a few meters.

How did you feel? Was it useful to understand how is it really like being old?

Resources and further reading

- What Is it Really Like to Be Old: <https://www.psychologytoday.com/us/blog/21st-century-ageing/201311/what-is-it-really-be-old>

Video materials

- What is ageing: <https://youtu.be/jc4yK0zZ-cQ>
- Age and ageing: <https://www.youtube.com/watch?v=kJ18whKduFo&feature=youtu.be>

1.3. Challenges of ageing

Engagement and Purpose

Ageism and outdated social norms have resulted in isolated and marginalized older adults in both rural and urban communities. Helping older adults get and stay meaningfully engaged is critical for their health and the health of our communities.

New and creative ways are needed to not only tap into their wisdom but also to provide opportunities for lifelong learning and meaningful engagement across the lifespan.



Financial Wellness

People are living longer and traditional models of work and retirement have not kept pace. Financing longevity will require new models, new tools and new norms (Zepelin, Sills, & Heath, 1986). New opportunities for later life employment, new models for planning and financing care and better ways to prevent scams and fraud are needed.

Mobility and Movement

Everyday objects, homes and communities not originally designed with longevity in mind often become obstacles to movement, safety, independence and socializing. Remaining safe and mobile are top priorities for older adults.

There is a need for products, programs, and services that enable people to maximize their safety, strength, balance, fitness, independence and mobility as they age.

Daily Living and Lifestyle

The majority of older adults state a preference to “age in place,” yet one-third of people over 65 need assistance with at least one activity of daily living (e.g. eating, bathing, dressing).

Products and services are needed to help support not only older adults’ basic daily activities but also to foster and support their ability to thrive, pursue their passions and engage with their chosen lifestyles.

Caregiving

Care for older adults is provided by informal (unpaid) and formal (paid) caregivers. Both groups are increasingly caring for people with higher levels of acuity and complex conditions.

Family caregivers — who are often juggling other family and work responsibilities and living remote from the care recipient — need better support, training, resources and tools to help them take care of their loved ones and themselves.

On the professional side, staff shortages and quality concerns loom large, so new solutions are needed to help attract, train, develop and leverage scarce human capital.



Source: Pexels.com

Caregivers

The more challenging the patients' needs, the more complex, demanding, and stressful the caregiver's role might be. Caregiving for patients with brain-related issues such as dementia, Alzheimer's, brain injuries, memory loss, mental illness, or any of these combinations along with physical disabilities may be more stressful than for clients with less complex needs.

Stress and decreased time for personal needs are two major challenges that caregivers face. Stress may be constant as caregivers must flex and adjust to sudden changes and abnormal situations to accommodate their patients' needs. A client with a history of head trauma or vertigo may have unexpected falls or accidents that require quick emergency room visits. Clients with addictive behaviours, head trauma issues, or mental health issues may require crisis stabilization or rehab centre visits, especially if they sneak substances, choose not to take medications as prescribed, or self-medicate with multiple over-the-counter medications - despite the caregiver's oversight.

There may not be a routine schedule each day - just routine tasks to get done between doctor and pharmacy visits. Constant change and stress often leave little time for handling personal needs. Patients with brain-related issues may also exhibit unpredictable behaviours, agitation, angry outbursts, or inappropriate behaviours, which might include verbal or physical abuse from clients who are combative and resistant. Add to that stress and constant change, the wait times in doctors' offices, a lot of driving to and from health-care facilities and pharmacies, and caring for the patient, and the caregiver may feel overwhelmed and/or exhausted.



Caregiving can often be undervalued by those who have never served in that role. So, another stressor comes if caregivers are ignored by healthcare providers, thinking that the caregivers are not credible. Some caregivers do have college degrees and healthcare experience, plus some spend many hours a day with their patients. So, it is wise for healthcare providers to listen closely and give careful consideration to the caregiver's observations and suggestions about their clients' needs. As you know, a team effort brings greater success for everybody involved.

Caregivers need to have good communication skills and interpersonal skills; a lot of patience and stamina; and knowledge of health-care terms, medical conditions, and medications, because they often need to work through family situations, crises, and life-threatening events related to their client's care, which may also involve law enforcement officers and attorneys.

Often caregivers find themselves working hard, receiving low pay, no vacation days, holidays, or sick days, and no health or dental insurance, with little ability to afford it. They also may have limited free time to spend with friends or to handle personal affairs.

Psychologically, whether paid caregivers or family caregivers, the challenges they face can easily result in burnout. Caregivers need to plan time for self-care so they do not slip into a state of mind where they feel discouraged, trapped, stuck, hopeless, or depressed.

Care Coordination

The health care journey can be particularly complex and fragmented for older adults, two-thirds of whom have at least two chronic conditions.

With the overwhelming majority of healthcare dollars spent managing chronic conditions, families and health insurance providers are aligned in their desire to care for people in the least restrictive, most cost-effective setting.

Families and providers need new tools and care models to support care transitions, clinical collaboration, medication management, population health management and remote care delivery.

Brain Health

Brain health refers to how well a person's brain functions across several areas. Aspects of brain health include:

- Cognitive health — how well you think, learn and remember
- Motor function — how well you make and control movements, including balance
- Emotional function — how well you interpret and respond to emotions (both pleasant and unpleasant)
- Tactile function — how well you feel and respond to sensations of touch — including pressure, pain, and temperature.

Brain health can be affected by age-related changes in the brain, injuries such as stroke or traumatic brain injury, mood disorders such as depression, substance use disorder or addiction, and diseases such as Alzheimer's disease. While some factors affecting brain health cannot be changed, many lifestyle changes might make a difference.



As a person gets older, changes occur in all parts of the body, including the brain. Certain parts of the brain shrink, especially those important to learning and other complex mental activities. In certain brain regions, communication between neurons (nerve cells) may not be as effective. Blood flow in the brain may decrease. Inflammation, which occurs when the body responds to an injury or disease, may increase.

Some changes in thinking are common as people get older. For example, older adults may:

- Be slower to find words and recall names
- Find they have more problems with multitasking
- Experience mild decreases in the ability to pay attention.

Fear of going old

Getting old is something that happens to all of us and like death and taxes is sadly inevitable. However, that doesn't mean that everyone has to like it, and to varying degrees, we might find this idea hard to swallow.

While this is perfectly natural to a degree, it is also unhealthy when it is experienced in the extreme, and if you find yourself very scared of getting old then this can start to become a distraction and a source of stress that needs to be counteracted. So how do you go about overcoming this fear and viewing getting old more naturally and healthily?

Get to the Route of the Problem

Followers of Freudian psychology generally believe that a phobia is an expression of an unconscious fear that we are repressing. In other words, we are not actually afraid of the phobia itself, but of what it represents (Hayslip, Servaty-Seib, & Ward, 1995). In some cases, this is not entirely accurate, but in the case of a fear of ageing, it often is. You see it is very common for a fear of ageing to really be a fear of death, and this is a universal fear that is nevertheless magnified to an unhealthy degree in some cases. If you fear death, you might not only have an aversion to ageing yourself, but also the sight of other elderly people who serve as a reminder of your mortality. It may be that you also have adverse reactions to other stimuli that are associated with death – whether this is skulls or other imagery.

In any case, it is important to recognize the source of your phobia and to track it back to what is really causing the problem. Sometimes facing a painful memory or idea can greatly help to lessen the impact of a phobia through understanding.

Focus on the Good

Meanwhile, it is important to focus on not only the negative aspects of getting old but also the positive. There are many reasons to look forward to getting old as well as to fear it. For one when you are older you will gain more respect from your peers and will have the benefit of experience. At the same time, you will for the first time since you were a young child be able to enjoy real freedom without the burden of work, education or of others being dependent on you. It's a chance to slow down and enjoy life, as well as to sample some of the 'finer' things.



Look at the Right Examples

If you fear ageing then perhaps you have had the misfortune of watching someone age slowly and painfully. Recognize that this is not always the case and that many people reach old age gracefully and with a lot of their faculties intact – and they go on to lead great lives full of exploration and adventure and personal achievement. Look to some of them for inspiration whether they be in the media or members of your own family.

Plan

It's also a good idea to plan for the future and old age. If you are currently dealing with your fear by refusing to think about death and this eventuality, then this will only result in your being unprepared and more frightened as a result. If you know more of what to expect, and if you have made plans, then it can make the whole matter a lot less alien. Things like preparing a good pension, and making some plans for how you will spend your time (travelling, writing a book, learning a new skill, working with charity etc.) can all help you to actually look forward to at least elements of your old age.

Fear of dying

What is thanatophobia? In the Greek language, the word “Thanatos” refers to death and “Phobos” means fear. Thus, thanatophobia translates as the fear of death.

Thanatophobia is a form of anxiety characterized by a fear of one's own death or the process of dying. It is commonly referred to as death anxiety.

Death anxiety is not defined as a distinct disorder, but it may be linked to other depression or anxiety disorders. These include:

- Post-traumatic stress disorder or PTSD
- Panic disorders and panic attacks
- Illness anxiety disorders previously called hypochondriasis.

Thanatophobia is different from necrophobia, which is a general fear of dead or dying things, or things associated with death.

Having some death anxiety is an entirely normal part of the human condition. However, for some people, thinking about their own death or the process of dying can cause intense anxiety and fear.

A person may feel extreme anxiety and fear when they consider that death is inevitable. They may also experience:

- Fear of separation
- Fear of dealing with a loss
- Worry about leaving loved ones behind.

When such fears persist and interfere with daily life and activities, this is known as thanatophobia.



At their most extreme, these feelings can stop people from conducting daily activities or even leaving their homes. Their fears centre on things that could result in death, such as contamination or dangerous objects or people.

Symptoms and diagnosis

Doctors do not classify thanatophobia as a distinct condition, but it can be classified as a specific phobia.

According to the Diagnostic and Statistical Manual of Mental Disorders, a phobia is an anxiety disorder relating to a specific object or situation.

The fear of death is considered a phobia if the fear:

- Arises almost every time a person thinks about dying
- Persists for more than 6 months
- Gets in the way of everyday life or relationships.

Key symptoms that a person may have a phobia of dying include:

- Immediate fear or anxiety when thinking about dying or the process of dying
- Panic attacks that can cause dizziness, hot flushes, sweating, and a raised or irregular heart rate
- Avoidance of situations where thinking about death or dying may be necessary
- Feeling sick or getting stomach pains when thinking about death or dying
- General feelings of depression or anxiety.

Phobias can lead to a person feeling isolated and avoiding contact with friends and family for extended periods.

The symptoms may come and go over an individual's lifetime. Someone with mild death anxiety might experience heightened anxiety when they think about their death or the death of a loved one, such as when they or a family member is seriously ill.

If death anxiety is linked to another anxiety or depressive condition, a person may also experience specific symptoms related to the underlying conditions.

Causes and types of thanatophobia

While thanatophobia is defined as a general fear of death, there are many types and causes of this anxiety, and the particulars of what an individual focuses on can vary.

Phobias are often triggered by a specific event in a person's past, though the person does not always remember what this was. Particular triggers for thanatophobia could include an early traumatic event related to almost dying or the death of a loved one.

A person who has a severe illness may experience thanatophobia because they are anxious about dying, though ill health is not necessary for a person to experience this anxiety. Instead, it is often related to psychological distress.

The experience of death anxiety may differ, depending on individual factors. These include:



- Age. A 2017 study suggests that older adults fear the dying process, while younger people more commonly fear death itself
- Sex. According to a 2012 study, women were more likely than men to fear the death of loved ones and the consequences of their death.

Medical professionals link anxiety around death to a range of mental health conditions, including depressive disorders, PTSD, and anxiety disorders.

Thanatophobia may be linked to:

Specific phobias

Death anxiety is associated with a range of specific phobias. The most common objects of phobias are things that can cause harm or death, including snakes, spiders, planes, and heights.

Panic disorders

A fear of dying plays a role in many anxiety disorders, such as panic disorders. During a panic attack, people may feel a loss of control and an intense fear of dying or impending doom.

Illness anxiety disorders

Death anxiety may be linked to illness anxiety disorders, previously known as hypochondriasis. Here, a person has intense fear associated with becoming ill and excessively worries about their health.

Overcoming thanatophobia

Social support networks may help to protect a person against death anxiety. Some people may come to terms with death through religious beliefs, though these may perpetuate the fear of death in others.

Those with high self-esteem, good health, and a belief that they have led a fulfilling life are less likely to have a fear of death than some others.

A doctor may recommend that a person with thanatophobia receive treatment for an anxiety disorder, phobia, or for a specific underlying cause of their fear.

Treatment involves a form of behavioural or talking therapy. This therapy tries to teach the individual to refocus their fears and to work through them by talking about their concerns.

Treatment options for death anxiety include:

- Cognitive behavioural therapy (CBT)
- Cognitive behavioural therapy or CBT works by gently altering a person's behavioural patterns so that they can form new behaviours and ways of thinking.

A doctor will help a person to come up with practical solutions to overcome their feelings of anxiety. They may work to develop strategies that allow them to be calm and unafraid when talking or thinking about death.



Psychotherapy

Psychotherapies, or talking therapies, involve talking through anxieties and fears with a psychologist or psychotherapist. These professionals will help someone find out the cause of their fear, and come up with strategies to cope with anxieties that occur during the day.

Sometimes, even just talking about the anxiety can help a person to feel more in control of their fear.

Exposure therapy

Exposure therapy works by helping a person face their fears. Instead of burying how they feel about death or not acknowledging their concerns, they are encouraged to be exposed to their fears.

A therapist will carry out exposure therapy by very gradually exposing a person to their fear, in a safe environment, until the anxiety response reduces, and a person can confront their thoughts, objects, or feelings without fear.

Medication

If doctors diagnose a person with a specific mental health condition, such as generalized anxiety disorder (GAD) or PTSD, they may prescribe anti-anxiety medication. This may include beta-blockers or antidepressant medication.

When people use medicines alongside psychotherapies, they are often most effective.

While medication can be beneficial by relieving feelings of panic and stress in the short term, long-term use of such medication may not be the ideal solution. Instead, working through fears in therapy is more likely to provide long-term relief.

Relaxation techniques

Practising self-care can be powerful for boosting overall mental health, including helping a person feel more able to cope with their anxieties. Avoiding alcohol and caffeine, getting a good night's sleep, and eating a nutritious diet are some ways to practice self-care.

When a person is experiencing anxiety, specific relaxation techniques can help clear their mind and de-escalate their fears. These may include:

- Doing deep breathing exercises
- Focusing on specific objects in the room, such as counting the tiles on the wall
- Meditation or focusing on positive imagery.

Outlook

While it is natural to have concerns about the future and the future of loved ones, if the anxiety around death persists for more than 6 months or hinders daily life, it may be worth someone speaking to a doctor. There are many ways that a person can overcome their fear of death, and a mental health professional will be able to offer guidance and reassurance during this process.



End of Life

Death is inevitable, but that doesn't seem to make it any easier to talk about or prepare for. As a result, 25% of the Medicare budget is spent on the last year of life and many people still do not die where or how they want. Families and providers need help navigating the end-of-life options, having difficult conversations and ensuring that end of life wishes are met.

Practical Aspects

Although it might not be foremost on someone's mind, addressing the practical aspects of death, dying, and grief is an important part of the process. It's also one that can be planned for. People often find it difficult to discuss end-of-life plans, living wills, and funeral arrangements, but these are elements of the dying process that you can discuss long before they are needed (Lang, Baltes, & Wagner, 2007). Once you and your loved ones have spoken openly about your preferences, you can involve professionals such as accountants, funeral directors, lawyers, doctors, and other healthcare professionals to ensure that your wishes will be honoured. While the conversation and documentation involved can be overwhelming, and the requirements will depend on where you live, there are many resources available to help you get started. Once the task is done, you'll hopefully feel reassured that you have what you need to make the process as easy as possible when the time comes. Setting up a system of friends, neighbours, and community support ensures you are prepared for the time you have left with your loved one. Your mind will likely be far from thoughts of laundry and grocery shopping during this time, but these practical concerns still need to be addressed. Having someone to help with cleaning and meal prep will allow you to focus your time and energy on being with your loved ones in their final days.

Self-reflections

What do you think are the challenges of a caregiver of seniors?

Resources and further reading

- How the ageing brain affects thinking: <https://www.nia.nih.gov/health/how-ageing-brain-affects-thinking>
- 5 brain problems that commonly affect the elderly: <https://www.healthhype.com/5-brain-problems-that-commonly-affect-the-elderly.html>

Video materials

- Question Why We Are So Afraid of Getting Older: <https://www.youtube.com/watch?v=J6zenOjPC1A>

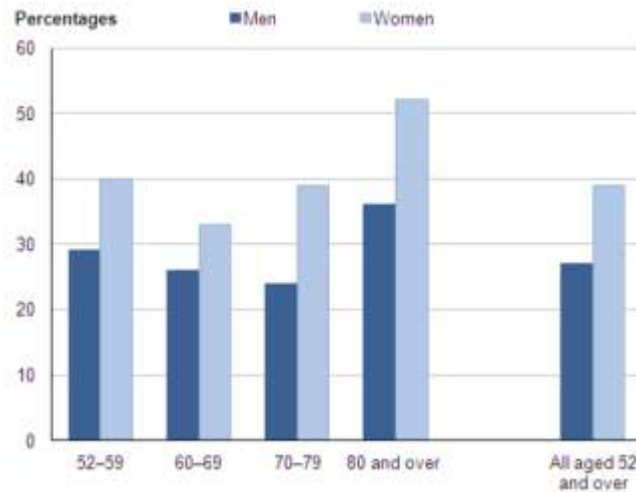
1.4. Sociological changes of ageing

Loneliness

Loneliness typically involves feeling anxious about a lack of connectedness with others and a discrepancy between desired relationships and actual relationships. However, loneliness is not the same as being



alone and can be felt, even when surrounded by other people. Data from the UK Department of Health consistently suggest that 13% of older adults report feeling lonely always or often 10, however, those aged 80 and over were more likely to report feeling lonely than those aged 52-79. Women aged 52 and older are more likely to report feeling lonely in each age group than men.



Source: UK Department of Health

Loneliness has a significant detrimental effect on people's health. For example, loneliness is associated with an increased risk of mortality over a 6 year follow up period in older adults (aged 60 and over). The influence of social relationships on the risk of death is comparable to other established mortality risk factors such as smoking and alcohol consumption, and actually exceed the influence of physical activity and obesity.

- Loneliness can also have significant detrimental effects on older people's wellbeing (Kleinspehn-Ammerlahn, Kotter-Grühn, & Smith, 2008). For example, 89% of older adults who reported hardly ever feeling lonely also reported high levels of life satisfaction, compared with 38% of older adults reporting feeling lonely often.
- The ability to travel, either independently or by public transport, is a key factor in preventing social exclusion and fostering social connectedness among older people, all of which have implications for wellbeing. Travel declines with age, however, those aged 70 and over use buses most compared with other age groups.
- Informal caregivers make up 10% of the population, with the biggest group being females aged 55- 59. However, informal caring for 50 or more hours a week was more common in adults aged 50 and over compared with other age groups. Older caregivers are more likely to provide intimate personal care and heavy nursing tasks and are more likely to be caring for a husband, wife or partner.
- Older people caring for their partners with a long-term limiting illness show a significant negative association with their own subjective wellbeing. Physical and mental functioning act as confounding factors.



Depression

The Symptoms and Causes of Elderly Depression

It's usually easy to identify when an elderly loved one is lonely or sad. But the truth is, elderly depression is much more common than most people think. Seniors and older adults deal with loneliness and depression much differently than young adults. While young people can easily identify the symptoms of depression and speak out, seniors may not understand that what they're experiencing is actually clinical depression. As a result, many older adults remain undiagnosed and untreated. It's important to understand how the risk factors and symptoms of depression in the elderly differ from those of younger folks. By watching out for the signs, you or your loved one can seek proper treatment and develop healthy coping skills.



Source: Pexels.com

What Causes Elderly Depression?

According to the Centres for Disease Control and Prevention (CDC), seniors have an increased risk of developing clinical depression due to a variety of factors. Unfortunately, many doctors and family members may wrongfully identify a loved one's symptoms as a normal part of the ageing process. However, depression is not a normal or inevitable part of ageing. The good news is, depression is a medical condition that is treatable and preventable by identifying the risk factors and seeking comprehensive treatment.

Many factors can increase an elderly person's risk of developing depression including:



- Physical Disabilities
- Chronic Medical Conditions: 80% of older adults suffer from chronic medical conditions such as cancer, diabetes, or heart disease
- Being a woman
- Living alone with a lack of a support system
- Substance abuse
- Certain medications
- Loss of a loved one and stressful life events
- Fear of death
- Damage to body image
- High blood pressure
- Chronic pain
- Dementia and Alzheimer's: up to 40% of people with Alzheimer's also suffer from depression.

Prevalence of Elderly Depression

The CDC estimates that between 1% and 5% of seniors are depressed. However, this number increases to nearly 14% for seniors requiring home health care and nearly 12% for hospital patients. According to the American Foundation for Suicide Prevention, adults 85 and older have the second-highest suicide rate in the United States.

Unfortunately, older adults may be more reluctant to discuss their feelings and emotions than younger adults. Family members and loved ones may write off a senior's complaints, anger, or sadness as a normal part of growing old. As a result, the CDC's estimates could rank much lower than actual figures, but there isn't really any way to tell for sure. It's important to always be respectful of a senior loved one's concerns and feelings.

Symptoms and Signs of Elderly Depression

Due to stereotypes and social stigma, seniors may not realize that their symptoms are, in fact, clinical depression. Meanwhile, doctors may misidentify the illness.

It's important to stay educated on the symptoms and signs of elderly depression so you can take a proactive approach to your family's mental health.

- Chronic pessimism and hopelessness
- Feelings of guilt and worthlessness
- Irritability and restlessness
- Insomnia, sleep disturbances and oversleeping
- Eating issues including both overeating and appetite loss
- Persistent aches, pains, and digestive problems with no treatable or identifiable cause
- Fatigue and low energy
- Losing interest in activities and withdrawing from social situations
- Trouble concentrating, focusing, and making decisions
- Thoughts of suicide.



How to Reduce and Treat Loneliness and Depression in the Elderly

The good news is, depression in the elderly is absolutely treatable with the right medications, lifestyle changes, or coping tools.

It's important to develop a comprehensive treatment program that addresses a person's risk factors and causes of depression. In many cases, medication alone is not enough without addressing environmental conditions and lifestyle.

Evaluate Medications

Many medications for hormones, heart conditions, anxiety, and inflammation can trigger increased depression symptoms. Talk with your doctor to evaluate your medication regimen and look for alternatives.

Seniors may also take antidepressant medications to treat their condition. However, many of these drugs can cause dizziness, loss of balance, and interactions with other medications so it's important to proceed with caution.

Support Groups and Therapy

Although older adults may be reluctant to discuss their feelings and emotions with strangers, support groups and therapy can be extremely beneficial for treating depression in the elderly. Many groups cater to seniors and individuals with specific concerns such as death, bereavement, and chronic health conditions.

Social Activities

Loneliness and depression go hand-in-hand. Social activity is crucial for developing and maintaining feelings of self-worth and belonging. Plan frequent outings and fun activities with older loved ones and family members. Check on neighbours and build important support systems with older people who seem isolated.

Fulfilling Hobbies

Although retirement can be a fun and exciting time for many people, a lack of purpose can directly contribute to elderly depression. Many seniors on fixed incomes may not have the resources to travel and "live it up" like others. Help your loved ones establish healthy and fulfilling hobbies to give their lives a sense of purpose. Volunteering is always a great option.

Physical Activity

Healthy blood flow to the brain is essential for warding off depression. Unfortunately, many seniors have high blood pressure and other conditions that can hinder blood flow. Physical activity is a great way to increase blood flow and oxygen to the brain as well as trigger "feel good" chemicals like endorphins. Try low impact muscle-strengthening activities and yoga or tai chi to improve balance. Try something fun.

Diet and Nutrition

Diet and nutrition also play a special role in mental health. As people age, their bodies don't absorb nutrients quite as well as they used to. Omega 3 fatty acids, vitamin D, and B vitamins are especially important for supporting blood flow to the brain and mental health.



Isolation

Sadly, isolation in old age is extremely common and is likely to continue to increase as the ageing population grows. The main issue with social isolation is how it impacts the health, quality of life and associated well-being of the elderly.

Unfortunately, as the problem grows so too does the reluctance to admit to feeling isolated, mainly because the majority of people suffering live alone and they are fearful of being forced to leave the familiarity of their own homes. Plus, it isn't just the elderly who struggle with feelings of isolation; research is making us increasingly aware that family caregivers are also at a high risk of feeling social isolation. The way forward, to help to alleviate this increasing issue, is complicated and should involve the authorities as much as the family, friends and local community. However, on all levels, there are plenty of ways in which we can all help to improve life for the seniors both in our own lives and the wider community.

Transportation

Many seniors no longer drive which means that they are more or less confined to their local area. Although free transportation is supposedly available to the elderly, lack of sufficient facilities is an issue in most rural areas.

In terms of providing independence to our elderly, creating better public transportation options is required as part of the local infrastructure, particularly in rural areas where transport facilities have been reduced radically over the past decade. There should, ideally, be extended facilities for the less mobile and disabled.

On a local level, volunteers offering their services to provide lifts to and from local associations and clubs can help to get a few people out from the limitations of their own company and homes.

On a personal level, family and friends stepping in to offer trips out may be the only short-term solution for the majority.

Hobbies and interests

People with hobbies or active interests are less likely to succumb to loneliness and the associated health issues mainly because many hobbies are inherently social by their nature.

Organized activities are incredibly beneficial, whether they are a local Whist Drive or Bridge Group or an activity promoted at a local social centre. Volunteering is also a positive opportunity for the more mobile elderly. Having a sense of purpose can encourage people to get out and interact with others. Providing opportunities for these activities is crucial in both town and rural environments.

Support Religious Activities

Persuading the elderly to continue to attend their personal places of worship can be essential. The sense of community, purpose and shared beliefs is paramount to avoiding isolation. Having transportation options can help with continued attendance and this can be a centralised or local affair. Attendants also benefit from comradeship and the care of their associates who can note any change in either mood or health.



Encourage regular health check-ups

Many people avoid social situations because they feel disassociated, embarrassed or have issues communicating. Regular hearing and sight checks can remove some of the embarrassing barriers to good communication.

Incontinence Issues, for obvious reasons, can be a huge embarrassment for some seniors. A careful and sensitive approach by health professionals and caregivers can address many of these problems, by providing medication and essential supplies, plus confidence-boosting. Some seniors are simply embarrassed to admit to advancing age and even frailty – access to walking aids, etc. can help to provide a bridge for someone with decreasing mobility.

Positive Body Image

Some elderly people struggle with diet or hygiene. Being overweight or unable to shower adequately or even go somewhere for a haircut or shave can leave some individuals feeling unworthy or unwanted, socially. Good dietary advice and/or exercise options and classes can help with both health and weight. Adaptive facilities being offered within the home to enable the fiercely independent to continue to take care of their own hygiene is a positive move. Transport to the barber or having the option to have a haircut or styling at home can help. Sensitivity and kindness are essential in all instances of poor or diminished self-image.

Support for the bereaved

Older adults are at a high risk of becoming isolated in the days after losing a spouse or loved one. Sometimes regular visits, phone calls and a quick hug can be enough to make someone feel that they still have a worthy existence. In some cases, bereavement counselling is going to be necessary – more options in the wider community really are necessary.

Resilience

Many older people live with challenges, hardship, poor health, or upheavals in life, but find ways to ‘get through’ or overcome them. Yet, when gerontological researchers consider the strengths of older people, we too often seem to see these as distinct from difficulties and the messy complexity of life and advancing age. A focus on resilience foregrounds the ‘ordinary magic’ of everyday ways humans adapt to difficulty.

Resilience represents the way to move past both clinical views that associate ageing with decline, frailty, and disease on the one hand, and narrowly defined views of successful ageing as minimal cognitive, social, or functional decline or loss on the other (Wild, Wiles, & Allen, 2013). We sought to understand ‘resilience’ from the perspective of diverse older people. These experts tell us that resilience amongst older people should not be too narrow, nor only focused on individual characteristics. Resilience is broader, more layered; it can include both vulnerability and flourishing. When thinking about resilience we should be attentive to the contexts in which people live.

We learn from older people that resilience can incorporate and balance vulnerability alongside strength across a wide range of contexts. People can be living with chronic illnesses, personal loss, or difficult circumstances, but see themselves as resilient. Resilience is not just about ‘bouncing back’ or achieving



despite adversity. Older people often see themselves as resilient because of adversity, and their ongoing skill in negotiating and overcoming challenges and losses over time. Resilience should perhaps be thought of as more about the courage and resourcefulness to live with vulnerability than avoiding it (Wiles J. , 2011). Resilience is about how people thrive in the context of difficulties, whether because of or despite them. Resilience is an ongoing and negotiated process, a kind of plasticity or flexibility or adaptiveness.

For example, they might be financially or socially resilient even when they lose physical function. We could think of older people's resilience, or otherwise, in a wide range of areas including psychological, cognitive, physical function, mobility, financial, environmental (housing, recreation opportunities, access to services and other resources), social, and cultural.

Resilience also operates at different scales from personal to social, from the micro- (such as individual and home), to meso- (such as families and neighbourhoods and communities), and macro-level (such as social and global-level resources). For example, a person may have good personal mobility, but live in a neighbourhood with poor transport systems; or live in a place with great accessible transport which enables them to get about even though their personal physical function is changing (Wiles, Wild, Kerse, & Allen, 2012). Resilience factors at these different scales can work together or against each other to enhance or constrain a person's resilience.

People have tended to think about resilience at a personal level. A wealth of research has illuminated a wide range of personal strategies and behaviours related to resilience; the older people we listened to also spoke of individual characteristics and strategies they saw as being related to resilience. These include things such as accommodating and adapting to changes and fluctuations but also knowing when to push for change; attitudes of endurance and gratitude; balancing acceptance and struggle or resistance; being mindful of having a sense of purpose; maintaining social resources and connectedness; contributing to and being involved in communities of interest; engaging in spiritual practice; reflective story-telling and life review; and even critical consciousness of and resistance to ageist norms and values in society.

After listening carefully to older people talking about resilience, we learn that resilience should be thought of as both individual characteristics and at a collective and social level. It is both these personal, "inner-strength" resources, attitudes and approaches to life, AND the social and physical environments and structures that surround a person. Our social and physical environments can contribute to, or take away from, personal resilience too. Plentiful personal resources, good family and household support and resources, well-designed and maintained homes and housing, accessible and safe streets and neighbourhoods, good urban design especially of public buildings and spaces, thoughtfully provided public transport; all of these things have the potential to contribute to a person's or group's resilience. More broadly, good social connectedness; high-quality built environments and systems that enable universal accessibility; culturally relevant and safe social services; critically constructive and positive social and cultural attitudes towards old age and cultural and social diversity in old age; and low levels of social inequities and inequalities are all resources that can enhance and enable resilience (McConatha, Schnell, Volkwein, Riley, & Leach, 2003).

Narrowly defined concepts of resilience that focus on the individual or very specific criteria are dangerous because they have the potential to shift responsibility and blame towards those in adverse circumstances. Too much focus on individual traits and 'positive deviance' can be attractive to under-funded decision-



makers looking for easy opportunities to cut budgets, by justifying that if ‘some people’ can cope with difficulty successfully, everybody should be able to. At the same time, overly positive views of resilience in old age risk romanticizing the capabilities of individuals while underplaying the very real struggle and disadvantage of living with chronic adversity.

A critically reflexive approach to resilience means constantly seeking ways to acknowledge the everyday power of older people to control their lives, whilst being vulnerable, as well as recognising and addressing ways to identify and redress the contextual, social, and structural factors that promote adversity. Understanding resilience amongst older people from their perspective shows us that to enhance old age, much more attention needs to be paid to investing in and optimising our living environments to support wellbeing in old age. We need to attend to ways that public services, public and built spaces, relevant legislation, good income support and taxation systems, housing policies and other supports, and thoughtful social values and attitudes can enhance the resilience of individuals, families, and communities (Mock & Eibach, 2011).

Boredom

Boredom is an important quality of life issue for many senior citizens. When it comes to elderly home care or assisted living facilities, family caregivers must ensure that the physical, mental and emotional needs of seniors are being met. Those taking care of parents at home must also strive to provide stimulating activities to prevent loved ones from sinking into a pit of depression that's hard to climb out of. According to the National Institute of Mental Health (NIMH), older Americans are more likely to commit suicide than any other age group. As noted by NIMH, nearly 16% of suicide deaths in the country were those 65 years of age or older. The boredom that leads to depression is a major factor in many homes, senior health care facilities and assisted living homes. It is up to family caregivers to reduce such risks when it comes to taking care of our elderly population.





Source: Pexels.com

Ageing is a process — boredom is the danger

No one likes to be bored, at any age. Senior citizens are no different. Your parents have led productive and active lives, but may suddenly find themselves ill or injured to the point where they can't get around as well as they used to. Those individuals are at an increased risk of boredom and feelings of uselessness, which may lead to severe episodes of depression. Preventing such feelings should be a major concern of health care providers and caregivers to the elderly — as high on the list of importance as adequate medical care and supervision.

Boredom leads to multiple emotional issues, including:

- Feelings of worthlessness
- Feeling that life is no longer worth living
- Feelings of intense restlessness
- Feeling unloved or uncared about.

Such issues are extremely difficult to tackle, so preventing them in the first place is the best approach to fighting the debilitating effects of boredom and depression. How can caregivers fight boredom?

Develop new interests

Family caregivers can encourage parents to develop new interests at any age. Who says you have to be in school to learn a new language or skill? Studies have shown that stimulating the mind can help exercise not only the body but the brain as well. Learning something new at any age helps promote new neural cell growth, improves concentration and increases adequate oxygenation, creating healthier, more active cells.

Caregivers of seniors at all age levels, physical ability and mental acuity can find new, stimulating activities for the elderly through a variety of brain teasers, physical movement, or social interaction.

Such activities don't need to be complicated. The National Institute of Ageing has identified regular stimulation as a major factor in the quality of life between groups of seniors with disparate physical capabilities (for example, an 85-year-old who competes in a marathon as opposed to a 65-year-old bedridden woman). Those seniors who age well are less likely to suffer from chronic illness and physical limitations. "Older adults were also quite similar to younger adults in how much of their attention was captured involuntarily," notes a study by Wake Forest University Baptist Medical Centre. "Even as we age, the brain's ability to engage multisensory attention remains intact."

Encourage seniors to develop an attitude!

Encourage your mother to tackle that crossword puzzle. Coax your dad into taking up a new hobby. Caregivers of the elderly should constantly offer new and stimulating activities to those in their care. Start a storytelling circle with Dad or learn French with Mom. The possibilities are endless.



Grief

At some point in our lives, we've all experienced what it is like to grieve the loss of someone that we love and cherish. And while older people may have had more experience dealing with losses, losing an adult child, a spouse, or even leaving one's family home can leave the elderly devastated. If older adults don't get the help that they need to cope with their grief, it's highly possible for them to become depressed, and a study has shown that 10 to 15% of Australians over the age of 65 are already suffering from depression. To help our elderly loved ones from spiralling into depression, we must find ways to help them cope with grief and loss in positive ways.



Source: Pexels.com

Signs of Grief in the Elderly

Many older adults may not outwardly show signs of grieving, but caregivers and relatives should be on the lookout for physical and emotional distress. Grief can manifest in crying or even a reluctance to cry, and a change in eating habits can also be a sign of distress. Losing interest in family, friends, and hobbies is another indicator of grieving, as well as having difficulty in sleeping, concentrating, and making decisions. If your elderly loved one is experiencing any of the above, here are some ways to help cope with grief and loss.

Stages of Grief

Denial

The initial stage of grief is the denial, wherein a person struggles or refuses to comprehend that your loved one is dying. They may go to great lengths to ignore the reality of the situation or even discuss it with their



loved ones or doctors. The denial phase of grief is often an immediate reaction, and a person begins to move through it once they have had time to process the information.

Anger

When a person reaches the anger stage, they may experience and express these feelings inwardly, outwardly, or both. They may be angry because they feel they aren't ready to die or that they don't "deserve" it. They may process these angry feelings inwardly and prefer to avoid interacting with others. A person may also take their anger out on the people around them including friends, family, and even doctors and nurses.

Bargaining

Eventually, most people move into a stage of bargaining. If they are religious, a person may ask their higher power to save their life. They may pray and promise "to be good" or "better" if only God will spare them. Conversations with others during the bargaining stage of grief may feature a lot of statements that start with "If only..." These comments may be directed at what a person wishes they could undo about the past ("If only I hadn't started smoking...") or focus on the things they are realizing they will miss out on ("If only I could live to see my grandchildren grow up...").

Depression

Most people experience depression at some point in the dying and grieving process, though it may take different forms. When someone is dealing with the death of a loved one, a period of mourning is an expected reaction to the loss.

Alternatively, when a person is in the process of dying themselves, the mourning is pre-emptive. Anticipatory grief can involve more than just the loss of their life; as death gets closer and they become more dependent on others, a person may mourn the loss of their independence and their identity.

Acceptance

The final stage of grief is acceptance. While it's usually described as a person being "at peace" with death, that doesn't necessarily mean it's an easy stage to be in and that a person will feel relieved or unafraid once they reach it. It is not uncommon for someone in the last stage of grief to feel nothing at all, and numbness may help people cope with death. It can take a long time to reach a stage of acceptance and reaching acceptance doesn't mean that a person won't return to a previous stage if their situation changes. Having a support network of family and friends at each stage of the grieving process can provide guidance and comfort, but it's also not uncommon to seek professional help when facing a loss. People commonly turn to grief counselling, support groups, and clergy to help them process and cope with their grief.

How can you help?

Visit Regularly

Whether your elderly loved one is living at home or in an assisted care facility, it's important to make time to visit regularly. Your visits will provide something to look forward to and will prevent the feeling of



isolation. Keep your loved one updated on positive things that have been going on in the world and bring something that they may like, such as a basket of a favourite food or baked goods.

Let Them Express Their Grief

Let your elderly relative or friend know that it is alright to mourn. Don't offer to fix things or make things better—at a time like this, the best thing that anyone can do is just be there and listen. Offer your support, and keep in mind that a touch or a hug can do more to help your grieving loved one than any words.

Make Them Feel Secure

Grieving older adults need to feel secure during this difficult time and will need the love and acceptance of family and friends. Don't be critical if they need to escape briefly from grief—nobody can grieve all the time and they may need to do something for themselves to feel good, even just for a while. So, if they want to go out and head to the mall or go for a nice walk, offer to be with them if they want company. Helping the elderly cope with loss is a process, and it may take some time before they can heal. But your love and support can help during this difficult time, so be there for your loved ones as they try to cope with grief.

Loss of peers and contemporaries

A paradox of living is that healthy ageing and increased longevity mean you'll have more experiences with death throughout your life. As we age, so too do the people around us. Over time, many of the people that we know and care about will develop chronic or terminal illnesses. Some of them will die during our lifetimes. The consequence of living longer is that we will continue to lose friends and loved ones to accidents, illnesses, and, as we reach our later years, simply "old age."

While death is a natural part of life and an unavoidable consequence of ageing, that doesn't mean you won't be deeply affected by it. The ongoing exposure to death is one reason depression is common in older adults. However, knowing that death will eventually touch your life in some way means you can be proactive about learning to cope with the dying and grieving process. While you may not be able to predict how it will feel to experience grief (for your own life or someone else's), having a support system in place and the skills necessary to care for your mental health will give you a solid foundation to work from.

Feelings About Death

Some people seem to be inherently more at peace with death; whether premature or at the end of a long life. Others find the dying process difficult to face no matter how old they get or how often they experience the death of a loved one.

While your unique personality and experiences influence how you think and feel about death, there are also other factors. For example, the culture you were raised in, as well as the one you are living in at any given time, will shape your beliefs and perceptions of death. The way other people in your life perceive and react to grief will also affect your feelings. Your perceptions may also change as you have more experiences with death; this may be felt most strongly if and when your own life is threatened, such as by a serious injury or illness. When we talk about coping with death and dying, there are several components of the process to consider. In addition to the emotional experience, there are also the spiritual or



existential elements, as well as physical aspects of death (especially if we are in the position of confronting our own mortality). Each component of the dying process requires a different set of tools for coping but having the skills you need to approach each facet individually will come together to help you move through your unique experience of grief.

Emotional Aspects

The way you feel about death, whether someone else's or your own, is unique to you and informed by your experiences and beliefs. Ultimately, there are some common feelings that people experience in the process of death and dying. These established stages of grief are often referenced, though they needn't be strictly followed. You might want to think of them as a nonlinear guide or roadmap. When someone has reached old age, there are many years of life to reflect on when contemplating death. The process takes time and, as life generally is, will be full of ups and downs. While people will not necessarily experience the stages of grief in the same order or intensity, there are specific emotions that tend to be associated with death and dying. Denial and isolation, anger, bargaining, depression, and acceptance are generally accepted to be the core emotional components of the grieving process. Some people experience these emotions in order, but it's also possible for people to revisit stages or spend more time in one stage than another.

Caregiver Stress

If you have never been in a situation where you have had to consider death, you may be overwhelmed by the need to process your feelings about both the loss of your loved one as well as the reminder that you will die someday. If you have experienced the death of someone close to you in the past, caring for a loved one going through that process may bring back old memories and grief. While the needs of your loved one who is dying may feel demanding at times, remember that your own well-being is still your priority. If you are emotionally and physically well, you will have the energy, strength, focus, and patience to be fully present with your dying loved ones and attend to their needs. Still, it is not easy to deal with a loved one dying, and being their caregiver, so it's important to also care for yourself and get help.

Spiritual and Existential Aspects

Religious and spiritual needs throughout the dying process will be highly individual, but even someone who has not engaged with religion or spirituality throughout their life may find themselves thinking about these concepts more deeply when they are confronted with death. When we talk about thinking about life on a bigger level, it's referred to as existential thinking or, sometimes, an existential crisis. Any major change or trauma, including serious illness or injury, death, and bereavement, can bring up these thoughts and feelings. The spiritual and existential aspects of the dying and grieving process are natural, but they can also be intense, exhausting, and distressing. A person may feel a sense of desperation or as though time is running out as they race to take stock of their lives and make plans for their death. They may reflect on decisions they made in their lives, question their choices, and wrestle with guilt about things that they said or did. They may ask "What if?" and try to imagine how their life might have played out differently. Depending on their spiritual and religious beliefs, a person may desire to feel closer to their higher power. They may want to attend religious services more often or have a spiritual leader visit them to provide guidance and comfort.



On the other hand, if they are grappling with anger about their death, they may feel distanced from their spiritual centre and may not wish to engage with their religious practice. If a person's religion has traditions for the dying, they may wish to begin taking part in them. They may also want to discuss how they would like their spiritual life to be reflected throughout the dying process and the period after. The spiritual and existential needs of people who are caring for loved ones who are dying must also be considered. Just as a person who is dying might seek comfort from religious leaders or texts, those who are caring for them may benefit from reaching out to their spiritual or religious community.

A Word from Verywell

We all will have experiences with death, but we won't all experience death and dying in the same way¹. Our unique experiences may even change as we age and are confronted with death more often. How we feel about death, what we will need and want during the dying process, and the way we grieve when we lose someone we love is influenced by our beliefs and experiences. What's important to know is that many of the physical, emotional, and spiritual aspects of dying that are distressing and confusing are actually normal. While you can't always control the circumstances or even know for sure how you will react in a situation, there are aspects of the dying process that you and your family can plan for. Discussing your preferences for end-of-life care, setting up a support network, and reaching out to your spiritual community are all ways you can empower yourself to face death openly and honestly. Whether you are confronting your own mortality or caring for a loved one who is dying, it's also important to remember that you don't have to do it alone. In addition to your friends and family, grief counsellors, support groups, religious communities, and health care providers can also provide resources and support.

Self-reflections

Are you able to differentiate among the several sociological changes of ageing of your seniors? How? What methods do you use to help them overcome these changes?

Resources and further reading

- How ageing brain affects thinking: <https://www.nia.nih.gov/health/how-ageing-brain-affects-thinking>

Video materials

- Isolation: <https://youtu.be/H2rG4Dg6xyl>
- Loneliness: <https://youtu.be/mIQxzVvCjoA>
- Grief, loss: <https://youtu.be/Rgr4pMMjAso>
- Mental health: <https://youtu.be/bEP2sLx6tLw>
- Caregiver guide: <https://youtu.be/H82XCm7KEJk>

¹ How to Deal With Death and Dying as You Age <https://www.verywellmind.com/how-to-deal-with-death-and-dying-as-you-age-2223446>



1.5. Physical changes of ageing

Intrinsic capacity and Functional ability of the elderly

WHO defines intrinsic capacity as the combination of the individual's physical and mental, including psychological capacities. Functional ability is the combination and interaction of intrinsic capacity with the environment a person inhabits.

Functional ability consists of the intrinsic capacity of the individual, relevant environmental characteristics and the interaction between them.

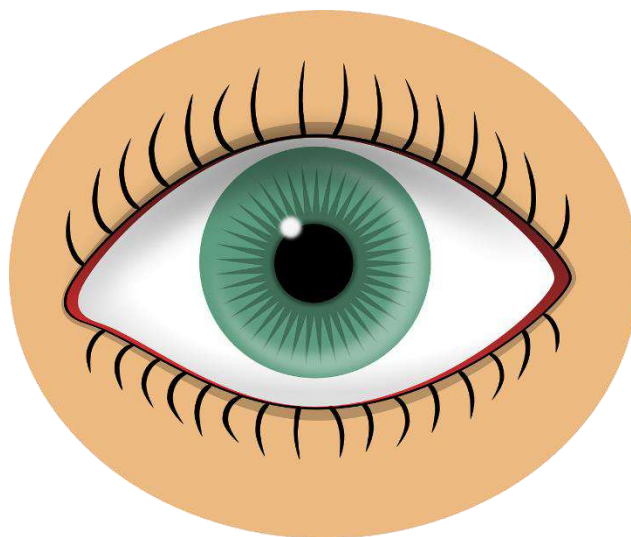
Intrinsic capacity comprises all the mental and physical capacities that a person can draw on and includes their ability to walk, think, see, hear and remember. The level of intrinsic capacity is influenced by several factors such as the presence of diseases, injuries and age-related changes.

Environments include the home, community and broader society, and all the factors within them such as the built environment, people and their relationships, attitudes and values, health and social policies, the systems that support them and the services that they implement. Being able to live in environments that support and maintain one's intrinsic capacity and functional ability is key to healthy ageing.

Vision

For some adults, the first sign of old age is when they're unable to read a restaurant menu. And there's no denying that the likelihood of vision problems increases with age. But with proper care, most age-related vision problems can be managed, so vision issues don't have to affect your quality of life.

Early detection is an important part of preventing vision problems. So, seniors should make sure to schedule regular eye exams. After the age of 50, be sure to request a dilated eye exam. The exam can help eye doctors spot potential problems before other symptoms appear.



Source: Pixabay.com



Some vision issues that are more common as you grow older include:

Presbyopia: If you have to hold things further away to see them clearly, you probably have presbyopia. It's a normal part of the ageing process in your eyes and happens because the lens inside your eye hardens and thickens with age.

Age-related macular degeneration (AMD): The macula is the part of the eye that helps you see straight ahead. When it starts to decay, you may notice blurry spots in the centre of your field of vision. As AMD progresses, you may develop blank spots near the centre of your vision. As well, the brightness of objects may weaken.

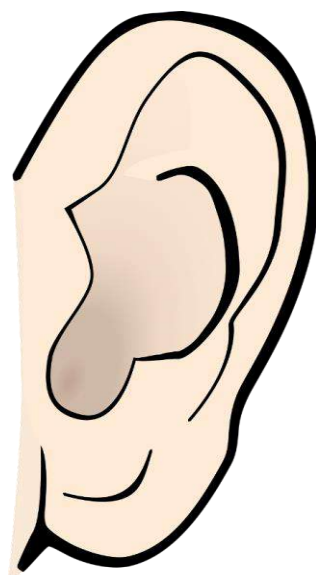
Cataracts: The lens of an eye is composed of water and protein. With age, the protein can start to form clumps on the lens. The result can be cloudy vision and difficulty distinguishing colours. Although you can develop cataracts in middle age, they are more common in seniors.

Glaucoma: Glaucoma is actually an umbrella term for many diseases that affect the optic nerve. Often, one of the first signs is difficulty with side vision. Although it can't be entirely cured, early treatment can reduce the impact on your vision. Regular eye exams can help reduce the effects of glaucoma on your vision. And that's important because glaucoma is the second-leading cause of blindness.

Some lifestyle choices that can help reduce the impact of age-related vision changes include wearing sunglasses when outdoors, resting your eyes when looking at a computer screen for a long time, and eating foods that are known to help with eye health, such as leafy greens, fatty fish, and fresh fruits.

Hearing

Hearing loss is one common result of the ageing process. According to the National Institute on Deafness and Other Communication Disorders, about one-third of seniors between the ages of 65 and 74 experience some hearing loss, and almost half of those over 75 do.



Source: Pixabay.com



The onset of age-related hearing loss, or presbycusis, can be subtle. Seniors often don't experience a sudden drop in hearing ability. Instead, they may gradually find that they're turning up the volume on the TV or radio more often, or more frequently asking relatives to repeat what they've just said.

How does it happen?

Our ears undergo several physical changes that can impact our hearing. As we grow older, the small hair cells of the inner ear can start to break down. Those hair cells "translate" sound into electrical signals for the brain to interpret. With fewer hair cells, this process is less effective.

As well, several conditions that frequently affect seniors can impact their hearing, including:

- Hypertension
- Heart disease
- Diabetes
- History of strokes.

Some medications can also lead to hearing issues. And if you have a history of being around loud noises, those sounds may have permanently damaged your ability to hear.

Potential problem and its possible solution

Many people take hearing loss for granted as a normal part of ageing. But some of the long-term effects can be serious. In fact, several studies have found a possible link between hearing loss and dementia. As well, poor hearing can impact your long-term health and safety, since you may not hear a doctor's instructions clearly or notice an alarm going off.

So, if you notice that sounds are becoming more muffled, or if you can't hear conversations clearly, be sure to talk to your doctor. Although age-related hearing loss can't be reversed, hearing aids and other treatments can help.

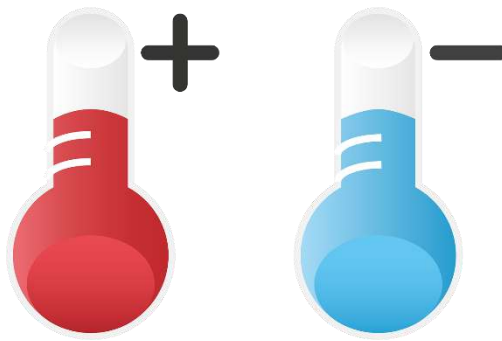
Here are some tips to protect your hearing as you grow older:

- Limit your exposure to noisy environments. And if you know you will be around loud noises, consider wearing earplugs or earmuffs.
- Watch out for wax. If you notice that you have a build-up of earwax that is muffling your hearing, talk to your doctor about the best way to clean it out. (Don't use cotton swabs, as they can damage your eardrums.

Temperature

Older people are unable to regulate their body temperatures to the same degree as young adults because their responses to changes in body temperature are altered. Several published reports suggest that body temperature decreases with advancing age and has greater variability in older populations. This study aimed to determine the mean body temperatures in older people.

Older people have mean axillary body temperatures lower than the reference point of 36.5 degrees C.



Source: Pixabay.com

When assessing body temperature, it is important to consider the age of the patient. Also, the reference point of 36.5 degrees C is inappropriate in older people, especially when diagnosing a febrile illness.

Smell

The aroma of a deliciously cooked meal increases your appetite. But the decline in the sense of smell and inability to differentiate between odours can make an elderly person completely disinterested in food. The scent of flowers is a pleasurable experience and not being able to smell them can be distressing.



Source: Pixabay.com

How does it happen?

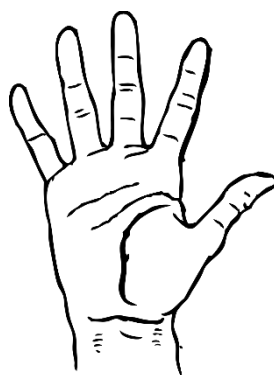
The loss of smell is brought about by ageing, sometimes after the age of 70, and aggravated by habits such as smoking and continuous intake of medication. Declining a sense of smell can have dire consequences.

Potential problem and its possible solution

Apart from the loss of appetite, the person may not be able to sense danger in the form of gas leaks, smoke and fire, thereby increasing the risk of asphyxia [extreme condition caused by lack of oxygen and excess of carbon dioxide in the blood]. Installing smoke detectors and visual gas detectors that change appearance when natural gas is present may be helpful.

Touch

A reduced sense of touch is common in senior citizens. It is not clear whether this is primarily due to ageing or due to medications for other disorders that commonly occur in the elderly.



Source: Pixabay.com

How does it happen?

Our skin, muscles, tendons, joints, and internal organs have receptors that detect touch, temperature, or pain. The brain interprets the type of touch sensation as being hot, cold or neutral. Brain surgery, chronic diseases like diabetes, and nerve damage as a result of trauma, can make the brain not interpret the sensation of extreme heat or cold as bothersome.

Potential problem and possible solution

This is dangerous, as decreased temperature sensitivity could increase the chances of frostbite, burns or hypothermia. There is a gradual reduction of sensitivity to pain after the age of 50 in some persons, resulting in walking problems and pressure ulcers. Use water heaters that allow you to limit the maximum temperature of the water. This will reduce the risk of burns.

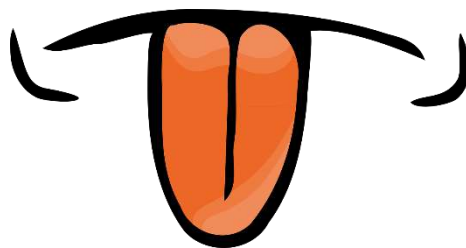
If you live in a place that has extreme climatic variations, it is wise to dress following the ambient temperature reading in a thermometer.

Keep a constant watch on their skin, especially the hands and feet, for injuries. If you spot one, don't ignore it, assuming that the pain is insignificant. Treat it immediately.

In some cases, we find elders having more sensitivity to light and heat because of the thin texture of their skin. This can also result in burns. Such elders should limit their exposure to sunlight and remain indoors during the afternoon hours.

Taste

Often, we find elderly persons complaining about the food being unappetising or giving an unpleasant taste. This has got nothing to do with the cooking quality, [as others find the fare served perfectly tasty], but with the decline in taste sensitivity due to ageing.



Source: Pixabay.com

How does this happen?

As we all know, taste buds are responsible for giving us the four main tastes: sweet, sour, salty and bitter. A normal person has approximately 9000 taste buds. As ageing sets in – between the ages of 50-60 in men and 40-50 in women – the number of taste buds begins to decrease. This does not immediately lead to reduced taste sensitivity. But coupled with atrophy [degeneration] of the remaining taste buds, and reduced saliva production, it may induce a small loss of taste. However, the process is hastened if the senior has the habit of smoking, chewing tobacco, or is suffering from diseases like Alzheimer's.

Potential problem and its possible solution

When a person loses his sensitivity to taste, there is every chance that he may lose interest in eating, leading to weakness and fatigue. A change in the way the meal is presented, or spices used in the preparation of the dish could help.

A decline in taste sensitivity can result in the consumption of overcooked or stale food, leading to a dangerous situation of food poisoning. The only remedy is to supervise the cleaning out of refrigerators regularly and checking whether food has been hoarded.

Chronic illness and Disabilities

Many people who are disabled due to a chronic illness feel that the social security definition of disability does not cover them and point out that the definition of disability found in most dictionaries state it is "the condition of being unable to perform as a consequence of physical or mental unfitness".

Disability is defined as the "inability to engage in any substantial gainful activity because of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or expected to last for a continuous period of not less than 12 months".

While it seems that definition would cover most disabilities, many who are disabled due to a chronic illness feel that this definition of disability does not cover them.

They are quick to point out that the definition of disability found in most dictionaries state it is "the condition of being unable to perform as a consequence of physical or mental unfitness".

The largest problem those with chronic illness seem to have with the Social Security administration's definition of disability is that it is set up to take care of those with a 'static', unchanging disability, such as blindness, mental retardation, learning disabilities, and those with serious disabilities, such as being a quadriplegic. Those with chronic illness are disabled, yet it is not static. Some days they can work, while



others they cannot, and there is no way to predict when they will be healthy or sick. Chronic illness is a disability that often prevents one from working, performing normal daily tasks and socializing, albeit not one that is static and unchanging.

This 'ever changing' form of disability poses problems within the system. Once a person has obtained disability benefits, they are unable to work at all. If they do decide to try and exhaust the nine-month trial period of work and then continue to perform “substantially gainful employment”, they lose their benefits. For those with chronic illness, it is not this cut and dry. They may be able to work easily for months or years, only to be struck with symptoms of their illness and be bedridden for weeks. While there is a 36-month extension period that allows them to obtain benefits when they need to, three years can come and go, leaving them without benefits after the extension period.

The system does not have any specific guidelines that cater to those with ever-changing chronic illnesses. The best those with chronic illness can do is apply for benefits and not work, which leaves them with a very small income. Hopefully, this will change in the future.

Frailty

What is frailty?

The term frailty or ‘being frail’ is often used to describe a particular state of health often experienced by older people. But sometimes it’s used inaccurately.

If someone is living with frailty, it doesn’t mean they lack capacity or are incapable of living a full and independent life. When used properly, it actually describes someone's overall resilience and how this relates to their chance to recover quickly following health problems. In practice being frail means a relatively ‘minor’ health problem, such as a urinary tract infection, can have a severe long-term impact on someone’s health and wellbeing. This is why it is so important that people living with frailty have access to well-planned, joined-up care to prevent problems arising in the first place – and rapid specialist response should anything go wrong.

Frailty is generally characterized by issues like reduced muscle strength and fatigue. Around 10% of people aged over 65 live with frailty. This figure rises to between 25% and 50% for those aged over 85. Frailty isn’t the same as living with multiple long-term health conditions. There’s often overlap, but equally, someone living with frailty may have no other diagnosed health conditions.

Living with frailty

Someone living with frailty may need to adapt how they live their lives and find new ways to manage the day-to-day tasks. This can be true for their family too. Frailty can also profoundly challenge someone's sense of self and change how they are perceived and treated by others, including healthcare professionals. People living with frailty are more likely to experience public and private services that are not geared to their needs. They can be particularly vulnerable to the consequences of poor-quality healthcare and services that fail to connect.



Outcomes for people living with frailty

People living with frailty must have access to proactive, joined-up care to maximize health and wellbeing and prevent problems arising in the first place. Equally important is access to rapid, specialist services in the event of a health crisis. There's good evidence to support working with individual older people and their families to put in place care and support plans tailored to meet individual needs, based on people's own goals and preferences.

Self-reflections

What techniques do you use to improve the life quality of the seniors, tackling their physiological ageing issues?

Resources and further reading

- Sense and sensibility: <https://completewellbeing.com/article/sense-and-sensibility/>
- Understanding frailty: <https://www.ageuk.org.uk/our-impact/policy-research/frailty-in-older-people/understanding-frailty/>

Video materials

- Bodily changes and healthy ageing: <https://youtu.be/Yq5yKLpmh8E>
- Physiological changes of ageing: <https://youtu.be/DnMDtlzirjw>
- Frailty: <https://youtu.be/fZzskDKisCs>
- Understanding frailty: https://youtu.be/7ba9_QRP1Hc
- Why do our bodies change: <https://www.youtube.com/watch?v=GASaqPv0t0g>

1.6. The ABC of ageing well

Active ageing (introduction)

Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance the quality of life as people age.

Active ageing applies to both individuals and population groups. It allows people to realize their potential for physical, social, and mental wellbeing throughout the life course and to participate in society according to their needs, desires and capacities while providing them with adequate protection, security and care when they require assistance (Galiana & Haseltine, 2019).

The term “active ageing” was adopted by the World Health Organisation in the late 1990s. It is meant to convey a more inclusive message than “healthy ageing” and to recognize the factors in addition to health care that affects how individuals and populations age (Kalache & Keller, 1999).

The active ageing approach is based on the recognition of the human rights of older people and the United Nations Principles of independence, participation, dignity, care and self-fulfilment. It shifts strategic



planning away from a “needs-based” approach (which assumes that older people are passive targets) to a “rights-based” approach that recognizes the rights of people to equality of opportunity and treatment in all aspects of life as they grow older. It supports their responsibility to exercise their participation in the political process and other aspects of community life.

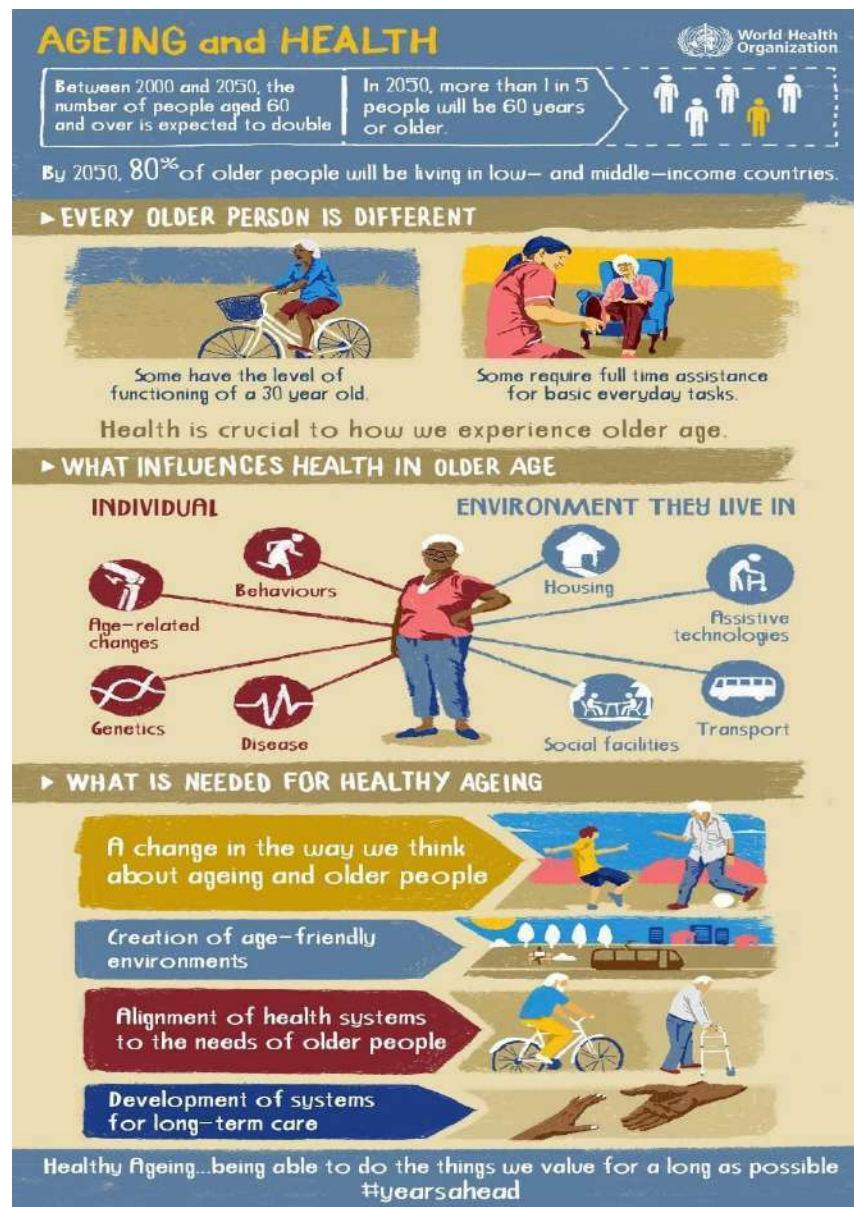
The word “active” refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force. Older people who retire from work and those who are ill or live with disabilities can remain active contributors to their families, peers, communities and nations. Active ageing aims to extend healthy life expectancy and quality of life for all people as they age, including those who are frail, disabled and in need of care.

“Health” refers to physical, mental and social wellbeing as expressed in the WHO definition of health. Thus, in an active ageing framework, policies and programs that promote mental health and social connections are as important as those that improve physical health status.

Maintaining autonomy and independence as one grows older is a key goal for both individuals and policymakers.

Moreover, ageing takes place within the context of others – friends, work associates, neighbours and family members. This is why interdependence, as well as intergenerational solidarity (two-way giving and receiving between individuals as well as older and younger generations), are important tenets of active ageing. Yesterday’s child is today’s adult and tomorrow’s grandmother or grandfather.

The quality of life they will enjoy as grandparents depends on the risks and opportunities they experienced throughout the life course, as well as how succeeding generations provide mutual aid and support when needed.



Source: World Health Organisation

How to cope with ageing

Step 1: Take Care of Yourself

Eat Healthily, because your body absorbs fewer nutrients when you are older. Eat plenty of fruits and vegetables and take supplements, especially vitamin D and calcium.

Exercise -muscle tissue can become less flexible, and you lose bone density with age. Exercise can help prevent this, start light, don't overdo it and seek the advice of a physician if you are starting a new exercise regime, just taking a 30-minute walk outside is great.



Exercise your mind -"use it or lose it", it can prevent cognitive decline, do sudoku, crosswords, play cards, read, learn new things.

Socialize -surround yourself with friends, humans are social animals and thrive in these situations. Join a book club, knitting circle, play bingo, bridge. If you're not big on people, get a pet.

Stay on top of your health, visit a doctor for routine screening such as mammogram, prostate, cholesterol, blood pressure, eye exam, hearing test.

It is also not a bad idea to take a closer look at your family tree, to see if there is any history of illness such as heart disease or cancers that you can take preventative measures against.



Source:123rf.com

Step 2: Cultivate Inner Beauty

So, what if your looks begin to fade, allow your inner beauty to shine through.

- Continue to learn and grow
- Maintain your enthusiasm and curiosity
- Keep an open mind, be open to change, be creative
- Have fun, LAUGH!



Source: Dribble

Step 3: Positive Thinking

The elders need to develop a positive outlook on life. Don't fixate on getting older, but to live life to the fullest. Remember to think of all the great things they can do like spend time with the grandchildren, write your memoirs or even travel.



Source: VectorStock



Step 4: Act Your Age and Accept Getting Old Gracefully

Learn to accept that you will grow old, it's inevitable, age gracefully. Denial won't work.

Lose the toupee or comb over, don't buy that sporty new midlife crisis car, don't dump your spouse for someone half your age, or try to squeeze into clothing meant for teenagers, you will only look foolish.

Quit obsessing about it, the more self-conscious you become about getting older, the more other people will notice.

Befriending

Befriending is generally defined as a relationship between two or more individuals which is initiated, supported, and monitored by an agency that has defined one or more parties as likely to benefit. Ideally, the relationship is non-judgmental, mutual, purposeful, and there is a commitment over time. Befriending services have been developed by voluntary organisations to provide people in this situation with opportunities for social interaction and a sense of being part of a community. A study by Jo Dean and Robina Goodlad explores how befriending services are delivered, and reveals the views of the different participants (Dean & Goodlad, 1998). It found:

Befriending provides companionship for isolated people, the chance to develop a new relationship, and opportunities to participate in social activities.

The UK is the country where befriending became really popular and where there are plenty of organisations providing befriending services also offer other services, rather than being dedicated befriending agencies. They see befriending as a complement both to the organisation's other services and to statutory services, and not as a substitute for home care or other ongoing support. Befriending is used by people of all ages and with all kinds of support needs. Most users also have contact with other agencies which provide community care services. Befrienders are volunteers. Users in the survey valued the fact that the befriender chooses to spend time with them, rather than being under a professional or family obligation to do so.

Befriending organisations, volunteers and users all considered matching volunteers and users to be a key to success. Matching is most often based on shared interests and both parties living in the same area. Services for older people are the most likely to perceive problems in matching. Befriending is valued in different ways by users and volunteer befrienders. Users regard the befriender as their 'friend' and appreciate the different leisure opportunities befriending brings. Volunteers enjoy the relationship but see differences between befriending and 'friendship'. In particular, it is not necessarily a reciprocal relationship and they feel a sense of responsibility to see the user regularly and for a particular purpose.

Care

As populations age, one of the greatest challenges in health policy is to strike a balance among support for self-care (people looking after themselves), informal support (care from family members and friends) and formal care (health and social services). Formal care includes both primary health care (delivered mostly at the community level) and institutional care (either in hospitals or nursing homes). While it is clear that most of the care individuals need are provided by themselves or their informal caregivers, most



countries allocate their financial resources inversely, i.e., the greatest share of expenditure is on institutional care.

All over the world, family members, friends and neighbours (most of whom are women) provide the bulk of support and care to older adults that need assistance. Some policymakers fear that providing more formal care services will lessen the involvement of families. Studies show that this is not the case. When appropriate formal services are provided, informal care remains the key partner. Of concern though are recent demographic trends in a large number of countries indicating the increase in the proportion of childless women, changes in divorce and marriage patterns and the overall much smaller number of children of future cohorts of older people, all contributing to a shrinking pool of family support.

Examples of old people and what they achieved after retirement

Maintaining our dreams alive when reaching retirement age and taking action to achieve our dreams is essential to continue having a purpose in life (Pepkin & Taylor, 2014).

The following examples teach us that is never too late to:

Start school

Former Mau Mau fighter Kimani Maruge enrolled in the first year at the age of 84 on January 12, 2004. He said the Kenyan government's announcement of universal and free elementary education in 2003 prompted him to learn to read. And he didn't stop there. In 2005 Maruge was elected head boy.

Write a book

Bernstein was born in Stockport, England in 1910 and began his education as an architect. But when his teacher discouraged his career choice, he decided to pursue a writing career and moved to New York to accomplish his goal. In 2007, at age 97, he wrote an autobiographical novel, *The Invisible Wall*, which received critical acclaim. At 99, he published the third book in the series, *The Golden Willow: The Story of a Lifetime of Love*, about his marriage to Ruby and later years.

Get a book published

Bertha Wood, born in 1905, had her first book, *Fresh Air and Fun: The Story of a Blackpool Holiday Camp* published on her 100th birthday on June 20, 2005. The book is based on her memoirs, which she began writing at the age of 90.

Run a marathon

The oldest woman to complete a marathon was Gladys Burrill from Hawaii, who was 92 years old. She power walked and jogged the Honolulu Marathon in nine hours 53 minutes, earning herself the nickname "Gladiator". She had run her first marathon aged 86.

Climb Everest

An 80-year-old Japanese mountaineer reached the summit of Mount Everest last year - and incredibly even did it after heart surgery. Yuichiro Miura, first climbed Everest when he was 70 and then again at 75.



After his last climb, he said: “I think three times is enough.” In 1970, while still a youngster, Miura skied down Everest, using a parachute to slow his descent.

Do a bungee jump

At 96, South African Mohr Keet became the oldest bungee jumper ever. Disproving any myth that you become more fearful as you get older, he jumped from South Africa’s Western Cape, which has a 708ft drop. It was his fifth jump and the pensioner also admitted to enjoying white water rafting and parachuting. You only live once.

Get a pilot’s license

Retired Lt Col James C Warren is a former navigator of the Tuskegee Airmen – the first African American military aviators in the United States armed forces. At the ripe old age of 87, he became the world’s oldest person to receive his pilot’s license.

Go into space

John Glenn made history when, at the age of 77, he became the oldest person to travel in space. Born on July 18, 1921, the American had been a pilot and a US senator when he was selected for the Mercury Seven – the elite Military test pilot picked by NASA to operate the Mercury spacecraft and become the first US astronaut.

What all these people have in common, according to the authors of *People Who Achieved Their Dreams After Age 60* are the 3 P’s: Passion, Perspective on Life, and Persistence.

- 1) Passion, by definition, is any compelling emotion or feeling. These individuals either had a strong belief in what they were doing, or in the case of those with an artistic bent, they couldn’t help creating, whether it was writing, painting, or acting.
- 2) Perspective on life emerged as a theme when we noticed that several of our seniors commented that they couldn’t have achieved their success at an earlier age. Having lived a long life enabled them to learn from failures and successes, establish a clear focus, and develop a unique perspective.
- 3) Persistence. This theme became apparent when we observed that many of our seniors faced daunting obstacles and accomplished their goals by sheer will and determination; they did not give up.



Self-reflections

How would you motivate seniors to achieve their dreams?

Resources and further reading

- The role and impact of befriending: <https://www.jrf.org.uk/report/role-and-impact-befriending>
- You're never old: <https://www.mirror.co.uk/news/uk-news/youre-never-old-people-who-4050987>

Video materials

- The formula for successful ageing: <https://www.youtube.com/watch?v=nTywMD-eINg>
- The befriending scheme: <https://www.youtube.com/watch?v=Puo1OZjFuMs>
- Top 5 amazing seniors: <https://www.youtube.com/watch?v=Y2oOupBT4PA>



1.7. Activities with seniors

Activities with seniors are an intrinsic part of the skills development of educators and staff working with seniors. In essence, you should be able to put into practice what you have learnt by designing, adapting and delivering activities with seniors. Relevant activities (e.g. workshops) will help you in your line of work, but will also improve the quality of life of seniors and the happiness of their families. As a result, these will support intergenerational relationships and inclusive neighbourhoods and local communities.

Task: Use the activity scenario template at Appendix 2 and design a relevant activity scenario to help you get to know better the seniors you work with.

Example of activity: Living Library² may be good to help you know your seniors better, but you can create any activity that you think is relevant.

1.8. Evaluation quiz no.1

- 1) According to the World Health Organisation, most developed world countries characterise old age starting at?
 - a) 60
 - b) 70
 - c) 65
- 2) What does gerontology include?
 - a) The study of social changes in elders; the investigation of ageing; the creation of programs and policies for elders
 - b) The study of physical, mental, and social changes in people as they age; the investigation of changes in society resulting from our ageing population; the application of this knowledge to policies and programs
 - c) The study of physical and mental changes of elders; the investigation of the aged population; the existing programs and policies for elders
- 3) How many life stages exist according to Erikson's theory?
 - a) 8
 - b) 6
 - c) 5
- 4) According to Erikson-s life stages theory, the last stage of life is characterised by:
 - a) Intimacy vs. Isolation
 - b) Trust vs. Mistrust
 - c) Integrity vs. Despair

² Living The Human Library method:

https://www.anpcdefp.ro/library/Rapoarte%20%C8%99i%20analize/Ghiduri_CONNECTOR_2017/Ghid%20Human%20Library_EN.pdf



- 5) What are the characteristics of ageing?
 - a) Universality; Reversibility; Heterogeneity
 - b) Universality; Irreversibility; Heterogeneity and individuality
 - c) Irreversibility and lack of individuality
- 6) What aspects does brain health include?
 - a) Mental health
 - b) Mental and physical health
 - c) Cognitive health; Motor function; Emotional function; Tactile function
- 7) What is thanatophobia?
 - a) A form of anxiety, characterised by a fear of one's own death or the process of dying
 - b) A form of anxiety characterized by the fear of getting old
 - c) A form of anxiety characterized by the fear of getting sick
- 8) Depression in the elderly is...
 - a) not common
 - b) less common than at youth
 - c) much more common than at youth
- 9) Reducing and treating loneliness and depression in the elderly can be done through...
 - a) Right medications, lifestyle changes and coping tools
 - b) Giving them space and time to recover
 - c) Provide them with any antidepressant
- 10) To what does boredom lead to elders:
 - a) becoming more active
 - b) multiple emotional issues
 - c) appreciating their free time
- 11) What are the stages of grief?
 - a) Despair; guilt; overcoming
 - b) Denial; anger; bargaining; depression; acceptance
 - c) Sadness; loneliness; acceptances
- 12) How can you help elders in grief?
 - a) Visit regularly; let them express their grief; make them feel secure
 - b) Encourage them to visit a psychologist
 - c) Let them alone to overcome the grief, not to disturb them
- 13) What does "intrinsic capacity" mean?



- a) The physical capacities
 - b) The psychological capacities
 - c) The combination of the individual's physical and mental, including psychological, capacities
- 14) What does "functional ability" mean?
- a) The ability to function in different environments
 - b) The ability to adapt to an environment
 - c) The combination and interaction of intrinsic capacity with the environment a person inhabits
- 15) What is frailty?
- a) Frailty is generally characterised by issues like reduced muscle strength and fatigue
 - b) Frailty means when a person is too skinny
 - c) Frailty is characterised by a lack of strength in the arms
- 16) What does "active ageing" mean?
- a) Active ageing is the process of elders participating in society
 - b) Active ageing is the process of optimizing opportunities for health, participation and security to enhance the quality of life as people age
 - c) Active ageing is the process of practising sports after the age of 60
- 17) What does Befriending provide for elders?
- a) Younger friends
 - b) Friends of the same age
 - c) Companionship for isolated people, the chance to develop a new relationship, and opportunities to participate in social activities
- 18) What is one of the greatest challenges in health policy?
- a) To strike a balance among support for self-care, informal support and formal care
 - b) To promote self-care and informal support
 - c) To promote formal care
- 19) What did Bertha Wood accomplish on her 100th anniversary?
- a) To get a book published
 - b) To run a marathon
 - c) To do a bungee jump
- 20) According to the authors of *People Who Achieved Their Dreams After Age 60*, what are the 3 P's these people have in common?
- a) Practice, Passion and Possibility
 - b) Passion, Persistence and Peace
 - c) Passion, Perspective on Life and Persistence



*The correct answers are available in the check sheet at Appendix 1
Evaluation quiz check sheets

2. Understand your seniors

At the turn of the 20th century, some major developments took place in the way of the scientific approach to ageing and older generations. The deficit paradigm, frequently quoted, explained ageing not as a process, but rather as a state of deterioration, and centred on the weakening of the skills and abilities of the aged, both in the area of physical and mental activity. This approach has been considerably marginalized in our day, but the stereotyping of the paradigm can still be seen in ageing policies and the general communication about the elderly.

The activity theory is another approach that has real importance and impact these days. It maintains that, after the end of the active phase of their lives, elderly people also need to find those positions in their cultures, communities and families. To be able to do this and to realize an active ageing process, they must maintain as much of their previous activities as possible. Activity and social engagement are central factors in the lives of the elderly.

The definition of active ageing has acquired new significance in the WHO (World Health Organisation) paper entitled 'Active Ageing-Political Framework'-prepared for the 2002 Madrid World Ageing Assembly of the United Nations (UN, 2002). The paper interprets active ageing as an opportunity for all members of the retiring generation to achieve physical, mental and social well-being and to engage, according to their circumstances, in all areas of social, economic, cultural and community life, as well as in the support of their families, their immediate and extended environments. According to the WHO approach, programs and treatment to improve the quality of life of the elderly and to improve their safety are necessary to achieve this objective.

2.1. Stereotypes about old people

Ageism is the stereotyping and discrimination against individuals or groups based on their age. Ageism can take many forms, including prejudicial attitudes, discriminatory practices, or institutional policies and practices that perpetuate stereotypical beliefs (Wade, 2001). Describing someone by their age should be as unacceptable as describing them by their gender, race, religion or skin colour.



Source: Lumen Learning



Like any type of predisposition, ageism has driven a significant number of us to make bogus presumptions about seniors. These presumptions may allude to what it is like to be old and how ageing affects individuals. The fallacy of judging another person's state of mind, actions or behaviours based on our own experiences, state of mind, actions or behaviours propagates widespread misconceptions about ageing. In reality, ageing is a highly individualized and complex process; yet it continues to be stereotyped. Stereotypes about a particular group play a powerful role in shaping how we think about and interact with individuals, as well as how individuals within the stereotyped group see themselves.

Stereotypes are unchallenged myths or overstated beliefs associated with a category. These are widespread and entrenched in verbal, written, and visual contexts within society. Stereotypes of ageing include assumptions and generalizations about how people at or over a certain age should behave, and what they are likely to experience, without regard for individual differences or unique circumstances (Hummert, Garstka, Shaner, & Strahm, 1994).

Prejudiced views may have been prevalent in the past but are no longer acceptable. It is time to do the same for age. Discrimination should not be permitted in the wider society, about a person's characteristics and abilities. This is important because our ageing population will otherwise not make the most of its talents and opportunities. Societal norms and stereotypes can also negatively impact the lives of millions of people who will assume they are no longer fit for work, consigning them to a lower lifetime income and poorer later years.

In the 21st century, deprecatory perceptions need to be challenged because they are incorrect and damaging. Society must move on from stereotyped views that condition how we think about chronological age. Calling someone over 65 a pensioner may be technically correct, but it is an unhelpful label. The entire notion of retirement needs to change, with many people wanting to enjoy a period of part-time work before stopping completely.



Source: Frontiers in psychology



So, can we come up with positive or non-judgmental language? Let's leave labels behind and recognise the wonderful diversity that advancing age can bring to society, the economy and individuals themselves.

Common myths

Before delving into the most common myths, please remember that while ageing is inevitable, ageing poorly isn't. If you have a real concern, take steps to avoid it; if it's a myth, just ignore it.

Alzheimer's

Myth assumptions

If a family member has Alzheimer's disease, I will have it, too.

In reality

A person's chance of having Alzheimer's disease may be higher if he or she has a family history of dementia because there are some genes that we know increase risk. However, having a parent with Alzheimer's does not necessarily mean that someone will develop the disease.

Hints for seniors

Learn about your family health history and talk with your doctor about your concerns. Environmental and lifestyle factors, such as exercise, diet, exposure to pollutants, and smoking also may affect a person's risk for Alzheimer's. While you cannot control the genes you inherited, you can take steps to stay healthy as you age, such as getting regular exercise, controlling high blood pressure, and not smoking.

Chronic illness and disability

Myth assumptions

Old age equates to chronic illness and disability

In reality

Yes, there are plenty of age-related diseases, but not necessarily all elderly people suffer from a chronic disease or disability.

Hints for seniors

Make the right lifestyle choices to remain healthy even at old age. Quitting smoking, cutting down on weight and alcohol, will surely minimize risks.

Community

Myth assumptions

It does not really matter where seniors spend their later life.

In reality



It actually matters where the elderly live. It does not necessarily need to be in a senior living community. It could be surrounded by family, friends and neighbours. What matters most is to benefit from an environment appropriate for ageing well.

Hints for seniors

Start researching for communities in your area. You may find one near you which is busting myths by providing good health services and positive experiences.

Creativity

Myth assumptions

Ageing makes you less creative

In reality

Countless examples dismiss the myth that ageing makes you less creative. In fact, many artists actually find their calling or achieve mastery in their later years.

A great example is the immortal “Grandma Moses”. Mrs Moses started embroidering after her husband passed away and when arthritis made embroidering too painful, she started painting. Her first one-woman art show was held in 1940 when Moses was already 80-years-old. She continued to paint until the age of 101.

Hints for seniors

Encourage your creative side and be “Grandma Moses” for you and the world.

Decisions

Myth assumptions

Older people can’t make good decisions about important issues.

In reality

Cognitive skills are based on a lifetime of experience and education. In fact, age brings wisdom. Continuing to make decisions about medical choices and personal finances for example, not only keeps one sharp but also involved and engaged. Elderly participation in making decisions about themselves improves outcomes.

Hints for seniors

If you feel that you are still competent, just ask people around to get the information you need. Joint decisions are usually better than unilateral ones.

Dementia

Myth assumptions



Older people will inevitably get dementia.

In reality

Dementia is not a normal part of ageing. Although the risk of dementia grows as people get older, it is not inevitable, and many people live into their 90s and beyond without significant declines in thinking and behaviour that characterize dementia. According to the Alzheimer's Association, only 5% of those over age 65 will develop dementia. While ageing can create cognitive changes, older people may perform better in certain areas of intelligence and poorer in others. For example, while seniors may have slower reaction times, mental capabilities that depend most heavily on accumulated experience and knowledge, like settling disputes and enlarging one's vocabulary, clearly get better over time.

Hints for seniors

Dementia is anything but inevitable. You should talk with a doctor if you have serious concerns about your memory and thinking, or notice changes in your behaviour and personality. These problems can have a range of different causes, some of which are treatable or reversible. Finding the cause is important for determining the best next steps. However, please remember that occasionally forgetting an appointment or losing your keys are typical signs of mild forgetfulness and are not an indication of dementia.

Dependency

Myth assumptions

Growing old means dependency, probably in an institution

In reality

No more than one of the four people will stay in a nursing home at any time in their life. That includes short term rehabilitation visits.

Hints for seniors

Keep your spirit up and your body active to remain independent.

Depression

Myth assumptions

Depression is normal in older adults.

In reality

As people age, some may find themselves feeling isolated and alone. This can lead to feelings of depression, anxiety, and sadness. Depression is a common and potentially serious mood disorder, but some treatments are effective for most people. However, contrary to the myth that ageing is depressing, many studies find that seniors are among the happiest age group, while the unhappiest are at age 40. That is because growing older can have many emotional benefits, such as long-lasting relationships with friends and family and a lifetime of memories to share with loved ones. Nevertheless, it is important to remember that older adults with depression are less likely to discuss their feelings.



Hints for seniors

Those generally unhappy are more likely to fall into depression. Therefore, think positive and be happy at any age.

Desire to live

Myth assumptions

Older adults lose their desire to live

In reality

On the contrary, people want to live and to live well. No one who is mentally stable desires to shorten his or her life. Instead, seniors become more accepting of death when they have some sense of control over it. A comfortable and controlled environment is desired by most, regardless of age.

Hints for seniors

Let others know your thoughts and feelings.

Disability

Myth assumptions

Physical disability is inevitable for people of old age

In reality

Some senses may be slower and there may be a higher risk of disease, but that does not equal infirmity. While arthritis is more common among older people, it is not related to age itself, but rather the wear and tear on the cartilage between joints and bones that lead to stiffness and pain at any age.

In your younger years, arthritis can be prevented by wearing supportive shoes, doing lower-impact exercise and keeping your weight down.

Hints for seniors

As you get older, keep doing regular physical exercises, to keep joints flexible and build the muscle mass that supports joints. Lift weights to keep bones strong and help retain lean muscle. Cut down weight and adopt an anti-inflammatory diet to reduce pain and stiffness.

Driving

Myth assumptions

The elderly should give up driving.

In reality

As the EU population ages, the number of licensed older adults on the road will continue to increase. The question of when it is time to limit or stop driving should not be about age, rather, it should be about



one's ability to drive safely. While the elderly may have slower response speed, diminished vision or hearing and reduced strength or mobility, it does not necessarily mean they should quit driving.

Hints for seniors

Talk to your doctor if you have any concerns about your health and driving.

Engagement

Myth assumptions

Older people don't engage with the outside world.

In reality

According to a study by the Pew Research Centre, 67% of seniors over 65 use the internet. In fact, seniors are among the most avid travellers and social media users. While they may have fewer social contacts as the years go by, this doesn't mean older people shouldn't be encouraged to get out, meet people and take classes to engage in society.

Hints for seniors

Check community resources available for social enrichment, travel and exercise.

Flexibility

Myth assumptions

Older people are less flexible and adaptable to change.

In reality

Our basic personality is formed probably before six months of age but is modifiable. Throughout life, people had to adapt to many challenging changes and transitions in life. Because of that, by the time people get old, they become experts at adapting. Seniors may be slower to change their opinions, but their flexibility and adaptability are generally retained.

Hints for seniors

It's never too late to make healthy changes in your diet, lose weight and get better sleep.

Frailty

Myth assumptions

Seniors are weak and frail.

In reality

A body in motion tends to stay in motion. A mind in motion tends to stay in motion. There are so many examples of elderly people who are physically strong and mentally sharp. There is a certain amount of



loss of function as we age, but much can be done to prevent (or at least slow down) the physical and mental ageing processes.

Hints for seniors

Too much TV is detrimental at any age but is particularly unhealthy for older adults. Aerobic exercise and continuous learning are two pillars of preventing frailty. Regular walks, stretching, weight lifting, aerobics, and gardening can help build muscle mass, stay flexible and improve your bone density. Exercise can help to reduce blood pressure and the symptoms of anxiety and depression.

Genes

Myth assumptions

Genes inevitably determine one's health

In reality

According to Dr Roger Landry, author of "Live Long, Die Short," 70% of how we age is determined by lifestyle choices. Therefore, one's life span and health do not necessarily mirror that of one's parents.

Hints for seniors

Eat right, get enough sleep, quit smoking, reduce alcohol consumption and do physical exercises to improve your health and longevity.

Learning

Myth assumptions

Old people can't learn new things.

In reality

According to Harvard Medical School, while learning patterns may change and the speed of learning may diminish, the basic capacity to learn remains. While ageing does often come with changes in thinking, many cognitive changes are positive, such as having more knowledge and insight from a lifetime of experiences trying and learning new skills may even improve cognitive abilities. In fact, seniors find it easier to detect relationships between diverse sources of information and understand the global implications of specific issues.

Hints for seniors

Seek out new social connections with others and engage in social activities, e.g. dance class, book club, digital photography. These will keep the brain active and may improve cognitive health. Many NGOs, colleges and universities have designed ongoing education programs for ageing adults who want to learn.

Loneliness

Myth assumptions



Older people like being alone or lonely

In reality

Although connections and relationships change throughout life, it is possible to make friends at any age. As social creatures, people need meaningful relationships throughout their lives. Although social isolation can be a problem for those who have limited mobility, lack of transportation or who have recently lost a spouse, most seniors can stay socially engaged. Being socially active gives us an intellectual challenge, helps us maintain information-processing skills, and gives us an important outlet for sharing feelings.

Hints for seniors

You can live alone and not be lonely. You can also live with someone or some people and be very lonely. Learn how to be alone without being lonely. Activities and visits with family and friends may help.

Medication

Myth assumptions

If blood pressure has returned to normal, one can stop taking medication.

In reality

High blood pressure is a very common problem for older adults and can lead to serious health problems if not treated properly. If blood pressure goes down after taking medicine, it means that the medicine and any lifestyle changes you have made are working. However, stopping medication will most likely raise the blood pressure again, increasing the risk of strokes and kidney diseases, for example.

Hints for seniors

Talk with your doctor about possibilities for safely changing or stopping your medication.

Osteoporosis

Myth assumptions

Only women need to worry about osteoporosis.

In reality

Although osteoporosis is more common in women, this disease still affects many men. While men start with more bone density than women, one in five men over the age of 50 will have an osteoporosis-related fracture. By age 70, men and women lose bone mass at the same rate. Many risk factors are similar for men and women: family history, lack of calcium or vitamin D, too little exercise, alcohol and drug abuse.

Hints for seniors

Eat well, exercise, quit smoking and cut down on alcohol.



Physical activity

Myth assumptions

Old people should not do much physical activity.

In reality

Almost anyone, at any age and with most health conditions, can participate in some type of physical activity. Studies show that elderly have a lot to gain by being active and a lot to lose by sitting too much. Often, inactivity is more to blame than age when older people lose the ability to do things on their own. Exercise and physical activity are not only great for mental and physical health but can help keep elderlies independent.

Hints for seniors

Tai Chi or similar mind and body movement practices improve balance and stability in older adults and this can help maintain independence and prevent future falls.

Productivity

Myth assumptions

Ageing makes people unproductive.

In reality

Age is no longer a predictor of productivity and performance. “Old” is not a useful word to determine ability, any more than other stereotyped labels. Even if retired, elderly people are hardly unproductive. In some cases, they may not be as efficient, but their experience and wisdom make them effective. Many people, either by choice or necessity, stay involved in the workforce well beyond the typical retirement age. Individuals will age differently (Chopik, 2017), so employers and society should not make sweeping generalisations or judgments based on chronological age. Seniors may also contribute to raising their grandchildren or may volunteer in the community.

Hints for seniors

Remain active even if retired and continue to share your experience and skills for the benefit of society.

Relationships

Myth assumptions

Older people don't want or need close relationships.

In reality

The elderly may have fewer people to relate to as they get older and there may be physical and mental barriers that arise with age. However, people are social creatures and need meaningful relationships at any age. Families, teams and organisations have a better chance of success when they are socially connected.



Hints for seniors

Maintain social relationships to get intellectual challenges, maintain information processing skills, feedback and just plain sharing of feelings.

Religion

Myth assumptions

People get more religious with age.

In reality

Seniors certainly have a higher rate of religious attendance than younger people, but this is a generational phenomenon rather than an ageing phenomenon. Seniors grew up in a time when more people went to church, which is why seniors are the most religious age group. If they regularly went to church when they were younger, they are likely to continue doing so at later ages. The church communities may be an environment for volunteering, singing, travelling and having a social life in general.

Hints for seniors

Do what you feel has a positive influence on you.

Science

Myth assumptions

Science has answered all our questions about ageing.

In reality

People aged 85+ are the fastest-growing segment of the population. As we live longer and better, we are facing more questions that need to be answered. Therefore, we have so much more to learn about ageing and super ageing.

Hints for seniors

Stay informed about the progress of science about ageing, to reap the benefits from it.

Senile

Myth assumptions

Old people are senile. Senility is inevitable.

In reality

The term senility is no longer used to describe dementia. The probability of senility at the age of 65 is only about 5% but it rises to about 20% by age 85. Remember that it is normal to have moments of forgetfulness or forgetting a person's name.

Hints for seniors



Eat a balanced diet, stay active and continue to mentally challenge yourself by being a lifelong learner.

Sex

Myth assumptions

Older people are not interested in romanticism, intimacy and sex.

In reality

Discussing the love and sex lives of seniors is largely taboo in our culture and has led to the stereotype that seniors are sexless. This stereotype is harmful because it can cause seniors to have conflicted feelings or unnecessary guilt about their sexuality. Studies show that people with physical health, a sense of well-being and a willing partner are more likely to continue sexual relations. Furthermore, studies have consistently found an association between positive sexual activity, feeling emotionally close and overall well-being, even among seniors.

Hints for seniors

Stay active but do not overdo it.

Sleep

Myth assumptions

Old people don't need so much sleep.

In reality

As people age, they may find themselves having a harder time falling and staying asleep. However, it is a misconception that a person's sleep needs to decline with age. Older adults need the same amount of sleep as all adults: 7 to 9 hours per night.

Hints for seniors

Getting 7 to 9 hours sleep each night to keep you healthy, reduce the risk of falls, improve mental well-being and stay alert.

Smoking

Myth assumptions

I'm "too old" to quit smoking.

In reality

Smoking causes an immediate and long-term rise in your heart rate and blood pressure, but quitting can lead to a lowering of heart rate and blood pressure over time. It doesn't matter how old you are or how long you have been smoking, quitting at any time improves your health. Smokers who quit have fewer illnesses such as colds and the flu, lower rates of bronchitis and pneumonia, an overall better feeling of well-being and lower risk of cancer, heart attack, stroke, and lung disease. The benefits of quitting are



almost immediate. Within a few hours, the carbon monoxide level in the blood begins to decline and, in a few weeks, the circulation improves and lung function increases. Quitting will also reduce second-hand smoke exposure to other family members or caregivers in the home.

Hints for seniors

Just quit smoking. It is never too late to reap the benefits of quitting smoking and setting a healthy example for your children and grandchildren.

Society

Myth assumptions

Older people have little contribution to society.

In reality

With years of personal skills and professional expertise, older adults are highly valued employees, colleagues and volunteers. Seniors can contribute to their communities by tutoring, helping small businesses, assisting in raising grandchildren, providing companionship and helping with daily tasks. Older workers have a strong work ethic and are great mentors and models for younger generations.

Hints for seniors

See what you can offer to society and who are those who need what you have to offer.

Wealth

Myth assumptions

Old people are poor.

In reality

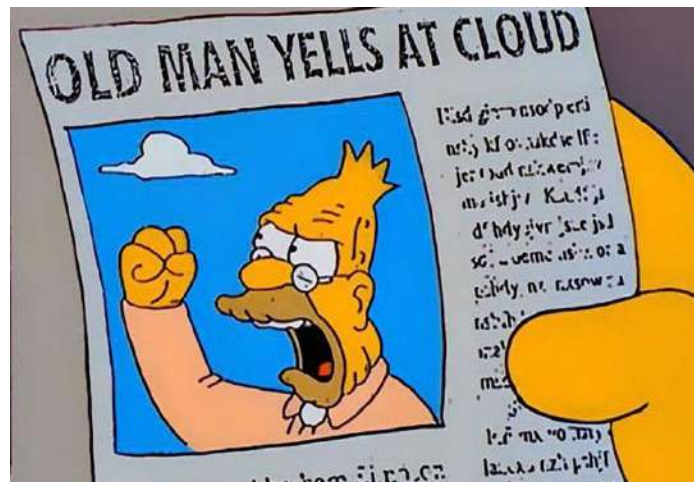
That is not really true. For example, Americans 50 and older, who make up just over a third of the population, have 80% of the financial assets and 50% of the discretionary income. However, certain groups are still struggling financially. In addition, being on a fixed income as inflation takes its toll is a liability for older people.

Hints for seniors

Invest while you are mid-age and spend wisely at an older age. But remember that you will not take anything with you on the other side.

How stereotyping affects older people

As shown above, although there are many myths about elderly people, a lot of them are simply not true. Any individual of any age can have the same problems, such as long as depression, for example. It can happen at any age, but stereotyped thinking can attribute it to the old age population. Generally, assumptions distort the way we view the world, people and society.



Source: The Telegraph

Stereotypes of ageing are pervasive in our culture and they have been found to influence people in many ways:

- How older adults see themselves
- How older adults view other older adults (social comparison and beliefs about old age)
- How younger people view older adults and how this influences those younger adults in later life
- How the society regards older adults
- How older adults are treated by others and by society as a whole
- How those stereotypes can actually affect older adults
- How older people react to being stereotyped by society. What shall they do?

Studies conducted by (Levy B. , 1996) to test memory, handwriting skills and walking ability indicated that subliminal exposure to negative age stereotypes can negatively affect performance in these domains in older adults, while positive stereotypes of ageing (such as wise and sage) tended to improve performance. Therefore, looking at the myths and realities of ageing to change how you see growing older can greatly impact your overall health and wellness.

Stereotypes of ageing in contemporary culture are primarily negative, depicting later life as a time of ill health, loneliness, dependency, and poor physical and mental functioning.

For example, when we believe that old people are slow thinkers, it will affect the way we communicate with them, the way we speak about them with other people and the way we can offend an older person by one of our comments.

Also, if we think that older people are lonely and depressed, this can affect us when we get to an older age. This is a self-fulfilling prophecy: what we believe that may happen will actually happen because we “program” ourselves for when we get to our old age. Therefore, it is why it is important to get our facts straight and to bring them to other people around us through sharing and communication.

Researchers at Yale University also found that all the people who hold negative stereotypes about ageing, tend to refuse any life-prolonging interventions, such as a healthier diet, exercising, improving sleep,



reducing stress through meditation or anything like that. They just don't believe that they will work. So, they will undermine the quality of life by doing that. But also, as it has been found in their search, the negative views directly affect the will to leave meaning in life, and ultimately, the mortality.

Assumptions can be disproved and should be disproved if the facts are incorrect. It is up to us, the healthcare professionals, psychologists and workers of mental health to make this difference in the society we live in. So now we know that negative assumptions can lead to negative results.

If negative assumptions can lead to negative results, what effect will positive beliefs have on health and well-being? Research shows that when individuals hold positive views about ageing, this can indeed positively affect their health. Positive thinkers can have lower blood pressure, lower levels of cholesterol, they are more likely to exercise and eat healthier foods, to feel more positive daily. Because of that, they can live longer by about seven and a half years.

Therefore, older adults should be encouraged to adopt positive assumptions and beliefs and to make other people aware of them. This may make a big difference to other people's health and well-being.

Self-reflections

What stereotypes about the elderly have you encountered and how can these be defeated?

Resources and further reading

- 10 myths about ageing: <https://www.nia.nih.gov/health/10-myths-about-ageing>
- Myths and stereotypes of ageing: <https://www.cambrianseniorliving.com/myths-and-stereotypes-of-ageing/>
- Myths about ageing: <https://www.ageingcare.com/articles/myths-about-ageing-179212.htm>
- Stop believe these myths about ageing: <https://www.wheretheyoulivematters.org/stop-believe-these-myths-about-ageing/>
- 5 myths about ageing and why you should ignore them: <https://blog.providence.org/archive/5-myths-about-ageing-and-why-you-should-ignore-them>

Video materials

- Stereotype defined: https://www.youtube.com/watch?v=r_Uer9LgITc
- Factcheck - Stereotypes about ageing: <https://www.youtube.com/watch?v=wmtQMMTJNb4>



2.2. Pillars in the elderly lives

Cities and Communities

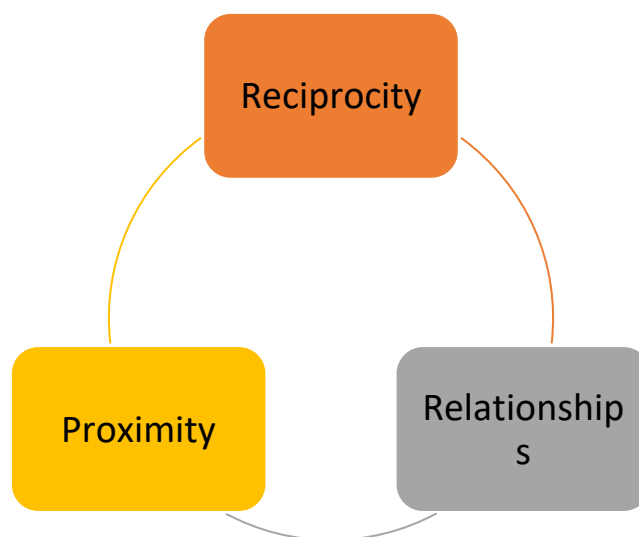
Importance of the community

Communities are places where people enjoy a safe life. There are children's playgrounds, youth events and a lot of opportunities for more able-bodied people. However, as far as seniors are concerned, these opportunities are minimal, while there is a greater need for inclusive communities.

Society has to take care of the elderly, and we can all do so by reshaping the way our societies are organized. One of the most fundamental reasons why community support is so vital is that it has a direct impact on the welfare of the elderly. Although seniors are socializing with family and friends, this is not enough for a good quality of life.

According to recent studies, about a third of seniors between the ages of 50 and 80 are lonely. Social isolation and depression in older people pose severe health risks (Department of Communities, 2009). These risks include compromised immune systems, Alzheimer's disease, anxiety, cognitive impairment, depression, heart disease, high blood pressure, obesity. In extreme cases, isolation may also lead to premature death. To avoid this, we need to consider the needs of seniors in order to resolve them in a community-based approach.

Research shows that older adults have social needs and extensive social networks. These social needs are rooted in the personalities, desires, expectations and cultures of older adults.



Source: Authors

The need for proximity

As we age, our social network is often less broad and the frequency of interaction with friends and loved ones continues to decrease. Relationships with close friends or family members are critical, but relations



with neighbours and other community members often play a significant role. Having a nearby support network will lead to the feeling of protection, security and accessibility of older adults.

The need for meaningful relationships

Social interactions tend to cultivate love, as well as a sense of mission and respect. Research evidence illustrates the significance of social networks that involve relatives, acquaintances, neighbours and members of the community. Even informal talks with strangers will meet certain social needs of the elderly and serve them well. Through maintaining their health and helping them to preserve their independence, a strong social network can be of great benefit to older people (WHO, 2020). That said, older adults usually worry that their friends and loved ones would be burdensome (or being perceived as such).

The need for reciprocity

Reciprocity involves both proximity and meaningful relationships: the bond becomes better because there is a degree of reciprocity. Reciprocity includes not only earning from others but also providing assistance and cooperation, supporting others and contributing to society; (whether by volunteering or helping neighbours). Feeling helpful is an important contributor to the sense of dignity and intent of older adults.

In the light of the above, a range of proposals could be drawn up to meet the social needs of older adults:

- Consider individual and cultural variations when designing and implementing strategies that meet the social needs of older adults. Not everyone has the same social needs.
- Inspire elderly people to participate in charitable programs that carry their skills and knowledge to work, which will promote their sense of self and group belonging.
- Emphasis should also be focused on programs that promote the social interaction and involvement of older adults. Public centres offering a central access point for a variety of cultural and recreational activities and facilities (such as public libraries) may be especially promising to meet their need for meaningful connections with others in the vicinity.

We also know that being physically active in your autumn years provides a range of health benefits, such as minimizing chronic pain, delaying and preventing certain illnesses, and helping you recover more rapidly from illness or injury. And while exercise is extremely important for a high quality of life, the interaction between the elderly and others and the relationship they continue to develop also has a significant effect on their overall well-being.

Studies show that seniors who remain socially involved and engaged enjoy several benefits, including:

- Maintaining good emotional health. It helps to keep seniors in a good mood that avoids depression.
- Increased longevity. By keeping their social circle strong, the elderly will live longer and happier. Family and friends help them cope with everyday stress and are also necessary for a healthy lifestyle.
- Improving physical health. Socially active elderly people are also more physically active. Moreover, if they eat with others, they eat more and make healthier choices.
- Enjoying restful sleep. It may be that seniors feel depressed and alone if they have trouble sleeping at night. Research suggests that people who live better relationships are those who sleep better.
- Boosted immune system. Studies indicate that seniors who remain involved with others and who live around them have higher levels of functioning immune systems.



- Better cognitive function. Social interactions keep us involved and mentally engaged, and this is vital to avoid the onset of dementia or Alzheimer's disease.

Now that you understand why community support is so important, let's see what community services are available for seniors.

Access to proper services and facilities

Old age is a very different time of life. Some of them remain in great health, and this is an active and vibrant time. Others find it more complicated due to health issues or physical problems. Whatever happens, as we get older, the needs of our living conditions will change, and that's why different forms of senior and elderly care allow us to make the right choice.

In knowing the various forms of senior housing available, elderly people can make the right choice and maintain a happy, safe and friendly atmosphere. The key choices are illustrated below.

Senior care and living

To ensure long-term health and minimize sickness, several neighbourhoods provide senior care services. It's important to provide good preventive and rehabilitative treatment. When they're home-based, these programs are even better. Various living needs come with age. Seniors have unique facilities to make their everyday life amazing. Communities that provide seniors with a range of living choices extend the facility to which elderly people can continue to age with dignity.

Assisted living

Supported living is a corollary of senior living alternatives. Due to concerns regarding their health or ability to perform certain activities, many seniors need assistance with some supervision and oversight. Communities should provide options for assisted living so that seniors who require additional support can access it easily.

Independent living

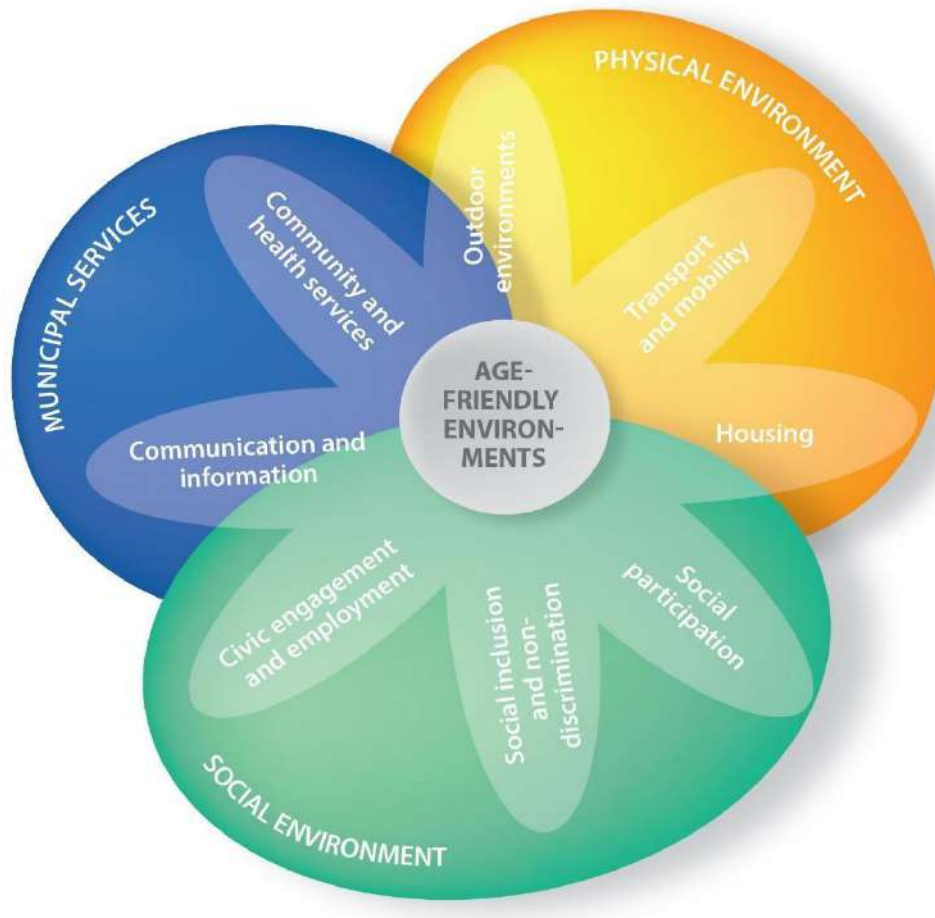
Likewise, some seniors are young at heart and are willing to do it all on their own. Adults certainly need an environment where they do not feel "old" and an atmosphere that encourages them to exercise their freedom.

Age-Friendly Cities and Communities

All the above options need age-friendly environments to encourage active and healthy ageing by optimizing health, stimulating inclusion and enabling well-being in older age. From this viewpoint, WHO advocated the idea of an age-friendly city (WHO, 2007) and launched the WHO Global Network of Age-Friendly Cities and Communities in 2011. This idea is being deployed in countries all over the world as it progresses towards realization.

WHO's Age-Friendly Cities and Communities principle promotes a range of core elements for building local communities that are genuinely supporting healthier ageing. The WHO's view is that it is important to build a community atmosphere to support healthier people's ageing by adapting physical environments, social environments and municipal services to the needs of older people with varying capacities (WHO,

2015). The figure below depicts the eight domains for age-friendly action into these three clusters of supportive local environments.



Source: (WHO, 2017)

A key idea here is the “person-environment fit” coined by environmental gerontology (Iwarsson, 2005). This idea refers to the fact that the ability of a person to age well and independently depends on the relationship between his or her physical and mental capacity and his or her environment's "press" (or barriers). For instance, because of chronic health conditions or physical impairment, an elderly person living alone in his or her original home may find it increasingly difficult to climb stairs. Instead of moving, however, by installing a stairlift or finding other ways to eliminate barriers, they can decide to adapt their home and minimize environmental impediments.

A variety of approaches, such as universal design, walkability or liveable cities, are based on the person-environment match principle. Both of them aim to reduce environmental pressures so that older adults can mature, age well and retain independence in place.



The role of seniors in the community

The gateway to our history and the wisdom for our future has always been senior citizens. The life lessons they have learned will benefit our next generation and their contribution to our society is vital to cherish. To strengthen the resilience of our elderly generation, societies should do many things.

In addition to the health benefits, staying connected with others helps give you a sense of purpose and a true sense of belonging. There are numerous ways in which the elderly can play an active role in communities, thereby adding value to themselves and the wider society. Those below are just a couple of examples.

Volunteering

Studies indicate that older people who volunteer typically live longer and have fewer injuries than those who do not volunteer. Volunteering offers a sense of achievement and meaning within the local community that can't be denied. There are so many needs in any given community that it's possible to find a volunteer position for nearly any older adult. Many hospitals, schools, community centres and animal shelters are always looking for reliable volunteers of all ages.

Mentoring Young People

Younger people can take advantage of learning with more life experience from older adults. Via local schools and youth-oriented non-profit organisations, you might be able to find resources for mentoring. Churches may also have opportunities for mentoring.

Sharing Information About the Past

Seniors have a unique viewpoint that younger generations do not have about the past. Telling their experiences can be an excellent way of learning about history for younger people. One way they can share the data is to volunteer to provide tours at a museum or act as a guide at a museum of living history.

Teaching Fading Skills

Many older adults are conscious of things younger people don't do, for example canning, wood carving and leatherworking. These are skills that are not commonly ensigned but are still worthwhile. A senior adult may volunteer in a class or take part in a workshop sharing these qualifications. The local library, school or community school could be places to do this.

Sharing Their Wisdom

Sharing your wisdom with younger family members is also important if your older relative is looking for a less formal way of involvement. They should not be a tyrant or give unnecessary advice but they should take the time to chat about their life experiences with grandchildren or other young family members.

Home care can encourage elderly people to participate in events that can help them. Seniors may find appropriate volunteer opportunities by home care providers. You should even accompany the elderly to the places you volunteer. Home care services may also encourage older people to plan for their activities by helping them obtain required materials for courses or workshops or planning a visitor's house.



Family

One of the most sensitive periods of any person's life is old age, whether we like it or not. All around seniors are at this stage very fragile and they seem to rely more on others to survive even against their own wishes.

To live a safe lifestyle, getting treatment, support and comfort are very important factors for elderly people. Families are the most important pillar they depend on to get their life's essential needs from.

The reality is that as people grow older, their psychology, physical strength and behavioural habits tend to shift and can end up becoming very dysfunctional and may be prompted to start looking at them as burdens and liabilities for individuals around them. Eventually, these problems may contribute to the exploitation of older people.

Nevertheless, it is at this stage of life where most individuals need more care and assistance and it is surely our responsibility to help provide them with such luxuries. A few thoughts about why family support is important are discussed below.

Importance of the family support in the ageing process

Seniors don't all fall out of heaven; they have families. And adult children cannot just forget all the love, affection, care, support and lots more that parents have showered by raising them and making sacrifices for them to see them growing up as stable persons.

At one point, with social happenings, they may be totally lost. Families may help them to have a sense of community and keep up with current trends by frequently associating with them. This alone could help them avoid feeling sad and disassociated.

The fact that the more we evolve, the closer we get to death, and we can never wish it away, must be acknowledged. The knowledge of this alone can only take a massive toll on anyone's psychology.

The older a person gets, the frailer his or her body is, the more likely it is for older people to be sick. Health conditions such as blood pressure, heart failure, diabetes, arthritis, among many others, are illnesses to which older people may be vulnerable if they are not adequately cared for.

When people grow older, they become more disconnected from society's changes because they have undergone a new dispensation and society continues to evolve every day.

In reality, these people have existed in a very different dispensation and their systems of value are very different from what is currently possible. Thanks to the association and the treatment of these individuals, we understand more about the system in which they lived and their beliefs. The philosophies behind certain principles could also be learned.

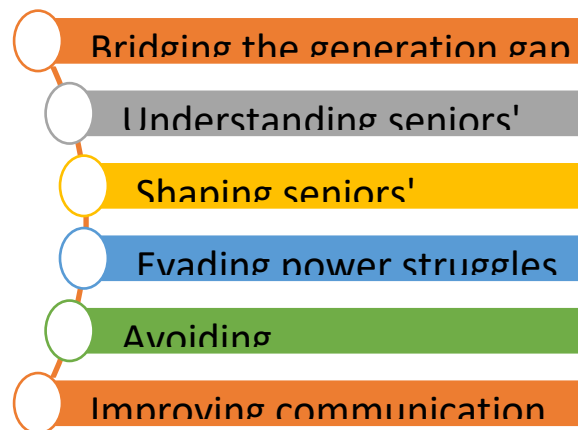
We may help them to lift their spirits, however, and spend the short time they have left feeling satisfied. It's a fact that elderly people need more care and attention, but there's also more that they need. Life insurance for seniors is also very necessary because seniors deserve the care of families.



Relationship dynamics in families dealing with elderly parents³

In a variety of ways, ageing can lead to poor family relationships. Older individuals with treatment needs are primarily looked after by their relatives. The care period may be substantially prolonged by longer life expectancies, combined with extended ageing-related disease or impairment. This, in turn, places significant mental, physical and financial burdens on older people, caregivers and extended family members (Millward, 1998); (Silverstein & Giarrusso, 2010). It also puts elderly people at greater risk of aggression and harassment in vulnerable settings.

A difficulty in its own right is the burden of providing care for an elderly or sick loved one. Bridging generation gaps, understanding seniors' concerns to shape their behaviour, avoiding power struggles and improving communication could help families and caregivers to cope with the elderly and influence the responses they get.



Source: Authors

Bridging the generation gap

Sometimes, those who care for elderly parents are frustrated by the choices they make—and their seemingly stubborn reluctance to obey our advice. Part of the issue is that our elderly parents appear to be thought of as more wrinkled, less competent versions of the individuals they used to be. We take it for granted, as a society, that old age is a period of deterioration rather than development and personal growth.

But a richer, more nuanced view of ageing is portrayed by experts who research the psychology of the elderly. It turns out that ageing requires distinct developmental stages and that if they are to end their lives with resolution and purpose, elderly people have urgent life tasks that they need to perform. Ageing

³ <https://www.caring.com/articles/elderly-communication/>



is indeed complicated and painful—most definitely more painful than we can imagine. But if it is approached with wisdom and clarity and with the help of loving children and loved ones, the experience of ageing can also be rewarding and profound. Adult children will be better prepared to engage with and assist the elderly by knowing their perspectives.

Understanding seniors' concerns

Adult children can interact and help their elders more effectively by coming to terms with the developmental tasks that affect elderly people—and how these tasks clash with our own middle-age agendas as adult children.

According to human development theories developed by psychologist Erik Erickson, as they mature from child to adult, humans go through distinct phases. These phases are dominated by what Erickson called the "crises," i.e. the competing urges that drive us and encourage development. It is by resolving these crises that we can move on to the next stage of growth and ultimately evolve into mature adults.

Much research has gone into identifying and describing the phases children are moving through, and this study has helped shape our current child development theories, as well as our contemporary parenting methods.

At the same time, the experience of older people has gained much less recognition. However, geriatric experts contend that people continue to face developmental tasks into old age (Solie, 2004). Solie, who specializes in geriatric issues, discusses the developmental tasks facing the elderly and explains how these tasks influence their actions, whether they are conscious of it or not.

Solie points out that our middle-age agendas sometimes clash directly with those of our elders. We are facing many job and family problems and want to travel around the world effectively and efficiently, completing one task after another and checking them off our lists. It's no wonder that the thoughts of our parents on the past and their inability to make choices exasperate us. Moreover, given our youth-oriented culture, most of us are on a permanent quest to remain young (or at least young-looking). And it is no wonder that we have no empathy or sympathy for those who have already reached a point where we don't want to go.

Understanding the elderly will not diminish but will boost communication and help supporting elderlies in this new and difficult stage of life.

Shaping seniors' behaviour

Solie describes the crises of the elderly as a conflict between control and legacy issues. And while he writes in universal terms, it is important to remember that every individual is different, and each person's experience of ageing will have a lot to do with personal and environmental factors, as well as developmental ones.

Control looms large for our parents as they experience the deterioration of their physical health and mental acuity, as well as the loss of their homes and independence and the deaths of friends and life partners. Given these monumental losses, it's no wonder that elderly people tend to fight for control over the few areas of life they're still able to manage.



Inevitable or not, the losses elderly people endure can be devastating (Pipher, 1999). According to Pipher, Elderly people display signs of post-traumatic stress disorder, the same affliction endured by many veterans returning from battle. The elderly, she contends, "are ordinary healthy people for whom all hell has broken loose."

Even as they struggle to recognize and cope with their losses and to hang on to what remains, older individuals are engaged in an attempt to form and appreciate their legacy—that is, to understand what their lives have meant and the memories that will endure after they die.

Coming into agreement with one's legacy is an enormous job and has a powerful impact on the behaviour of an individual, whether or not he is conscious of it. Helping an ageing parent to identify and build up his or her legacy can also be a huge healing process, and can mean a difference between isolated, alienating, or profoundly satisfying parents and children alike.

Evading power struggles

To prevent power disputes with their older parents, adult children should be encouraged. When you find yourself fighting with your elderly parents about matters that are seemingly obvious or innocuous, you can tell you're in a power struggle.

To prevent power struggles, one should emphasize that for an elderly parent, obtaining assistance should be rewarding, not disempowering. It is vital to demonstrate that seniors are an ally, not an enemy and that we completely support their ability to live independently as long as they can. But with them, we should also raise the prospect that accepting any assistance will allow them to do more of what they want.

One thing to remember is that we can't win every fight, and you're not going to have the endurance to fight every fight either. There's no need to waste all of our resources on little things. Families should instead conserve resources for anything important to their health and well-being, such as seeing a doctor or needing a nurse to help provide medicine.

Avoiding miscommunication

Since adult children tend to be conscious of the wandering style or stubborn behaviour of their parents, they often interpret it as an indication that they struggle or develop Dementia. It is common for adult children to get stuck in fighting for issues such as housing and healthcare due to such misunderstandings. Take this common example of a misunderstanding between adults and elderly parents:

All they seem to worry about is health issues any time you meet your parents, not even their own health problems, but those of relatives, neighbours, even perfect strangers. Don't they have to worry about something better?

What really happens is that, given that they are deprived of mobility, freedom, and eventually, life by their deteriorating bodies, it makes sense that many older people are fixated on health problems. According to (Pipher, 1999), "Illness is the battleground of old age. Like all post-traumatic stress victims, the old are interested in trauma stories. They talk to work through the trauma."

In addition to damaging relationships, these fights and miscommunications distract our seniors from critical legacy work they need to accomplish. Therefore, miscommunications should be avoided.



Improving communication

The secret to maintaining a strong relationship with your seniors is good communication. Speaking with seniors often involves a different style of communication than talking to younger individuals, and the position shifts that arise during ageing may influence the nature of your relationship. Fortunately, communication is a learned skill, so practise will make it easier to communicate with elderly adults. There are various strategies to help improve communication with elderly.



Source: Authors

The first thing that could help is simply making time. If you can spend substantial time with them, rather than popping in for five minutes, your relationships with your elderly would be more rewarding and productive. Of course, you do not have time to spend hours a day with your parents, but if you frequently make time for lunch or a weekend visit if you live far away, you may be more likely to have discussions that uncover deeper problems.

Secondly, make sure to take the time to really listen to your parents. It's always tempting to interrupt and steer them back on track if they bring up anything that seems irrelevant to the matter at hand. But you might find that a seemingly insignificant point suggests a problem that you were not aware of if you pay attention. Encourage your parents to remember the tale behind the story and pay particular attention to it.

Thirdly, ask good questions. When your parents focus on an encounter or express a recalled experience, attempt to help them learn the experience by posing open-ended questions. For example, if your mom remembers a trip with a beloved sister, ask, "what was your relationship with her like?" Good questions can help to promote the life review process of your parents.



Last, but not at least, consider creative ways you can help your parents shape their legacy. Via concrete, communal projects, such as making photo albums, interviewing them for an oral history, or making a quilt or other hand-made item together, you can help your parents create a legacy.

For seniors to preserve their cognitive health and quality of life, the conversation is critical. Everyone is different, so you may have to change your plan and style depending on the personality of the senior. Most importantly, make sure that you provide room for your loved ones to chat and actively listen to what they have to say. Conversations will help them develop a better picture of their lives.

Ways to Understanding Your Senior

Put yourself in the seniors' shoes and understanding their biggest challenges may not always be easy. The overall idea is to see the world through their eyes to clear the air when necessary and meet the challenges inherent in getting older and growing closer. It is important to have the willingness and ability to become more understanding of seniors, including their biggest challenges. Here are some ways to become more caring, thoughtful, loving and forgiving.

Clear the air of old baggage

Relationships with seniors of any age are bound to have at least some "baggage." Caregivers may have been doing this for a while and stress may have accumulated. In addition, the journey from becoming an unprotected, dependent child to being a "bigger" mom or dad is full of unparalleled danger and opportunity. In addition, the journey from becoming an unprotected, dependent child to being a "bigger" mom or dad is full of unparalleled danger and opportunity.

Carrying age-old rage, dissatisfaction, frustration, and envy in any conversation with the elderly is like having a dark thundercloud hanging over us. At any second the sky may burst and destroy even the most festive moments. Clearing the air is a psychological matter":

- Learn to let go past wounds
- Release any transgressions
- Drop disappointments and failures and free yourself to forgive
- Accept and feel liberating appreciation for all the things that went right.

Clearing the air gives way to empathy, affection and better understanding. This opens the doors of opportunity for a smooth relationship and an expression of love and appreciation.

Consider their emotional life

It has been said, "Compassion is your pain or your joy in my heart." Once you have made an honest inventory of your own feelings and started clearing the air, you might ask yourself how it is to be an elderly person. Use creativity to imagine how they might feel, including how they feel about you.

There are ways to help put yourself in their shoes:

- Asking them what gives them the greatest pleasure will surprise and please you.
- Being trustworthy, with whom they share their emotional and spiritual needs, struggles and blessings – and who in turn opens themselves to them – creates true intimacy.



- Bite your tongue anytime you feel the need to justify, prove or defend yourself, or criticize, by pulling back—and just listen.
- It is not a courtroom to prove who is guilty and/or deserving of love or affection.
- It's an interactive communication where you can learn more about senior's inner emotional life, give them a rare and precious gift of compassion and understanding (even if you don't agree) with them.
- It's just as interesting to find out about their "greatest blessings" as their "greatest challenges."
- It's just one thing to look after your physical needs.
- Make sure that they open up and create new disclosures.

Forgive them for their flaws and limitations

Does a relationship offer a better way of releasing affection and understanding than to forgive someone? Or by asking them to forgive me with a humble apology?

Forgiving others doesn't mean giving up the right to be upset about what's happened or hasn't happened. You have every right to feel that way. You can experience a negative effect on your character defects, flaws and detrimental behaviour. However, in most instances, they are accidental.

Forgiveness means that you no longer bind your thoughts and feelings to anguish, anger and sorrow. Freeing up "inner space" makes it possible for us to create space for positive things to happen.

Show compassion, kindness, patience and understanding

The way we treat ourselves as caregivers sets the stage for how we treat elderly people. Self-criticism, remorse, approval-seeking, and self-directed rage can almost always contribute to an ambivalent or resentful attitude towards caring. We're in such pain that it's hard to empathize with how someone else feels or to see the world through their eyes. Without any real sense of who they are or why they say or do stuff, we can assemble our heads with them, find ways to avoid being with them or support them.

On the other hand, it is more likely that the caregivers who take good care of themselves:

- Can see the bright side of things
- Have the ability to listen
- Have the capacity to empathize and understand
- Show compassion, courtesy and caring
- Are calmer

None of us can control our elderly's behaviour. Whether they are friendly, fond, compassionate, thoughtful, loving, or remote, bitter, inaccessible, evasive, dishonest masters of guilt, our conduct is the one thing we can learn to manage.

This ensures that you lead with empathy, understanding and forgiveness—and agree that you probably do as much as you can. It is not beneficial to be continually angry and resentful and to punish (or yourself) you for your unmet needs.

Self-reflections

How are the elderly living in your area? What communities and families are doing to improve elderly lives?



Resources and further reading

- 5 ways older adults can contribute to society: <https://www.endeavorhomecare.com/senior-care-chandler-az-5-ways-older-adults-can-contribute-to-society/>
- Community-based services: <http://www.seniorresourcesec.org/programs-services/community-based-services>
- The priority areas to which robot technology is to be introduced in nursing care of the elderly: <https://tinyurl.com/4u2he759>

Video materials

- UK network of age-friendly communities: <https://www.youtube.com/watch?v=LzvQGNQznI8>
- Building age-friendly communities: https://www.youtube.com/watch?v=NLBXz3_MehU
- Age friendly communities: <https://www.youtube.com/watch?v=vq3aKFi2mGI>
- Society thinks older people are useless: <https://www.youtube.com/watch?v=uYzLsNiAt00>
- Role of the elderly in society: <https://www.youtube.com/watch?v=i2n9PnXjAig>
- Play role supporting elderly <https://www.youtube.com/watch?v=GDkUlpkExmM>
- Thanks to volunteers, elderly can age in place: <https://www.youtube.com/watch?v=sDbgrmu5GX8>
- Volunteering in care homes: <https://www.youtube.com/watch?v=alORoCYwKa0>
- Seniors mentor refugee kids: <https://www.youtube.com/watch?v=4O8cTIur5oE>
- Optimal aging and family relationships: <https://www.youtube.com/watch?v=7Km1qiFKrZ4>
- Top tips for new family caregivers: <https://www.youtube.com/watch?v=gOUwGxD4F90>

2.3. Learning of elders

Memory

How does human memory work

Memory refers to the processes that are used to acquire, store, retain, and later retrieve information. Human memory (Glenberg, 1997) involves the ability to both preserve and recover information we have learned or experienced. Memory can be thought of as having three critical components:

- Sensory memory
- Working memory
- Long term memory

Sensory memory takes information from the environment through the human senses sight, hearing, touch, taste, and smell. Although sensory memory can take a lot of information, this is stored for only a very short time, with visual information being stored for less than half a second, and auditory information is stored for only three to four seconds.

Working memory is what you are conscious of, or what you are thinking about at any given moment. This is where the memory work happens. People can only handle a small amount of information in their

working memory at one time; we cannot think about a million things at once. In fact, we can only hold about four things in our working memory at a time. We also cannot hold that information for very long. Working memory duration is about five to 20 seconds unless we actively try to remember information by repeating it.



Source: Pexels.com

Long term memory is where we hold all our memories. One goal of learning is to get information into long term memory so we can use it later when we need it. We have a lot of room to store memories, but the memories we store are not perfect representations of the outside world. Long term memory is relatively permanent. However, if we want to maintain easy access to a memory, we need to retrieve that information regularly. What this means is that learning depends on three critical processes:

- Attention
- Encoding
- Retrieval

Attention. To get new information into long term memory, it must go through the working memory. And to get into working memory we must pay attention to it. This means that attention and focus are the starting point for learning. If learners are not paying attention to course materials, they will not be able to process the information or remember it later. distractions, text messages, notifications and daydreaming are not helpful for learning.

Encoding. Once we are conscious of information in our working memories, we want to encode the information into long term memory. Encoding is made easier when learners connect new information to



what they already know. Information and processes are repeated. Information is assembled, structured and organized.

Retrieval. Information is translated from however it is originally (seen and heard) into something created by the learner retrieval taking information out of long-term memory and into our conscious working memory so we can change our behaviour. Retrieval gets easier with practice; the more we retrieve something from long term memory, the easier it becomes. People who have been tested on the material are more likely to remember it later and apply it than people who only study the material.

How do some memories get lost

Age is one leading factor. As we get older, synapses begin to falter and weaken, affecting how easily we can retrieve memories. Scientists have several theories about what's behind this deterioration: from actual brain shrinkage, the hippocampus loses 5% of its neurons every decade, for a total loss of 20% by the time you're 80 years old, to the drop in the production of neurotransmitters like acetylcholine, which is vital to learning and memory. These changes seem to affect how people retrieve the stored information. Age also affects our memory-making abilities. Memories are encoded most strongly when we're paying attention when we're deeply engaged and when information is meaningful to us. Mental and physical health problems, which tend to increase as we age, interfere with our ability to pay attention and thus act as memory thieves.

Another leading cause of memory problems is chronic stress. When we're constantly overloaded with work and personal responsibilities, our bodies are hyper-alert. This response has evolved from the physiological mechanism designed to make sure we can survive any crisis. Stress chemicals help mobilize energy and increase alertness. However, with chronic stress, our bodies become flooded with these chemicals, resulting in a loss of brain cells and an inability to form new ones, which affects our ability to retain new information.

Depression is another culprit. People who are depressed are 40% more likely to develop memory problems. Dwelling on sad events in the past, another symptom of depression, makes it difficult to pay attention to the present, affecting the ability to store short term memories. Isolation, which is tied to depression, is another memory thief. A study by the Harvard School of Public Health found that older people with high levels of social integration had a slower rate of memory decline over six years. The exact reason remains unclear, but experts suspect that social interaction gives our brain a mental workout. Just like muscle strength, we have to use our brain or risk losing it.

Tips to improve memory of seniors

For seniors with memory issues, receiving care while remaining in their homes can further enhance their quality of life. This is true for those with minor memory problems that result from age or for those with Alzheimer's, dementia or other forms of memory loss. A familiar environment can reduce confusion and improve mental engagement, and being surrounded by beloved objects and memory cues can foster a sense of connection and peace.

For older adults, some conditions progress over time and have a significant effect on memory. However, lifestyle changes may help control memory problems.



Mental exercise. Learning new skills — like playing a new instrument, practising a hobby that involves hand-eye coordination, performing memory exercises for seniors, and even doing math in your head — has been found to improve cognitive function and memory. Keeping your mind active with new challenges can keep your memory strong! For some specific mental exercises, take a look at these top 5 memory games for seniors.

Take a class: Formal education works the brain through the learning process. For those that want to keep their mind sharp, many colleges and universities offer courses at low cost or for free to seniors.

Socialize: Social interaction helps ward off depression and stress, both of which can contribute to memory loss. Seniors who interact regularly with friends, family, and community are less likely to experience cognitive decline and can experience a better sense of overall well-being.

Get up and move: Exercise is a great way to help keep the mind sharp. Physical activity increases blood flow to the whole body, including the brain. This may help keep memory sharp.

Eat well: Good nutrition benefits the mind and the body. Healthcare professionals can suggest dietary guidelines and/or supplements that can help with memory issues. Changing a senior's diet to foods that are high in mono- and polyunsaturated fats, such as fruits, vegetables, nuts, fish and olive oil, will increase levels of HDL cholesterol (the good kind). This will prevent blood vessels from getting clogged or damaged and reduce the risk of memory loss and stroke.

Believe in yourself: Scientists are not sure why self-efficacy seems to ward off mental decline, but it may have to do with a person's ability to manage stress.

Organize the home. Creating to-do lists, calendars, a dedicated spot for keys and items that are often lost, and ensuring that things are put back after use can help those with memory issues feel comfortable and confident. Limit distractions and don't do too many things at once. If you focus on the information that you're trying to retain, you're more likely to recall it later.

Get enough sleep. Sleep plays an important role in helping you consolidate your memories, so you can recall them down the road. Make getting enough sleep a priority. Most adults need seven to nine hours of sleep a day.

Manage chronic conditions. Follow your doctor's treatment recommendations for medical conditions, such as depression, high blood pressure, high cholesterol, diabetes, obesity and hearing loss. The better you take care of yourself, the better your memory is likely to be.

Do a Sensory Test. This might sound clinical and strange, but sensory tests are a fun way to keep the brain elastic and strong. A sensory test makes new connections in the brain, as well as refreshing old ones. Conducting a test like this is simple: for example, take any food and, bite by bite, identify the different flavours you are experiencing. Especially with homemade or familiar foods, the results of these kinds of tests are effective.

Learning disabilities

According to the Learning Disabilities Association of America (LDA, 2021), learning disabilities are neurologically-based processing problems. This processing problem can interfere with learning basic skills,



such as reading, writing, and or math. This can also interfere with higher-level skills such as organisation, time planning, abstract reasoning, long or short-term memory and attention. It is important to realize that learning disabilities can affect an individual's life beyond school, and can impact relationships with family, friends and in the workplace.

In essence, learning disabilities can affect any type of cognitive process (Fletcher, Lyon, Fuchs, & Barnes, 2007), whether it's reading, writing, remembering, using attention-related abilities, counting and even understanding and recognizing spoken and written words. There are several types of learning disabilities, for example:

- Dyslexia is a learning disability in reading, which means that the individual has problems with understanding certain sounds, letters, and how they form into words, they might not be able to grasp the meaning of certain words or phrases
- Dysgraphia is a learning disability in writing, which means that the individual can have problems with writing, coping and spelling accurately and consistently.
- Dyscalculia is a learning disability in math, whereas does fasciae is a learning disability related to language and communication abilities
- Dyspraxia is a learning disability related to fine motor skills such as cutting, writing, and some gross motor skills such as running or jumping.

Interestingly, people with learning disabilities are of average or above-average intelligence. There often appears to be a gap between the individual's potential and actual achievement. This is why learning disabilities are referred to as hidden disabilities; the person looks perfectly normal, and seems to be a very bright and intelligent person, yet may be unable to demonstrate the skill level expected from someone of a similar age.

Elderly people with learning disabilities are a small subgroup of the older people population and the needs of individuals with learning disabilities can change throughout their life. In the older age, people with learning disabilities may require more mental health assistance services compared to what they need during the previous years of adulthood. For example, older people with learning disabilities have a four times higher risk of getting dementia than all the general population. Research shows that older people with learning disabilities have a higher risk of developing problems with sleeping, concentration and eating. They're also prone to experiencing more worry, stress and anger and psychotic symptoms.

Around half of people with learning disabilities have the same life expectancy as the general population. However, those individuals with profound and multiple learning disabilities and individuals with Down syndrome tend to have shorter longevity. People with Down syndrome make up around 15 to 20% of all people with learning disabilities. This group can have more health-related issues than any other subgroup.

Older people with a learning disability represent one of the fastest-growing groups of the learning-disabled population. By 2030, the number of adults aged over 70 using services for people with learning disabilities is likely to have doubled. People with learning disabilities may live in various places at an older age. One of the positive changes in recent years has been the opportunity for people with learning disabilities to have a greater presence in the community and live more independently.

There are no particular training or legal requirements in providing psychological services to individuals with learning disabilities. But what we need to be aware of is that this group can experience a range of



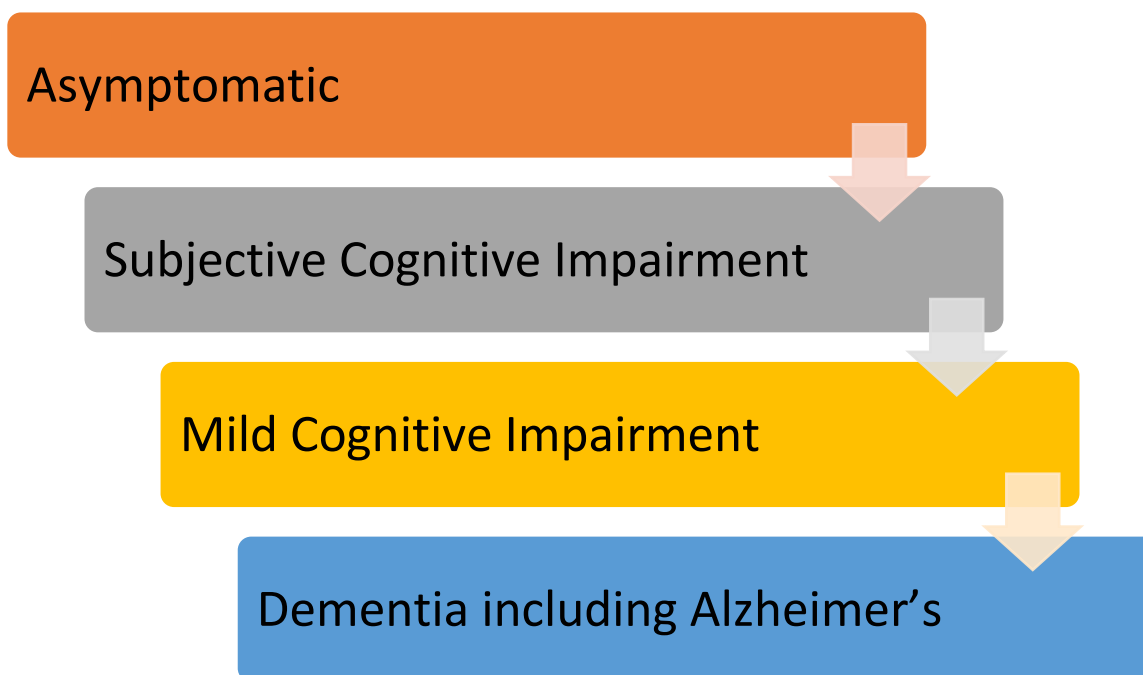
different problems than the general population. For example, they may not be able to concentrate for long periods. They may have trouble remembering things short or and long term, or difficulties with sequencing problems remembering the correct order of a story. They might have difficulties with reading and writing, difficulties with social interaction levels of appropriateness, sensitivity.

Cognitive decline

Cognition is a combination of processes in the brain that includes the ability to learn, remember and make judgments. Cognitive decline is the gradual loss of brain function, loss of memory and shrinking of the brain mass (Salthouse, 2009). When cognition is impaired, it can have a profound impact on an individual's overall health and well-being.

Four stages of cognitive decline with ageing have been recognized:

- 1) Stage one is asymptomatic, but already detectable by the medical scan.
- 2) Subjective Cognitive Impairment (SCI). At this stage, although they may have started very high, people know something is wrong, but still testing within normal limits. SCI that may last 10 years.
- 3) Mild Cognitive Impairment (MCI). At his stage, people are not testing normally anymore. However, they can still do their activities of daily living; signs include misplacing things, forgetting important events or appointments, and having difficulty coming up with the right words.
- 4) Dementia (includes Alzheimer's disease), associated with chronic, progressive, irreversible, global cognitive impairment and memory loss that are severe enough to affect daily functioning.



Source: Authors

Changes in cognitive function, such as the slow speed of information processing, are common in normal ageing. However, each person is different and cognitive decline is not inevitable for everyone. Some



cognitive decline can occur as adults age, but frequently forgetting how to perform routine tasks, for example, is not a normal part of ageing and can affect a person's ability to live and function independently.

Some people with cognitive decline may be unable to care for themselves or perform activities of daily living, such as meal preparation, managing medical appointments, or managing their personal finances. This is called cognitive impairment, which is a broad term that means some kind of problem or difficulty with one's memory, thinking, concentration, and other functions of the conscious brain, beyond what might be expected due to normal "cognitive ageing." Cognitive impairment can come on suddenly or gradually and can be temporary or more permanent. It may or may not keep getting slowly worse; it all depends on the underlying cause or causes.

Evaluating cognitive impairment

A thorough evaluation of cognitive impairment should be done by specialized medical personnel. However, those working with elderly people may ask some questions or pay attention to some symptoms to better know and understand the seniors they work with (Flicker, Ferris, & Reisberg, 1991).

Asking the older person if he/she noticed any changes in memory or thinking abilities. Although many may not have noticed anything or won't want to talk about it, some may raise some concerns or observations. These should be explored in terms of when the problems started, whether they seem to be getting worse, and how quickly things seem to be changing.

Obtaining information on memory or thinking difficulties from relatives. As a reference, a standard questionnaire about 8 behaviours that may indicate dementia such as Alzheimer's disease may be used.

Asking about difficulties managing instrumental activities of daily living and activities of daily living. Functional impairments may correspond with safety issues that need to be addressed; if an older person is having difficulty with finances, it may be a good idea to take steps to protect the person financially (Kastenbaum, Derbin, Sabatini, & Artt, 1972).

Observing the behaviour, mood and thinking symptoms that may be related to certain causes of cognitive impairment. These include: anxiety symptoms, apathy (losing motivation), confusion about visual-spatial tasks (e.g. having difficulty figuring out how to put on one's shirt), delusions, depression symptoms, getting lost, hallucinations, personality changes

Asking about any new changes in physical health, especially those related to neurological function, such as new difficulties with walking, balance, speech, coordination, tremor and stiffness (both of which are associated with Parkinsonism).

Common causes of cognitive impairment in older adults

By educating people about modifiable risk factors, encouraging early assessment and intervention, and understanding its impact on adults and their families, the health and well-being of many older adults may be improved. Several research studies have identified common risk factors for cognitive decline. In addition to increased age, these risk factors include lack of mental activity, physical exercise and involvement in social activities, substance abuse (smoking and alcohol), chronic stress, malnutrition,



various medical conditions (e.g. impairment in vision and hearing, depression, high cholesterol, diabetes, high blood pressure) or a specific gene (APOE-e4) linked to Alzheimer's disease.

Cognitive impairment, like many problems in older adults, is often “multifactorial.” This means that the difficulties with memory, thinking, or other brain processes are often due to more than one cause. Common causes of cognitive impairment in older adults include:

- Psychiatric illness (e.g. depression, anxiety, bipolar disorder, schizophrenia) can cause problems with memory, thinking, or concentration.
- Problems with hormones, such as thyroid hormones, imbalances in estrogen and other sex hormones may also affect cognitive function.
- Certain chronic or acute infections (e.g. pneumonia or a urinary tract infection) can affect brain cells.
- Metabolic imbalances relating to blood chemistry (e.g. abnormal levels of blood sodium, calcium, or glucose), along with kidney or liver dysfunction can affect brain function.
- Deficiencies in key nutrients and vitamins, including vitamin B (particularly B12), may affect brain function.
- Substance abuse, including acute intoxication and chronic overuse of alcohol, illicit drugs, or even medication can impair brain function.
- Medication side-effects. Many medications (e.g. tranquilizers, sedatives and anticholinergic) interfere with proper brain function.
- Toxins (e.g. heavy metals, air pollutants, contaminants in our drinking water, pesticides,) are another potential cause of cognitive impairment.
- Damage to brain neurons due to an injury, including vascular damage, are also associated with temporary or longer-lasting cognitive impairment.
- Damage to brain neurons, due to a neurodegenerative condition (e.g. Alzheimer's disease, Lewy-Body disease, Parkinson's disease, and frontotemporal degeneration) tend to slowly damage and kill neurons.

Preventing cognitive decline

As we age, changes occur throughout our body, including in the brain. But while it may take older adults longer than younger people to do certain cognitive activities (e.g. complex memory tests, some areas of mental ability may even improve (e.g. vocabulary). Certain activities can assist older adults in increasing their capacity to learn and adapt as they age. Some examples of ways to prevent cognitive decline include:

- A nutritious, low-fat diet may protect against cognitive decline by providing necessary nutrients and reducing the risk of diseases that contribute to cognitive decline.
- Cognitive decline may be slowed when these conditions are treated based on regular visits to doctors to investigate medical conditions. Doctors can provide assessment, counselling, and treatment.
- Engaging in social activities may help prevent cognitive decline by stimulating the mind and challenging people to communicate.
- Exercise may contribute to cognitive vitality by improving mood and reducing stress and other risk factors that contribute to cognitive decline.
- Older adults may benefit from good sleep strategies, such as going to bed and waking up at the same time each day.
- Participating in leisure and learning activities like reading, playing board games (cards, crossword puzzles) and musical instruments, reading books, magazines, newspapers, and going to museums are associated with decreased risk of dementia.



- Vitamins and other herbal supplements get lots of attention as possible cures or ways to prevent cognitive decline.

Self-reflections

What learning opportunities for the elderly are there in your area and community?

Resources and further reading

- Home care tips for improving memory: <https://www.comfortkeepers.com/info-center/category/senior-health-and-wellbeing/article/home-care-tips-for-improving-memory-for-seniors>
- 6 easy ways to improve memory for seniors: <https://www.caringseniorservice.com/blog/6-easy-ways-to-improve-memory-for-seniors>
- Memory loss: <https://www.mayoclinic.org/healthy-lifestyle/healthy-aging/in-depth/memory-loss/art-20046518>
- Cognitive decline: <https://brainhealthrestoration.com/cognitive-decline/>
- Mild cognitive impairment: <https://www.mayoclinic.org/diseases-conditions/mild-cognitive-impairment/symptoms-causes/syc-20354578>
- Cognitive impairment – causes and how to evaluate: <https://betterhealthwhileaging.net/cognitive-impairment-causes-and-how-to-evaluate/>

Video materials

- How does your memory work: <https://www.youtube.com/watch?v=TUoJc0NPajQ>
- Learning Disabilities, what are the different types: https://www.youtube.com/watch?v=yG_xSBsFMPQ
- Communicating with people with learning disabilities: <https://www.youtube.com/watch?v=TPDxa7NzLCY>

2.4. Mental health issues related to ageing

Dementia

What is dementia

Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline of brain functioning. It can affect memory, thinking skills and other mental abilities.

According to a 2019 report of Alzheimer's Disease International (ADI) more than 50 million people live with dementia all over the world. By 2050, this number will have risen to 152 million. ADI estimates that the overall treatment of dementia costs 1 trillion dollars and this amount will have been doubled by 2030 (Alzheimer's Disease International, 2019).

Dementia is an umbrella term, which includes numerous diseases that change cerebration. People who suffer from dementia have impaired brain functions, difficulties in thinking, concentration and logical thinking. Their time and space awareness and their language skills also continuously deteriorate. One's self-sufficiency declines, then with the aggravation of the disease it completely ceases. Symptoms get

worse over time and affect the way we live our lives. Dementia is not a normal part of ageing. It is the result of physical diseases that damage the brain.



Source: The ALS Association

The area of the brain where this damage occurs determines the symptoms a person experiences. If nerve cells in the back of the brain are damaged, a person's vision might be affected, and they may have trouble reading words or climbing stairs. If nerve cells in the side of the brain are damaged, communication and language skills can change.

Four main diseases cause dementia. The symptoms of these can overlap sometimes making them difficult to tell apart. While each disease has characteristic symptoms, these can change from person to person depending on which areas of the brain that disease is affecting.

Alzheimer's disease is the most common cause of dementia – about 60%. Often, one of the first areas of the brain to be affected by Alzheimer's is the hippocampus. The hippocampus controls aspects of our memory and navigation. Hence, forgetfulness and getting lost are usually some of the first symptoms of Alzheimer's. In Alzheimer's, nerve cells are damaged by a build-up of two proteins in the brain, amyloid and tau. These proteins are present in all of our brains, but in Alzheimer's, they behave unusually and begin to clump together. Researchers are still trying to understand what triggers this but it's likely to be a mix of age, genetics, and other factors such as poor heart health.

Parkinson's dementia is more of a motor disease, rather than a cognitive dementia. It starts as motor disease, resting tremor, bradykinesia and narrow gait. But eventually, as time progresses, this motor disease eventually turns into cognitive dementia.

Lewy body dementia (LBD) is a type of progressive dementia that leads to a decline in thinking, reasoning and independent function because of abnormal microscopic deposits that damage brain cells over time. Unlike Parkinson's disease, the motor disease appears significantly before the actual cognitive dementia, in the case of Lewy body dementia, cognitive dementia appears before or at the same time as the motor



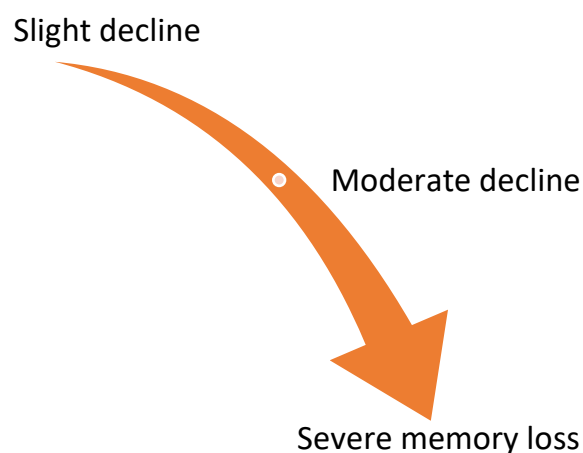
disease. Symptoms may be changes in thinking and reasoning, confusion and alertness, slowness, gait imbalance, well-formed visual hallucinations, delusions, trouble interpreting visual information, sleep disturbances, memory loss (less prominent than in Alzheimer's).

Vascular dementia is a general term describing problems with reasoning, planning, judgment, memory and other thought processes caused by brain damage from impaired blood flow to your brain. One can develop vascular dementia after a stroke blocks an artery in your brain, but strokes don't always cause vascular dementia. Thinking difficulties may also begin as mild changes that gradually worsen as a result of multiple minor strokes or another condition that affects smaller blood vessels, leading to widespread damage. Symptoms include confusion, disorientation, trouble speaking or understanding speech, headache, difficulty walking, poor balance.

Frontotemporal dementia (FTD) or frontotemporal degenerations refers to a group of disorders caused by progressive nerve cell loss in the brain's frontal lobes (the areas behind your forehead) or its temporal lobes (the regions behind your ears). The nerve cell damage caused by frontotemporal dementia leads to loss of function in these brain regions, which variably cause deterioration in behaviour, personality and/or difficulty with producing or comprehending language.

Stages of Dementia

The course of the disease and the severity of symptoms vary from patient to patient. Some of the symptoms of dementia that you may see are actually psychiatric symptoms, things like delusions and hallucinations, which will occur in up to 30% of people with dementia. Also, affective symptoms like mood disorder, depression or mania will be seen in up to 50% of people with dementia. Personality changes can also occur. It takes a long time for the first symptoms to develop after the appearance of the lesions in the brain. The following three stages can be distinguished after the development of the symptoms: initial stage, moderate stage, severe stage.



Source: Authors



A slight decline occurs at the initial stage. The short-term memory begins to deteriorate but the patient can recall bygone memories. Also, people may experience difficulties in remembering the content of articles, word-finding difficulties, difficulties in carrying out mathematical operations which were carried out easily before. They recognise relatives but may not remember their names immediately. In addition, the initial stage may be associated with anxiety and depression, avoidance to make important decisions and poor perception of time. People may misplace things or get lost while travelling.

Moderate Stage is associated with a moderate decline including forgetfulness, difficulties in recalling the memories of the recent past, difficulties in carrying out mathematical operations (test: counting back with 7), temporal (patient is unable to name years, days, weeks, months or seasons properly) and spatial (patient is unable to define his/her location) disorientation. Also, people may get lost often or may not always recall the names of people they rarely meet. Some people may experience behavioural and other mental disorders such as aggressiveness, excitement or restlessness (e.g. patient continuously puts clothes into and takes them out from the wardrobe). In this stage, people can also lose interest in their hobbies, may be less willing to compromise and tend to repeat the same stories over again. They may need assistance to recognise their own bathing or toilet needs or to dress up with seasonal clothes or shoes.

The severe stage is characterized by severe memory loss, complete spatial and temporal disorientation, aphasia, coordination impairments resulting in frequent falls, sleep disorder and incontinence. People may not always be able to recognize her relatives, sometimes mixing them up. Patients are usually not able to travel alone, they get lost and in severe cases may lose the ability to move and may need to be fed.

Behavioural and Psychological Symptoms of Dementia (BPSD) occur in nearly every type of dementia and they vary according to the type and stage of the disease. Some patients show the signs of behavioural alterations that did not characterize them before (swearing, shoplifting, collecting things, becoming messy etc.). With the progression of the disease changes in personality and behaviour become more severe. Thus, the relatives may feel very uncomfortable in certain situations. The patient suffering from dementia is not responsible for the unpleasant changes in his/her behaviour. It is important to stress that the patient is not intended to annoy his/her caregiver or relatives who have to learn how to handle these situations. As everyone is different, every family that is affected by dementia has to cope with different problems in the course of the disease.

Prevention

Dementia is the leading reason why seniors need long-term care. The incidence of dementia increases with age and 20% of people over 80 will actually have some form of dementia. Preventing dementia is crucial to extending a healthy life expectancy. Lifestyle-related diseases such as hypertension, diabetes, and dyslipidaemia (having high amounts of lipids such as cholesterol in the blood) in middle age are closely associated with the development of Alzheimer's disease later in life. Conversely, studies have revealed that factors such as exercise, intellectual activities, and a healthy diet are effective for preventing dementia.



Most forms of dementia are progressive and irreversible, but the early recognition of the disease is indispensable because an early drug therapy can slow the course of the disease and mitigate behavioural disorders as well (WHO, 2019). The quality of patients' life can be improved and personal autonomy can be preserved for a longer period. Dementia affects not only the patient but also his/her direct environment as well placing a significant burden on the families.

Alzheimer's disease

What is Alzheimer's disease

Alzheimer's is a slow, fatal disease of the brain, affecting one in 14 people over the age of 65 and one in every 6 people over the age of 80. No one is immune.

In 1906, German physician Dr Alois Alzheimer first described "a peculiar disease" — one of profound memory loss and microscopic brain changes — a disease we now know as Alzheimer's. Alzheimer's is a type of dementia that affects memory, thinking and behaviour (Sherzai & Sherzai, 2017).

Alzheimer's is the most common cause of dementia, a general term for memory loss and other cognitive abilities serious enough to interfere with daily life (Mucke, 2009). Alzheimer's disease accounts for 60-80% of dementia cases. The disease comes on gradually, as abnormal protein fragments called plaques and tangles accumulate in the brain and kill brain cells.

They start here in the hippocampus, the part of the brain where memories are first formed. Over many years, the plaques and tangles slowly destroy the hippocampus. And it becomes harder and harder to form new memories. Simple recollections from a few hours or days ago that the rest of us might take for granted, are just not there.

After that, more plaques and tangles spread into different regions of the brain, killing cells and compromising function wherever they go. This spreading around is what causes the different stages of Alzheimer's.

From the hippocampus, the disease spreads here to the region of the brain where language is processed. When that happens, it gets tougher and tougher to find the right word.

Next, the disease creeps toward the front of the brain where logical thought takes place. Very gradually, a person begins to lose the ability to solve problems, grasp concepts, and make plans.

Next, the plaques and tangles invade the part of the brain where emotions are regulated. When this happens, the patient gradually loses control over moods and feelings.

After that, the disease moves where the brain makes sense of things it sees, hears and smells. In this stage, all senses wreak havoc on a person's senses and can spark hallucinations.

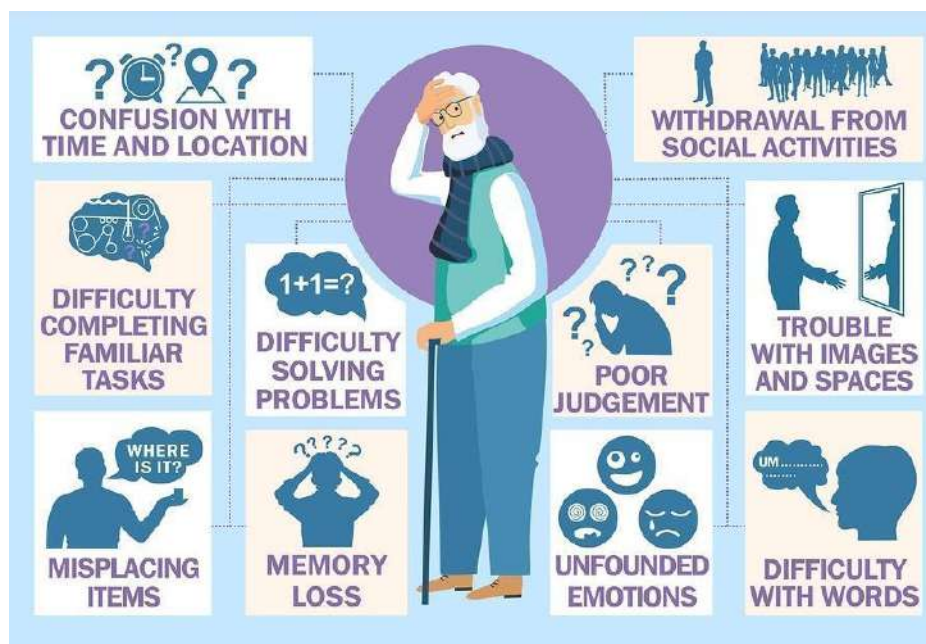
Eventually, the plaques and tangles erase a person's oldest and most precious memories, which are stored here in the back of the brain.

Near the end, the disease comprises a person's balance and coordination. And in the very last stage, it destroys the part of the brain that regulates breathing, and the heart.

The progression from mild forgetting to death is slow and steady and takes place over an average of eight to 10 years. It is relentless, and for now, incurable. Helping your family, friends and neighbours to better understand Alzheimer's will reduce stigma, improve care, and even help the fight for a cure.

Symptoms of Alzheimer's

The most common early symptom of Alzheimer's is difficulty remembering newly learned information because Alzheimer's changes typically begin in the part of the brain that affects learning. As Alzheimer's advances through the brain, it leads to increasingly severe symptoms, including disorientation, mood and behaviour changes; deepening confusion about events, time and place; unfounded suspicions about family, friends and professional caregivers; more serious memory loss and behaviour changes; and difficulty speaking, swallowing and walking.



Source: Askdrray.com

People with memory loss or other possible signs of Alzheimer's may find it hard to recognize they have a problem. Signs of dementia may be more obvious to family members or friends. Anyone experiencing dementia-like symptoms should see a doctor as soon as possible.

Cause

The exact cause of Alzheimer's disease is not yet fully understood, although many things are thought to increase your risk of developing the condition. These include:

- increasing age
- a family history of the condition
- untreated depression, although depression can also be one of the symptoms of Alzheimer's disease
- lifestyle factors and conditions associated with cardiovascular disease



How to prevent Alzheimer's disease?

As the exact cause of Alzheimer's disease is not clear, there's no known way to prevent the condition. However, there are things one can do that may reduce your risk or delay the onset of dementia, such as:

- stopping smoking and cutting down on alcohol
- eating a healthy, balanced diet and maintaining a healthy weight
- staying physically fit and mentally active

These measures have other health benefits, such as lowering your risk of cardiovascular disease and improving your overall mental health.

Treatment

Alzheimer's has no current cure, but treatments for symptoms are available and research continues. Although current Alzheimer's treatments cannot stop Alzheimer's from progressing, they can temporarily slow the worsening of dementia symptoms and improve the quality of life for those with Alzheimer's and their caregivers.

In addition to medication, various types of support are available to help people with Alzheimer's live as independently as possible, such as making changes to home environments so it's easier to move around and remember daily tasks (Levy J. , 2014). Psychological treatments such as cognitive stimulation therapy may also be offered to help support your memory, problem-solving skills and language ability.

Dos and don'ts

Caring for a senior loved one with Alzheimer's is difficult and sometimes frustrating. Nobody can do it alone, however, there are some basic dos and don'ts of caregiving for a loved one who has Alzheimer's disease.

Dos	Don'ts
Do what you can to involve your loved one in fun activities	Don't ignore them
Do promote independence	Don't talk to them like they're a young child or a baby
Do whenever you can, offer choices	Don't use terms of endearment instead of names
Do establish a routine for daily living	Don't assume they're confused all of the time
Do stay informed	Don't quiz them
Do use short, clear sentences. Repeat yourself using a calm voice when necessary.	Don't ask other people questions about them while they're right there
Do carefully rephrase your questions so that they can be answered with a "yes" or "no."	Don't focus on what they aren't able to do anymore



Do practice kindness and patience.	Don't assume they're choosing to be difficult
Do be cheerful and reassuring.	Don't stop visiting just because you think they won't remember
Do "go with the flow."	Don't forget how you would like to be treated

Communication can be challenging in even the best of circumstances. These are some strategies for successful communication:

DO	DON'T
Give short, one-sentence explanations	Don't reason
Repeat instructions or sentences exactly the same way	Don't argue
Allow plenty of time for comprehension	Don't confront
Eliminate "but" from your vocabulary	Don't remind them they forget
Agree with them or distract them to a different subject	Don't question recent memory
Accept the blame when something's wrong (even if it's fantasy)	Don't take it personally
Leave the room, if necessary, to avoid confrontations	
Respond to the feelings rather than the words	
Be patient and cheerful and reassuring	

Here are some examples to apply the above in conversations with people with Alzheimer's:

"Joe hasn't called for a long time. I hope he's okay."

- Don't: (remind) "Joe called yesterday and you talked with him for 15 minutes."
- DO: (reassure) "You really like talking with him, don't you?"
- (distract) "Let's call him when we get back from our walk."

"Who are you? Where's my husband?"

- Don't: (take it personally) "What do you mean – who's your husband?" I am!"
- DO: (go with the flow, reassure) "He'll be here for dinner."
- (distract) "How about some milk and cookies? Would you like chocolate chips or oatmeal?"

"I don't want to eat this! I hate chicken."

- Don't: (respond negatively) "You just told me you wanted chicken. I'm not making you anything else, so you better eat it!"
- Do: (accept blame) "I'm so sorry, I forgot. I was in such a rush that it slipped my mind."



- (respond positively) Let me see what else we have available.” Leave the room and try again.

Dealing with difficult behaviour

Caregivers also contend with the unexpected, unruly and humiliating actions of their beneficiaries of care. There are several accounts of irrational seniors, shifts in personality, hallucinations and temper tantrums (Sollitto, 2020).

In certain cases, this is the way that some seniors have always behaved. However, new habits and personality changes may also signify significant trends in older people's health, such as progressive dementia, depression or urinary tract infection.



Source: Dailycaring.com

There are 10 "bad" behaviours that older adults commonly exhibit, some of the potential mental and physical causes, and methods to cope with them.

Elderly Anger, Hostility and Outbursts

Age and disease can exacerbate long-standing personality characteristics in some unpleasant ways. For example, a grumpy person may sometimes become angry, or an impatient person may become demanding and difficult to please. Unfortunately, their primary caregiver is always the key focus of an angry elder.

How to deal. Try to find the root cause of their rage. Elders also reserve their worst actions to those nearest to them, including family members. In this situation, it might be helpful to employ home care or consider day-care for adults. Mean, angry attitudes do not emerge in front of strangers, and you're going to get a much-needed break when others are coping with elderly care needs.



Abusive Behaviour

Sometimes, the elderly will lash out at the person who makes the greatest effort to ensure their comfort and well-being. Unchecked, the rage and resentment mentioned above can become so serious that it can lead to violence of the caregiver. Stories of mental, emotional and even physical harassment of caregivers are frequent.

How to deal. Try to explain how their actions make you feel. However, many caregivers don't get too far by chatting. If the violence is verbal or emotional, make them understand how much you're trying to do for them by standing back for a moment. If the senior needs supervision and assistance to ensure their safety, then get outside help to take over your duties. Removing yourself from the situation could lead you home to the point that abusive conduct will not be tolerated. If physical violence is a matter of concern, then seek professional assistance.

Refusing to Shower or Bathe

The issue of older people refusing to bathe, change their clothes and practice good personal hygiene is much more widespread than most people believe. It's really stressful for caregivers, too. Depression is often the trigger, but a need for power may be another factor. When people age, they are losing more and more power over their lives. Nevertheless, one thing they can usually monitor is how they dress up and when they shower. It seems like the more you want to make older adults take a bath and put on fresh clothes, the more they refuse.

How to deal. The first step is to figure out why the elder has stopped bathing. If depression is the cause, talk to your doctor about solutions such as counselling and antidepressant medication. If seniors are afraid of water or falling in the bathtub, there are several styles of shower chairs, hand-held showerheads, grab bars and other senior bathing items that can provide additional stability and comfort. Do your best to keep your parents clean, but keep your standards reasonable. Bathing once or twice a week is usually enough for the elderly to prevent skin breakdown and infection.

Excessive Swearing, Offensive Language and Inappropriate Comments

When seniors unexpectedly begin to utter the worst profanities, use offensive language or say inappropriate things, family members are sometimes confused as to why and what they should do about it. Caregivers have encountered a situation where the elders unexpectedly began to curse them or call them insulting names. When these verbal meltdowns happen in private, they're hurtful; when they occur in public, they're even humiliating.

How to deal. If a cursing tirade comes in, another tactic is to use diversion. The outburst can end once it focuses on something else, particularly for patients with dementia. Try to dig up good times from the old days. Seniors love to reminisce, and urging them to change the conversation and tap into their long-term memory is likely to make them forget what it is that sets them off in the first place. If none of these ideas works, your best thing to do is not to take this action on a personal basis. When the senior becomes hostile, back off, leave for some time and wait for it to end.



Paranoia, Delusions and Hallucinations

Paranoia and hallucinations of seniors can take several forms. Seniors can accuse family members of stealing, may see people and items that aren't there, or may feel that someone is trying to hurt them. These habits can be extremely difficult for caregivers to witness and attempt to resolve.

How to deal. Hallucinations and delusions of seniors are severe warning signs of a mental or physical disorder. Keep track of what is happening with the senior then you can talk to a doctor. Acknowledge the concerns of the seniors and their understanding of reality with a calming voice. If they're frightened or upset, redirect them and make sure they're safe, and you're going to help them through the experience.

Obsessive or Compulsive Behaviours

Saving tissues, wondering whether it's time to take their medication, continuously picking their skin and hypochondria, are all sorts of obsessive habits that can interrupt the everyday lives of the elderly and their caregivers. Obsessions and compulsive habits are often attributed to an addiction problem or a background of obsessive-compulsive disorder.

How to deal. See the obsessive-compulsive conduct of your senior as a symptom, not a character defect. Obsessive behaviour can be linked to a variety of conditions, including anxiety, depression, dementia, and other neurological problems. Look out for items that cause obsessive behaviour. If their compulsions appear to be connected to a particular event or behaviour, avoid them as much as possible. If possible, strive to find ways to reduce or avoid causes. Distraction and redirection may also be useful.

Hoarding

Once again, the onset of Alzheimer's or dementia may be blamed if senior hoards (acquires and fails to throw out a large number of items). For instance, seniors who were already nervous about ageing and the likelihood of surviving their resources may begin to collect "useful" things and obsessively save money because they feel overwhelmed by what lies ahead. Others hang on to things because they believe that their memories will be lost without visible proof of the past.

How to Deal. You should try to reason with the senior and even chat about stuff to throw away or give away. Establishing a memory box to hold "special things" in place will help tame chaos. With serious hoarders, behavioural modification therapy and family counselling could make a significant difference in how you deal with it.

Refusing to Accept Outside Caregivers

It is a key development when family members decide to employ home care for their loved ones, but this initiative is frequently reversed when the elderly refuse to let new caregivers into their houses. Other elders would welcome home health staff just to tell them that they are fired!

How to Deal. The involvement of an outsider indicates to the elder that their family may not want to take care of them. It also raises the magnitude of their needs and makes them feel insecure. Ask the senior to offer home treatment to try temporarily. Instead of instantly introducing full days of hands-on treatment, it might help to get a home health worker to come in for a day a week to do light housekeeping and to



cook a meal for a few hours. When the senior is used to having someone at home and trusts the caregiver, they would feel more comfortable receiving additional support.

Overspending or Extreme Frugality

Some elderlies are racking up debt, gambling, or sending money to charities and scammers, while others refuse to spend money on items they really need, such as drugs, adult briefs, and long-term care. This problem is directly related to their desire to make their own choices and to live independently. When seniors lose their freedom in some areas, they also attempt to make up for this loss in other ways. Spending or saving are just different ways to do it.

How to Deal. When you try to tackle this issue, the elderly insists that there is no problem. This is your money, and you can spend it as you want. They are entitled to handle their own finances, but it is important to tackle them head if they are not competent. The cumulative amount spent on your shopping sessions in previous months or years is presented for over-dispensers. They sometimes have to look at their behaviour's accumulated consequences in black and white. At the other end of the continuum, senior citizens who once had trouble in paying bills and looking after their families are possibly unwilling to see financial problems for their families either. It could help to show them the real cost of their treatment.

Demanding Undivided Attention

Elderly people who can still do something for themselves can easily focus solely on their physical and emotional needs. One thing is if they really need a lot of help, but if they are elective, their demands can be even more irritating. Some older people can also "sabotage" their caregivers' plans for some other operation, including work, holiday and family time.

How to Deal. It is important to set limits to a challenging elder, and not to do this is a formula for burnout for caregivers. Do all you need to get the seniors engaged in the community and other events which do not include you directly. All may be sustainable choices for a lover to concentrate on something other than your focus based on their ability, everyday treatment for adults, book clubs, senior centres, voluntary opportunities and art classes.

Self-reflections

Activity based on World Alzheimer Report 2019, Attitudes to dementia. Read the case study Stigma and negative attitudes towards people with dementia still pervade: the importance of working together, pp.100, available at <https://www.alzint.org/u/WorldAlzheimerReport2019.pdf>

How can we improve the overall attitude of people about the elderly suffering from dementia and Alzheimer's?

Resources and further reading

- SOS dementia: <https://www.alpecca.si/dokumenti/ProAge/S.O.S.%20Dementia.pdf>



- World Alzheimer Report 2019: <https://www.alzint.org/u/WorldAlzheimerReport2019.pdf>
- What Alzheimer's disease is: <https://cead.cumc.columbia.edu/content/what-alzheimers-disease>
- 10 signs: https://alz.org/alzheimers-dementia/10_signs
- What is Alzheimer's: <https://alz.org/alzheimers-dementia/what-is-alzheimers>
- Caregiving tips – communication strategies: <https://alzsd.org/caregiving-tips-communication-strategies/>
- Dos and don'ts of Alzheimer's caregiving: <https://fivestarseniorliving.com/blog-post/the-dos-and-donts-of-alzheimers-caregiving>
- Tips for Alzheimer's caregivers: <https://helpguide.org/articles/alzheimers-dementia-aging/tips-for-alzheimers-caregivers.htm>
- Alzheimer's caregiver dos and don'ts: <https://heritageseniorcommunities.com/2016/02/11/alzheimers-caregiver-dos-and-donts/>
- Alzheimer's disease: <https://nhs.uk/conditions/alzheimers-disease/>
- What not to do to people with Alzheimer's: <https://verywellhealth.com/what-not-to-do-to-people-with-alzheimers-disease-97967>

Video materials

- What is dementia: <https://www.youtube.com/watch?v=HobxLbPhrMc&t=132s>
- What is dementia: <https://www.youtube.com/watch?v=9G5x04tBEfw>
- Barbara, the whole story: https://www.youtube.com/watch?v=DtA2sMAjU_Y
- Losing Greg: A dementia story: <https://www.youtube.com/watch?v=zmHgTKVTliE>
- Phrases to learn for caregivers: <https://www.youtube.com/watch?v=KKejCymVS2Q>
- Difference between Alzheimer's and Dementia: <https://www.youtube.com/watch?v=8lc0nvHU56E>
- What is Alzheimer's disease: <https://www.youtube.com/watch?v=wflP8fFrOp0>
- What is Alzheimer's disease? Causes, signs and symptoms, diagnosis and treatment: <https://www.youtube.com/watch?v=uAg-qLMJ5lg>
- Understand Alzheimer's disease in 3 minutes: https://www.youtube.com/watch?v=Eq_Er-tqPsA
- How Alzheimer's disease progresses: <https://www.youtube.com/watch?v=IAA7hMDZqb8&t=239s>
- Rapid progression of Alzheimer's: <https://www.youtube.com/watch?v=XH4OceW1G34>
- Into the fog: Living with early-onset Alzheimer's: <https://www.youtube.com/watch?v=UxSznEI0UXA>
- A few words from Harvey and William, two Alzheimer's patients: <https://www.youtube.com/watch?v=q1BkfV2h09g>
- Alzheimer's: The caregiver's perspective: <https://www.youtube.com/watch?v=CcBH077AEm8>
- Challenging behaviour: <https://www.youtube.com/watch?v=ZpXeeFZ2jAM>

2.5. Activities with seniors

Activities with seniors are an intrinsic part of the skills development of educators and staff working with seniors. In essence, you should be able to put into practice what you have learnt by designing, adapting and delivering activities with seniors. Relevant activities (e.g. workshops) will help you in your line of work, but will also improve the quality of life of seniors and the happiness of their families. As a result, these will support intergenerational relationships and inclusive neighbourhoods and local communities.

Task: Use the activity scenario template at Appendix 2 and design a relevant activity scenario to help you better understand the seniors you work with.



Example of activity: Digital Storytelling⁴ may be good to help you understand your seniors better, but you can create any activity that you think is relevant.

2.6. Evaluation quiz no.2

- 1) What is the definition of stereotypes?
 - a) **Unchallenged myths or overstated beliefs associated with a category which are widespread and entrenched in verbal, written, and visual contexts within society**
 - b) The advocacy of women's rights on the ground of the equality of the sexes
 - c) Harm or injury that results or may result from some action or judgement
- 2) What are learning disabilities, according to the Learning Disabilities Association of America?
 - a) **Neurologically based processing problems**
 - b) Problems that affect a person's mobility, physical capacity, stamina, or dexterity
 - c) Disorders in which people have recurring, unwanted thoughts, ideas or sensations (obsessions) that make them feel driven to do something repetitively (compulsions)
- 3) Which of the following are learning disabilities?
 - a) **Dyslexia, dysgraphia, dyscalculia, dyspraxia**
 - b) Bipolar disorder, depression, schizophrenia, anorexia nervosa
 - c) Sensory processing disorder, Hearing loss and deafness, Blindness and low vision
- 4) What is the definition of dyslexia?
 - a) A learning disability in writing, which means that the individual can have problems with writing, coping and spelling accurately and consistently
 - b) A learning disability related to fine motor skills such as cutting, writing, and some gross motor skills such as running or jumping
 - c) **A learning disability in reading, which means that the individual has problems with understanding certain sounds, letters, and how they form into words, they might not be able to grasp the meaning of certain words or phrases**
- 5) Which of the following is a stage of the cognitive decline?
 - a) **Subjective Cognitive Impairment**
 - b) Prodromal
 - c) Incubation
- 6) How many people will stay in a nursing home at any time in their life?
 - a) No more than 7 people

⁴ Digital Storytelling How-To-Guide - Tools for Educators: <http://langwitches.org/blog/wp-content/uploads/2009/12/Digital-Storytelling-Guide-by-Silvia-Rosenthal-Tolisano.pdf>



- b) No more than 2 people
 - c) **No more than 4 people**
- 7) According to a study by the Pew Research Centre, how many seniors use the Internet?
- a) 29% of seniors over 65
 - b) 83% of seniors over 65
 - c) **67% of seniors over 65**
- 8) What are some of the causes for developing osteoporosis, for both men and women?
- a) **Family history, lack of calcium or vitamin D, alcohol, drug abuse and too little exercise**
 - b) Too much exercise, smoking, using the laptop for 5 hours/day, walking
 - c) Family history, lack of magnesium or iron, walking, smoking
- 9) Which statement is true?
- a) Science has answered all our questions about ageing
 - b) **People age 85+ are the fastest-growing segment of the population**
 - c) Older people are not interested in romanticism, intimacy and sex
- 10) According to recent studies, how many seniors between the ages of 50 and 80 are lonely?
- a) About a fifth of them
 - b) **About a third of them**
 - c) About a seventh of them
- 11) What are the three needs a senior has?
- a) Food, reciprocity, silence
 - b) **Proximity, relationships, reciprocity**
 - c) Relationships, exercise, food
- 12) Identify one role of seniors in the community:
- a) **Mentoring young people**
 - b) Cooking for nephews
 - c) Knitting
- 13) What are the various strategies to help improving communication with elderly?
- a) Visit them once a year
 - b) Avoid communication at all
 - c) **Make time, listen, ask good questions, help**
- 14) What are some of the causes of memory problems?
- a) **Age, stress and depression**
 - b) Watching too much TV



- c) Family history
- 15) What is dementia?
 - a) **A syndrome (a group of related symptoms) associated with an ongoing decline of brain functioning**
 - b) A dangerous eating disorder that involves self-starvation in an attempt to stay as thin as possible
 - c) A mood disorder that causes a persistent feeling of sadness and loss of interest
- 16) How to prevent dementia?
 - a) It can't be prevented
 - b) **By leading a healthy lifestyle – exercise, intellectual activities + healthy diet**
 - c) By talking about it with other people
- 17) What is Alzheimer's disease?
 - a) An impairment of the legs
 - b) **A slow, fatal disease of the brain**
 - c) A syndrome associated with an ongoing loss of smell
- 18) What is the most common early symptom of Alzheimer's disease?
 - a) Misplacing items
 - b) Confusion with time and location
 - c) **Difficulty remembering newly learned information**
- 19) What can you do for a senior loved one with Alzheimer's?
 - a) Talk to them like they're a young child or a baby
 - b) **Involve them in fun activities**
 - c) Quiz them
- 20) What are some of the difficult behaviours a senior can manifest?
 - a) **Refusing to shower or bathe, paranoia, hoarding**
 - b) Hallucinations, long walks, driving
 - c) Excessive swearing, not picking up the phone, going shopping on their own

*The correct answers are available in the check sheet at Appendix 1.



3. Work with your seniors

This chapter is dedicated to the topic of working with elderly. The first section covers the social services while the second one explains how social services for elderly are financed. Because in many countries there are different approaches which cannot be synthesized in one single module, authors thought that it is best to work with the example of one country – Romania.

Section 3 looks into the qualities social work staff need to be able to provide services to and help seniors. To help practitioners motivate and involve seniors, authors included relevant guidance points in Section 4. Section 5 goes one step further and provides for engaging elderly in activities.

3.1. Social services for the elderly

The main types of social services addressed to the elderly provided by both public and private social service providers (associations, foundations, cults recognized by law) are the following:

- Temporary or permanent home care
- Temporary or permanent care in a home for the elderly
- Care in daily centres, clubs for the elderly, temporary care homes, apartments and social housing, and the like.

Temporary or permanent home care consists of:

- Help given to carry out the usual activities of daily living.
- Basic activities of daily living, mainly: ensuring body hygiene, dressing and undressing, feeding and hydration, ensuring the hygiene of disposal, transfer and mobilization, moving indoors, communication.
- Instrumental activities of daily living, mainly: food preparation, shopping, housekeeping and laundry activities, facilitating travel and companionship, activities of administration and management of goods, accompaniment and socialization.
- Environmental rehabilitation and adaptation services: small arrangements, repairs and the like.
- Other recovery/rehabilitation services: kinesiotherapy, physiotherapy, medical gymnastics, occupational therapy, psychotherapy, psychopedagogy, speech therapy, podiatry and the like.
- Medical services, in the form of medical consultations and care at home or in health institutions, dental consultations and care, administration of medicines, provision of sanitary materials and medical devices.

Temporary or permanent care in a home for the elderly

What is a care home for elderly

A care home for the elderly is a residential centre with or without legal personality which grants, for an indefinite period, care for the elderly.

What services can be provided in a home for the elderly:

- Supervision;
- Current medical care provided by nurses;
- Accommodation for an indefinite period;



- Meal, including preparation of hot food as appropriate;
- Cleaning;
- Socialization and cultural activities
- Other activities as appropriate: medical assistance provided by a geriatrician, internist or family doctor, physical/mental/mental recovery therapies, occupational therapy, housekeeping, security, other administrative activities, etc.

Beneficiaries of social services provided in homes for the elderly

The access of an elderly person to the home is made taking into account the following priority criteria:

- Requires special permanent medical care, which cannot be provided at home;
- Can't manage on their own;
- Lacks legal supporters or they are unable to fulfil their obligations due to their state of health or economic situation and family responsibilities;
- Has no home and no income of their own.

Care in a nursing home for dependent elderly people can only be arranged if home care is not possible.

Where should an elderly person go to benefit from social services

To benefit from social services, the elderly person in question or his legal representative must address a request to the mayor's office of the locality in whose territorial area he has his domicile, respectively to the public social assistance service.

The request for the provision of social services can also be addressed directly to a private social service provider. The approval of the right to social services for the elderly is made by the public social assistance service following the analysis of the social, economic and medical situation of the elderly, through social survey, respecting the criteria provided in the national grid for assessing the needs of the elderly.





Source: Pexels.com

Establishing a monthly maintenance contribution for the elderly

Community counselling services

Community counselling services, to prevent social marginalization and for social reintegration, are provided without payment of a contribution, as a fundamental right of the elderly, by social workers.

Home care

In the case of home care (except for the medical services provided within them), it is provided without payment for elderly who, assessed according to the national grid for assessing the needs of the elderly, fall into one of the following situations:

- They have no income and no legal supporters
- They are beneficiaries of the social.

Elderly people, who fall within the national needs assessment grid of elder people earning more than the above, benefit from paid services, established following the complex assessment process, depending on the type of services provided and the income of the person/supporters without exceeding their cost calculated for that period.

The types of services and their cost are established by the local public administration authorities, respectively by the social services provider, in compliance with the legal provisions.

The obligations of the home health care provider are to:

- Inform the insured about the home health care services included in the basic services package, the obligations of the provider, as well as the obligations of the insured;
- Observe the program according to the home medical care plan according to the recommendations made by the specialized doctors from the specialized ambulatory clinic and the hospital, daily, including Saturdays, Sundays and during the legal holidays;
- Provide home health care services to all insured persons without any discrimination;
- Not to modify or interrupt on its own initiative the recommended care scheme;
- Communicate directly, both to the doctor who recommended the medical care at home and to the family doctor of the insured, the evolution of his health condition;
- Keep records of the medical care services provided at the insured's home, regarding the type of service provided, the date and time of granting, the duration, the evolution of the health condition;
- Follow the presentation to the medical examination of the insured person who took care of him, when this was requested by the doctor who made the recommendation of the medical care at home and not to exceed on his own initiative the period of medical care at home.

Care home for the elderly

Seniors who have no income or legal supporters do not owe the maintenance contribution, this being ensured from the local or county budgets, as the case may be, within the limit decided by them.



The elderly person cared for in the home for the elderly, as well as his legal supporters, who have their own income, must pay a monthly maintenance contribution, established individually, following the complex assessment, based on the average monthly maintenance cost of the income of the elderly person and, as the case may be, of his legal supporters.

The average monthly maintenance cost is established according to the degree of dependence of the cared elderly person and takes into account all the current annual expenses of the care home for the elderly, reduced by the amounts received from the Single National Health Insurance Fund, to finance staff rights of medical staff and medicines.

The average monthly maintenance cost must ensure the fulfilment of the level of minimum quality standards and cannot be lower than the minimum cost standard approved by the Government decision, under the law.

Elderly people who have income and are cared for in the care home owe a monthly maintenance contribution of up to 60% of the amount of personal monthly income, without exceeding the approved average monthly maintenance cost.

The difference up to the full amount of the monthly maintenance contribution will be paid by the legal supporters of the elderly cared for in the care homes, if they make a monthly income, per family member, in an amount higher than the net value of the minimum gross basic salary in the country guaranteed in payment, established by law.

Legal supporters can cover the full monthly contribution from their own income through a payment commitment.

When establishing the monthly income of the elderly person or the monthly income per family member of the legal supporters, proceed as follows:

- From the monthly net incomes of the legal supporters are deducted the eventual legal maintenance obligations, which are in execution;
- The remaining amount is divided by the number of family members that the legal supporters actually have in maintenance.

The obligation to pay the monthly maintenance contribution for the elderly person and/or the legal supporters is established by a payment commitment, signed by the elderly person, by his legal representative, as the case may be, and/or by the legal supporter. The payment commitment constitutes an enforceable title.

The obligation to pay the monthly contribution to the legal supporters can also be established by a court decision.

Self-reflections

Find your social care options for elderly in your country. What is similar or different compared to other countries?



Resources and further reading

- Finding and arranging social care: <https://www.ageuk.org.uk/information-advice/care/arranging-care/>

Video materials

- What is social care: <https://www.youtube.com/watch?v=sdg8AVbqSN8&t=2s>
- 10 housing options for older adults 55+: <https://www.youtube.com/watch?v=diFQ7l55AmE>

3.2. Financing of social services for the elderly

The financing of social services for the elderly is ensured on the principle of sharing the responsibility between the central and the local public administration.

Funds from the central government

Funds are allocated from **the state budget** for:

- Financing the social assistance activities carried out by Romanian associations and foundations with legal personality, as well as by the cult units recognized in Romania;
- Investment expenses and capital repairs for social assistance units in disadvantaged areas;
- Financing the current expenses of the homes for the elderly;
- Financing of programs of national interest destined to the development and sustainability of social services for the elderly
- Other expenditures established by the annual budget laws.

Funds from the local authorities

Funds are allocated from **the local budget** for:

- Amounts allocated in addition to the own incomes of the care homes
- Financing the expenses of the subordinated/administered care homes
- Financing the social assistance activity of some Romanian associations and foundations with legal personality, as well as of the cult units recognized in Romania
- Financing the expenses for the organisation and functioning of the community social assistance services, as well as for the home care
- Funeral expenses for the assisted persons who lack legal supporters or who cannot fulfil their family obligations due to their health condition or precarious economic situation.

Operating expenses and other costs

The operating expenses of the care home for the elderly are ensured in compliance with the principle of subsidiarity, in the following order:

- From own revenues;
- From amounts allocated from local budgets of the administrative-territorial units/subdivisions;



- From the state budget, from amounts deducted from the value-added tax - in proportion to at least 10% of the minimum cost standard. The amounts distributed by counties at the proposal of the Ministry of Labour and Social Justice are approved separately by the annexe to the state budget law and are distributed by administrative-territorial.

Expenditures for medical services, sanitary materials, medical devices and medicines shall be borne by the funds and under the conditions provided by the regulations on social health insurance.

The expenses that are not supported by the social health insurance funds, under the law, are insured by the care home for the elderly, through which the assistance of the person in question is provided.

Reflections for policymakers

Sociological studies identify the elderly as one of the most vulnerable categories of the population, which are becoming increasingly dependent on social assistance services, in the context in which informal and traditional structures (family) are falling apart. The vulnerability of the elderly is determined by the diminution of the social defence potential by leaving the active social circuit, the loss of roles marginalizes them both in the family and society, from active people to passive people, from husband/wife to widows. From an economic point of view, they are affected by the decrease of incomes, because they are insufficient to ensure a decent, biological life, through increased receptivity to diseases, disabilities, addiction and from a psychological point of view, through psychological and psychopathological changes of involution. The loss of roles marginalizes them both in the family and society. Labour migration has left behind hundreds of thousands of parents and grandparents, alone in their homes, forced to fend for themselves. Because our country does not have a well-developed care system, the fate of the elderly is at the will of destiny, many of them being abandoned, neglected, isolated, affected by loneliness or living the feeling of uselessness.

To reduce the risks posed by the ageing population, the Government must aim at implementing policies that:

- Ensure a longer healthy life and jobs for the fit for duty elderly population.
- Analyse the policy on social allowances for pensioners.
- Analyse the legislation related to early retirement and the future retirement age.

The social field in general and that of social services in particular, must promote the finding of solutions to the pressing social problems of society and implement measures to increase the quality of life of the elderly. In this regard, we propose a series of measures that could improve the lives of the elderly:

- Promoting the positive image of the elderly in the community and developing community education programs on preventing and combating forms of violence, abuse and neglect of the elderly
- Promoting active ageing through sports and supporting the access of the elderly to gyms, swimming pools, sports fields, as well as in any public space for sports, cultural activities and leisure, etc.
- Health promotion campaigns (promoting a healthy diet among the elderly, promoting mental health, cardiovascular disease, breast cancer, cervical cancer, colon cancer, etc.)
- Campaigns to promote the rights of the elderly
- Informing the elderly population about the benefits of volunteering to promote an active life and intergenerational tolerance



- Involvement of volunteers in the case of single people with light care needs: shopping, housekeeping, administration of goods, accompaniment, etc. and training of informal caregivers
- Increasing the access of the elderly to basic services in the community, accessible, available and at a reasonable cost
- Identifying the elderly who face the highest risk of loneliness, social exclusion and/or depression
- Setting up or supporting the operation of day centres where various activities are carried out: care for the elderly, physical and mental recovery, maintenance and promotion of health, occupational therapy, music therapy, leisure, counselling and legal advice, etc.

Assessment of dependency levels

In many countries, the level of state support to elderlies is established based on the dependency levels of the elderly. The table below is an illustration of the national grid for assessing the needs of the elderly in Romania. Other countries may have similar assessment grids.

No.	Criteria for classification in degrees of dependence	It does not require supervision or help	Needs supervision or help	Requires permanent supervision or assistance
	Evaluation of autonomy	0	1	2
A.1. Basic activities of daily living				
1.	Body hygiene (general, intimate, special toilet)	Autonomous	Partial help	It is done only with help
2.	Getting dressed / undressed (possibility to dress, to undress, to have a neat appearance)	Autonomous	Autonomous and/or partially autonomous for clothing; needs help with putting on the shoes	It is done only with help
3.	Food (possibility to help oneself and feed oneself)	Eats alone	Needs help cutting meat, fruit, bread, etc.	It is done only with help
4.	Disposal hygiene	Autonomous	Occasional incontinence	Incontinent
5.	Mobilization (moving from one position to another – raised – sitting, lying down, etc. and moving from one direction to another)	Autonomous	Needs help	Bedridden
6.	Moving inside (moving inside the room where he lives, with or without a cane, frame, wheelchair, etc.)	Autonomous	Moves with partial help	Doesn't move without help



7.	Moving outside (moving outside the home without means of transport)	Autonomous	Moves with partial help	Doesn't move without help
8.	Communication (use of means of distance communication to alert: telephone, alarm, bell, etc.)	Normal use of media	Doesn't use the media spontaneously	Unable to use the media
A.II Instrumental activities				
1.	Food preparation (ability to prepare food on one's own)	Provides, prepares and serves meals normally	Requires partial help with the preparation and serving meals	The meal is prepared and served by another person
2.	Housekeeping activities (performing household chores: housekeeping, washing clothes, washing dishes, etc.)	Performs household chores alone	Performs partially	Unable to perform household chores, regardless of activities
3.	Management and administration of budget and assets (manages own assets, budget, knows how to use money, etc.)	Manages autonomously own finances	Needs help with more complex financial operations	Unable to manage his assets and use his money.
4.	Shopping (ability to make purchases necessary for a decent living)	Does the shopping alone	Able to make a limited number of purchases and/or require an attendant	Unable to do the shopping
5.	Adherence to medical treatment (possibility to comply with medical recommendations)	Takes medications as a regular thing (dosage and rhythm)	Takes medicine if the doses are prepared separately	Unable to take medication alone
6.	Use of means of transport (ability to use means of transport)	Uses public transport or drives own car	Uses public transport accompanied	Travels a little, only accompanied, by taxi or by car.
7.	Leisure activities (the person has cultural, intellectual, physical activities, etc. - alone or in groups)	Does them regularly	Rarely does them, without spontaneous participation	Does not perform or participate in such activities
B. Evaluation of sensory and psycho-affective status				



1.	Visual acuity		Good enough to read, write, work by hand, etc.	Distinguishes faces, sees enough to orient and avoid obstacles	Sees only shadows and lights: blindness
2.	Hearing acuity		Hears well	Hears only the loud voice or only with a prosthesis	Deafness or hearing sounds, but does not understand words
3.	Speech deficiency		Without	Dysphasia, voice substitution, others	Aphasia
4.	Orientation		Oriented in time and space	Disoriented in time	Disoriented in space and/or towards other people
5.	Memory		No memory problems	Has moderate, benign disorders	Has severe, malignant disorders
6.	Judgment		Intact	Reduced	Severely altered
7.	Coherence		Fully maintained	Partially maintained	Incoherence
8.	Behaviour		Normal	Has moderate disorders (hypoactive, hyperactive, etc.)	Has serious disorders
9.	Affective disorders (presence of depression)		Without	Medium depression	Major depression

Degree of dependence

- **Degree I A** - persons who have lost their mental, corporal, locomotor, social autonomy and for whom the continuous presence of the care staff is necessary;
- **Degree I B** - bedridden, lucid or people whose mental functions are not completely altered and who require supervision and medical care for the vast majority of activities of daily living, night and day. These people cannot do their basic daily activities on their own;
- **Degree I C** - people with severe mental disorders (dementia), who have fully or significantly retained their locomotor faculties, as well as some daily gestures that they perform only stimulated. Requires ongoing supervision, care for behavioural disorders, and regular care for some of the body hygiene activities;
- **Degree II A** - people who have preserved their mental autonomy and partially their locomotor autonomy, but who need daily help for some of the basic activities of daily living;
- **Degree II B** - persons who cannot mobilize themselves from a lying position, but who, once raised, can move inside the living room and need partial help for some of the basic activities of daily life;

- **Degree II C** - persons who do not have locomotor problems, but who must be helped for body hygiene activities and instrumental activities;
- **Degree III A** - persons who move alone inside the house, feed and dress themselves, but who need regular help for the instrumental activities of daily life; if these persons are housed in a home for seniors and they are considered independent;
- **Degree III B** - people who have not lost their autonomy and can perform daily life activities on their own.



Source: Pexels.com

Recommendations on the classification of the elderly in degrees of dependency

The degrees of dependency are established based on the criteria mentioned in the National Grid for assessing the needs of the elderly by assessing the functional, sensory and psycho-affective status of the elderly person.

- 1) Assessment of the functional status regarding the basic and instrumental activities of daily life is performed by observing the activities carried out by the elderly person, without the help of another person. Material and technical aids, respectively glasses, hearing aids, cane, frame, etc. are considered to be used by the evaluated person.
- 2) The evaluation of the sensory and psycho-affective status is necessary considering the obligatory condition of mental and mental integrity of the elderly person to be able to perform the basic and instrumental activities of daily life.
- 3) Each activity assessed in the National Grid Assessment of the Needs of the Elderly shall be quantified by the digits 0, 1, 2.
- 4) It is recommended to place the evaluated elderly people in the following degrees of dependency:
 - a) **degree IA** - persons who have lost their mental, corporal, locomotor, social autonomy and for whom the continuous presence of the care staff is necessary;
 - b) **degree IB** - bedridden, lucid or people whose mental functions are not completely altered and who require supervision and medical care for the vast majority of activities of daily living, night and day. These people cannot do their basic daily activities on their own;



- c) **degree IC** - people with severe mental disorders (dementia), who have fully or significantly preserved their locomotor faculties, as well as some daily gestures that they perform only stimulated. Requires ongoing supervision, care for behavioural disorders, and regular care for some of the body hygiene activities;
- d) **degree IIA** - persons who have preserved their mental autonomy and partially their locomotor autonomy, but who need daily help for some of the basic activities of daily life;
- e) **degree IIB** - persons who cannot mobilize themselves from a lying position, but who, once raised, can move inside the living room and need partial help for some of the basic activities of daily living;
- f) **degree IIC** - persons who do not have locomotor problems, but who must be helped for body hygiene activities and instrumental activities;
- g) **degree IIIA** - persons who move alone inside the house, feed and dress alone, but requiring regular help for the instrumental activities of daily living; if these persons are housed in a home for the elderly, they are considered independent;
- h) **degree IIIB** - people who have not lost their autonomy and can perform the activities of daily living alone.

Care for the elderly in the home can be done as follows:

- Persons included in the dependency degrees IA, IB and IC are cared for in the sections for dependent persons;
- Persons classified in dependency grades IIA, IIB and IIC are cared for in sections for semi-dependent persons;
- Persons included in the dependency degrees IIIA and IIIB are cared for in the sections for independent persons.

Self-reflections

How are the social services for seniors financed in your country? What is similar or different compared to other countries?

Resources and further reading

- Administration of services in other developed countries: <https://www.britannica.com/topic/social-service/Administration-of-services-in-other-developed-countries>

Video materials

- Funding social care in later life: <https://www.youtube.com/watch?v=j4MmvOIYRf8>
- What is Subsidized Senior Housing: https://www.youtube.com/watch?v=RI0KtG_yeGI



3.3. Qualities of social work staff for working with the elderly

What qualities do you need to work as a caregiver

The caregiver must be a realistic person, who understands the limitations of the elderly, does not have exaggerated expectations and urges him to get involved in activities that he can perform, but without asking him to do things that exceed him.

He must also be a physically and mentally strong person. Caring work can put you up to various challenges. He must take care of the elderly's personal hygiene or bandage wounds and must do so in a way that does not affect the self-esteem of the person being cared for. The caregiver should not argue with the elderly person because he cannot be controlled if he suffers from conditions such as urinary incontinence and should not be bothered by this.

Last but not least, the caregiver must always remember that he is caring for a suffering person. Therefore, compassion and soul involvement are essential to be able to perform this activity.

The significance of quality in the case of social services for the beneficiary implies:

- Time and availability;
- Purpose - the level of service performance;
- Deference - how well it is treated by the staff providing the services;
- Stability - the level of service provided is the same for all interventions.

At the basis of quality services there are certain **traits** considered to be fundamental, namely:

- Courtesy - so that the beneficiary does not feel humiliated because he needs help
- Respect – stands at the basis of any relationship
- Sympathy - to have a relationship as open as possible with the beneficiary
- Promptness – many needs of seniors are here and now
- Active listening - to identify the real problem to be solved
- Accuracy - solving the problem to be solved, not another
- Accessibility - the services provided must respond to all requests, without any discrimination; the institution providing social services must also be accessible and have a program that meets the needs of applicants
- Clarity - the steps of the intervention must be described in such a way that the beneficiary must understand how the problem will be solved
- Well-informed and specialized staff - to maintain and improve the quality of services;
- Objectivity - lack of favouritism toward one side or another; freedom from bias.

Communication skills

In any career, we need solid communication skills, but for nurses this is the most important quality because they must be willing to relate easily to the person they work for and their family, have good listening skills and follow exactly the instructions given by the doctor or family.

Self-reflection question: Do I identify myself in the description above?



Emotional stability

Taking care of a person who is unable to take care of himself is quite stressful when you have to deal with traumatic situations. The ability to accept suffering and death without gaining personal character is essential.

Self-reflection question: Am I able to care for an elderly person without getting emotionally involved?



Source: Pexels.com

Empathy

Caregivers of the elderly must show empathy for the pain and suffering of the sick. They must be able to feel compassion and provide physical and mental comfort. They will face quite a few moments of fatigue and therefore must be able at all times to recognize the symptoms of the disease and to act effectively when a critical situation arises.

Self-reflection question: Can I meet this challenge?

Flexibility

Flexibility is a particularly important quality in working with people who are difficult to move, immobilized, or who are unable to take care of themselves. A nurse must have flexibility both in terms of working hours



(to be available for overtime hours, for working at night, working on weekends) and the responsibilities incumbent on her (housekeeping, medication administration, company, various commissions, etc.)

Self-reflection question: Am I willing to make my plans for that day according to the wishes of the beneficiary?

Attention to detail

Every wrong step in this area can have long-term consequences. A good nurse must pay great attention to detail, be very careful not to skip the steps indicated by the doctor or family. When a small mistake, either in the wrong administration of medication or in food, leads to tragedy, attention to detail can make the difference between life and death. Every person who wants to work as a caregiver for the elderly should be aware of this aspect.

Self-reflection question: Am I a responsible person who can manage the risks that can cause various accidents?

Problem-solving skills

If the patient is in a very serious situation, in a very advanced stage of the disease, a medical emergency may occur at any time and the nurse must have the ability to make decisions quickly in very stressful situations and solve problems as soon as possible, or even before they appear.

The caregiver of the elderly must know how to reassure the patient, to inspire confidence in him, to show that he is in control of the situation; having good problem-solving skills, you will know how to manage the moments of irascibility, distrust, embarrassment and hostility that can occur due to suffering and illness.

Self-reflection question: Do I have the ability to dialogue with an irascible person or a dying person?

Various interpersonal skills

Considering that elderly caregivers generally work with sick people, they go through various unforeseen and less pleasant situations and therefore need various personal skills that will help them cope with such situations. They must know how to communicate both with the sick person, as gently as possible, but also with his family and with doctors and nurses. Most of the time, he must intuit the patient's needs and try to offer him a climate that is as calm as possible, warm, friendly and with few tense moments. They must know how to act in as many situations as possible and relate to as many types of personalities as possible.

Self-reflection question: Am I ready for a dialogue with people who do not share the same vision as me?

Physical strength

The duties of a nurse will include various activities that may require physical strength: standing for long periods, lifting very heavy objects or the person in need of care (changing the clothes of a paralyzed person, bathing him, etc.).

Self-reflection question: Do I have the ability and physical availability and willingness to lift heavy weights?



Ability to act promptly and effectively

The caregiver of the elderly must be prepared to respond quickly to emergencies and other situations that may arise. Quite often, the work of caring for the health of a seriously ill person requires, in fact, a sudden, spontaneous but well-thought-out response to unforeseen incidents, and a nurse must be prepared at all times to act promptly and effectively, to deal with a calm crisis.

The elderly caregiver must be able to deal with more delicate situations, have knowledge about the patient's illness to identify possible emergencies that may occur and act calmly for the benefit of the patient. We must also take into account the most painful and most unbearable situation: death. She must be in control of herself, not to be affected, overwhelmed by the moment but to act in providing moral support, to be able to support the family in these delicate moments.

Self-reflection question: Am I emotionally stable? Can I resist in extreme situations?

Respect

And last but not least, respect is an essential quality in working with sick people. A good nurse must have respect for people and rules. They must remain impartial at all times, they must be aware of confidentiality (some people want those around them not to know all aspects of the person's illness or suffering), they must show respect for the culture and tradition of that family. Above all, the caregiver must respect the wishes of the patient or his family.

Self-reflection question: Am I an educated person to respect the wishes of others?

Take Care of Yourself

A word of caution. You must remain healthy to take care of anyone else. Those who take care of their elders have been found to suffer from stress, anxiety, depression and musculoskeletal disorders. If possible, divide the responsibilities between you, your spouse and other family members. It is important that you don't forget to take breaks, get away a bit and enjoy your life as well.



Source: Pexels.com

Self-reflections

Considering the above self-reflection questions, what are your strengths and weaknesses when it comes to dealing with the elderly?

Resources and further reading

- 11 essential traits to being a caregiver: <http://www.seniorhelpers.ca/blog/11-essential-traits-to-being-a-caregiver>

Video materials

- I wish someone told me: <https://www.youtube.com/watch?v=4MwDQU47dzI>
- Homecare caregiver duties: <https://www.youtube.com/watch?v=t2XN8DwdQos>

3.4. How to motivate and involve the elderly

Caring and successful relationships with older adults often require unique interpersonal skills and strategies. Below are five ways to encourage and motivate older adults⁵.

⁵How to motivate the elderly and support their progress: <https://blog.ioaging.org/caregiving/goal-setting-seniors-motivate-elderly-support-progress/>



Encourage few and manageable goals

Encouraging a few and manageable goals covering the primary and secondary needs of seniors would help motivating and involving them:

- Primary needs fulfilled: independence, relevance
- Secondary needs fulfilled: companionship, security

Young people and adults in their prime are frequently reminded to set and accomplish goals. Goals can be beneficial for many older adults as well. Being goal-oriented can instil motivation, a sense of purpose, and pride in accomplishment. In the case of seniors, create a few and manageable goals daily, be it doing ten stretches, completing a small craft project, or something as simple as finishing a cup of juice. Facilitate and assist along the way. Offer encouragement with each baby step, and compliment when the task is complete. Being acknowledged for completing a seemingly simple task (to us) can sometimes make a senior's day!

Self-reflection question: Am I a good companion?

Affirming self-identify

Encouraging seniors to affirm their self-identity would also help motivating and involving them:

- Primary needs fulfilled: relevance
- Secondary needs fulfilled: companionship, emotional security

Many, many elderlies have such fascinating life stories. If only someone would listen. It may be hard for some to imagine, but every older adult was at one time young and likely full of energy, passions, ambitions, and dreams. Their younger days, if you care to ask them, were often full of adventures, romances, and many other tales from their book of life. Many, if you only care to learn, would be happy to share stories with you, show you pictures and objects, and reminisce in the glories of their past.

If the older adult lives away from her or his own home, such as at a long-term care facility, surround the living environment of the senior with positive memory anchors such as photos, postcards, posters, artefacts, fragrances, music, movies, trophies, honours, and awards, etc. Let these items increase the richness of the older adult's living environment, and serve as easy conversation topics. If you're a family member, with each visit bring one or two items that may help the older adult evoke pride or fond memories from the past. Ask questions, and listen to the tales.

Encouraging an older adult to construct her or his biography by articulating an oral and/or written history is a wonderful form of psychological resourcing which keeps the elderly cognitively, emotionally and socially active. It enhances self-esteem and uplifts the spirit. As you listen to the stories, ask questions to deepen the rich and vivid details of their recollections. Watch his/her face light up and his/her smile widen as he/she shares their tale.

Self-reflection question: Am I a person who can uplift the spirits of an elderly person?



Use technologies

To motivate and involve the elderly, you can help them use new technologies:

- Primary needs fulfilled: companionship, relevance.
- Secondary needs fulfilled: independence, security.

The internet and social networking are wonderful opportunities for older adults. More and more seniors are connecting with family and friends via technology. Family and friends, in turn, often find such connections convenient and less stressful. In addition to social benefits, online connections also provide regular chances for family and friends to “check in” on the seniors’ physical, mental, and emotional well-being that would otherwise not be possible. Connecting on the internet does not replace the physical intimacy and emotional closeness that may come with face-to-face interactions. However, many older adults would feel much more alone without social networking. Studies show that social networking platforms that were once populated primarily by young people are now increasingly embraced by older adults.

Self-reflection question: Do I use the internet? Can I teach others?

Feeling of usefulness

Fostering seniors’ feeling of usefulness would help motivating and involving them:

- Primary needs fulfilled: relevance, independence.
- Secondary needs fulfilled: companionship, security.

Many cognitively active older adults want to feel a sense of usefulness, even if their physical functions are limited. Identify and introduce conversational topics or tasks where the senior can feel wanted and needed. For example:

- Ask them for advice on practical as well as important life matters. Converse with them like they’re mentors.
- Ask for their opinions on certain decisions you need to make.
- Introduce manageable projects or tasks for them to be in charge of where they’ll feel a sense of accomplishment.

Self-reflection question: Can I involve the elderly in activities that make them feel useful?

Adaptive, flexible coping skills

If you help the elderly to cope with everyday tasks, this will help their motivation:

- Primary needs fulfilled: independence, security.
- Secondary needs fulfilled: relevance.

As an older adult experiences increased cognitive and/or physical limitations, various types of coping skills are needed to help the senior adjust with dignity. These can include:

- Fewer but workable goals as previously mentioned.
- Divide and conquer: break tasks down into more manageable baby steps.



- Assist the senior in identifying more realistic goals.
- Assist the senior in selecting alternative means to accomplishing goals.
- Allowing the senior to do what he/she's able while helping just enough to complete a goal.

Self-reflection question: Am I a realistic person?

Self-reflections

Think about a real situation and give an example of how you involved the elderly in an activity that improved their motivation.

Resources and further reading

- How To Motivate Seniors to Participate in Activities: <https://devotedguardians.com/how-to-motivate-seniors-to-participate-in-activities/>
- Motivating Your Loved One to Participate in Activities: <https://www.mjhs.org/resource/motivating-your-loved-one-to-participate-in-activities/>

Video materials

- Growing Old Is A Blessing: <https://www.youtube.com/watch?v=itxI9aNW3UU>
- 45 life lessons from a 90-year-old: <https://www.youtube.com/watch?v=2k0IkYdgbBE>

3.5. How to engage elderly in activities

In general, activities for the elderly are sedentary and have an extremely low impact. However, today, seniors are as vibrant and full of energy both physically and mentally as their younger relatives and friends and the things in which the elderly are involved are extremely beneficial. It must be understood that any weakness that seniors have should not be an obstacle in carrying out the various activities that they can perform.

The best approach is to ask them about the activities they want to do. This is much more effective than assuming something you want. Asking open-ended questions about what they like and what they don't like to do is a good start for planning activities and discovering their interests. Evaluate the mental needs of the person and if it is a group, the activities must be planned in such a way that the whole group participates.

Consider physical activity to keep the elderly in shape, both mentally and physically. The most effective activities are often a challenge, but they must mean in some situations more than just a walk. For example, an activity such as fitness, swimming or dancing can improve mental and physical health.

One can start looking for travel opportunities that will help the elderly to explore their interests. If they are interested in nature, wildlife or photography you can look for a route that suits their power of effort. Also, if you are interested in history, you can plan a history tour of the local museums. Each city and region have such places and some of the care homes for the elderly organize various activities for their residences



to increase their general health. Also, encourage the elderly to socialize, to share their knowledge, history and life. Socialization is an important pillar for anyone.

You need to make sure that the activity to which you subject your elders directly or indirectly is meaningful and captivating so that seniors can do it with pleasure. The goal is not necessarily to offer them employment but to enjoy the respective activity at the same time.

Activities to encourage the engagement of seniors

We already know that seniors are like children and it takes a lot of work to convince them to get out of their comfort zone. So, how do you persuade an elderly person to engage in recreational activities?

First and foremost, if suggestions for activities come from knowledgeable staff, such as a doctor, they will be taken much more seriously than if we try to get them to do them. It often helps highlight the importance of these activities in maintaining health and makes older people more receptive to initiatives. At the same time, if the suggestion comes from a person of the same age to have a model, it can be encouraging. However, the most important thing is to find those activities that are also beneficial to them but that can and will be to their liking. Remember, after all, their goal is to generate a state of well-being and we do not want them to feel forced to do these activities.

Here are the main types of activities:

- Mind training activities
- Educational activities
- Physical activities
- Leisure activities

Nowadays, any device you buy comes with a user manual. Buy a microwave and it comes with a 120-page manual. What to do and what not to do? How to use it optimally to keep your warranty? What the buttons and other more or less important details are used for?

The most complex "device" on earth, however, comes without a user manual. It is our brain. Without this manual, we use the classic method of learning how to work with it: "trial & error". We try and it gives an error, we try again and it gives an error... and so on until we find the optimal method of operation.

One of the basic principles of our brain is that it must be trained, just like muscles. If you do not use a muscle, it not only does not develop but can even become unusable. By the way, unused muscle atrophies by more than 30% weekly. That's why after having a plaster leg for 3 weeks, you need to do physiotherapy. So is the brain. Americans really have a saying for this: "you either use it, or you lose it". And we think this is one of the secrets of success in all aspects of life. If you do not constantly develop the most important resource you have been endowed with, it is difficult to have results both in terms of personal development and in any other aspect of your life.

Whatever you think, think the opposite. We propose 11 simple but extremely effective exercises to train your brain without the need for much effort. There are things you can do starting today. You can start with the simplest exercises, for which you need neither effort nor much time.



Change the clock from one hand to the other

Most people use their watch on their left hand. The moment you want to see what time it is, your brain makes no effort to "perform" this task. It is simply a reflex and everything we do from the reflex no longer passes through the conscious.

It's the same when we drive. At first, we think about everything. I have to lift my left foot slightly, I have to start pressing the pedal with my right foot, I have to look in the left mirror to see if it is free, I have to change speed etc. After we take the driver's license and someone talks to us in the car, we tell him: please shut up, because now I'm driving. After a while, it becomes a reflex and you no longer process these things consciously.

Therefore, I recommend that you periodically change the watch from one hand to the other. This way you will force your brain to think before processing. You can make these changes at the beginning of each month.

Practice: Ask the elders what time it is at different times.

Go on different routes every day

Train your brain with another simple but useful exercise: go on different routes every day. If you go the same way every day, your brain is already on "autopilot". That's why it happens that you get to the office and the child is still in the car - because you forgot to go to kindergarten. Force your brain to think, to work.

If you are part of the sales world, this strategy can also be useful for your results. Going on different paths every day, you will see new potential customers. So, it's a multi-benefit exercise.

Practice: Take daily walks on different routes with the seniors.

Do not use GPS

Most of the things we have in our lives have been created to make our lives easier. But let's not forget that these things also affect our brains. Exercising less and less, our brain atrophies. Look at a map, read the names of streets on buildings, ask for information. At least from time to time.

Practice: Plan with the elderly walking routes with street names or well-known landmarks such as monuments, institutions, etc.

Learn something different every day

Aim to learn something new every day. You can do this by reading or using Wikipedia or Google. Look for a word, a concept, a company, a name or a country and learn something new every day. This way you not only train your brain but also feed it.

Your brain looks a lot like a car. If you don't feed it, it won't work. But be careful what you feed it with. The result will not be the same if you refuel with "premium diesel" or water.



Exercise: Look for topics for discussion in different areas of activity for each day. Design a weekly discussion plan.

Do physical exercise

Mind gymnastics does not exclude muscle gymnastics. It's no secret that exercise helps not only the body but also the mind. The Department of Motion Sciences at the University of Georgia has concluded that even a 20-minute movement can help the human brain.

Exercise raises the heart rate and thus pumps more oxygen into the brain. At the same time, during exercise, the body releases hormones, which contributes both to our relaxation and to learning and better transmission of signals within the nervous system.

Exercise: Try to adapt the physical exercises daily, depending on the possibilities of each individual.

Hydrate yourself abundantly

The brain is 90% water, so drink as much as possible! The optimal daily dose of water is at least 5% of your body weight.

When you feel thirsty, your brain is no longer functioning optimally (for several tens of minutes). Consciousness perceives thirst much later than it is felt by the brain at the cellular level. So, drink water before you feel thirsty.

Exercise: daily the individual must drink at least 2 litres of water. Use a personalized 150 ml glass for each elderly person to drink water from.

Give up the TV

It has already been scientifically proven that television is stupid. It is a means of communication through which the message enters your brain without any effort... not to mention that often this message is not the right one.

As a small parenthesis, I agree that some shows can be extremely educational and can contribute to brain development (National Geographic, Discovery, etc.).

Exercise: Propose a program of a maximum of 2 hours a day for television with different shows and generally educational.

Give up alcohol

Related to this topic countless studies show that alcohol slows down brain functions. Even to those who say that "a glass of wine a day is recommended", I suggest drinking water instead of wine.

Exercise: Avoid alcohol as much as possible for the elderly who have this habit.



Learn a new language

Probably the best way to train your brain is to learn a new language (Güney, Ochoa Siguencia, Mateus, Ochoa-Daderska, & Corigliano, 2021). Statistics show that a person who learns two or three languages can easily learn six to seven languages as well.

Did you know, for example, that you can learn a language in just a few weeks? The Lozanov method is a fantastic one in this sense.

Exercise: Try to propose to the elderly person an exercise in a foreign language.

Develop your vocabulary

Another exercise for mind gymnastics is to develop your vocabulary in your native language. Not only new words in a new language but also new words in your own language. Take the dictionary and learn a new word every day. Apply this strategy starting today.

Exercise: Use methods to learn new words through free games and discussions.

Play brain training games

Last but not least, you can train your brain very well while relaxing. I suggest you play those games that challenge you to find the differences or the memory ones. On brainmetrix.com and lumosity.com you can find such cute games that help you get your brain moving.

In school there was a contest game that kids played during breaks. The game was about calculations. There was a referee and two players. The referee started the game with one of the players and said: "how much is $2 + 2$?" the player answered "4", the referee asked again: "but $4 + 4$?" and the answer came: "8", "but $8 + 8$?" and so on. The contest was won by the player who reached the farthest in the calculations.

Exercise: Organize games with prizes, among the elderly or together with the young. Keep track of results.

Have fun in gymnastics

"We don't stop playing when we get older, we get older when we stop playing." - George Bernard Shaw

There are many activities suitable for the elderly that they can practice to help them always feel well. They are beneficial to both the psyche and the state of health.

We often hear statements around us such as, "I'm too old for that," and if you have an elderly person around you, you already know how hard it is to persuade them to do various activities.

Therefore, through the following activities, we try to dismantle such old stigmas, to show you how beneficial it is to practice recreational activities in old age and also how to convince a loved one to get involved in such activities, even if he/she is old.

Why is it important for the elderly to carry out various activities?

First of all, recreational activities have a lot of health benefits, both physical and intellectual or social.



- The physical ones support the cardiovascular system, reduce blood pressure values to normal, prevent overweight and increase immunity.
- Social and mental activities ensure the production of serotonin, melatonin, dopamine, oxytocin, endorphins that generate a state of well-being and that bring benefits to the whole body.

Another reason why the elderly needs to have various activities is that they contribute to their social integration, to relationships with other people, which will reduce their anxiety and make them forget loneliness.

Over time, people tend to become lifeless and feel more alone. Their involvement in engaging activities gives them a purpose. It keeps their minds clear and their souls happy. Therefore, no matter what type of activity they undertake, the key is to be involved in at least one activity and thus feel important.

What activities are recommended by doctors?

Doctors recommend a wide range of activities for the elderly, both physical and intellectual. The physical activities recommended for the elderly can be of 3 types:

- Cardio-respiratory exercises;
- Balance / balance;
- Stretching.

The first category helps to slow down the installation of certain chronic diseases. This type of exercise should be performed for at least 30 minutes daily.

The second category helps prevent falls and addresses people with reduced mobility, and the third helps maintain flexibility and mobility of the body.

The third type of activity can be a real benefit especially for those suffering from neurological disorders because they slow down brain degeneration by keeping the brain active.

Below we have prepared a list of activities suitable for the elderly living in centres or sheltered housing. They are various activities to everyone's liking and can be adapted according to their physical condition.

Gardening

If you have a yard or a garden, no matter how small in front of the block, then this activity is ideal. It is relaxing and brings more than physical and mental benefits, especially if we are talking about caring for a small vegetable garden. There is a study by the University of Washington that found that gardening, caring for flowers or vegetables simply rejuvenates the mind and body.

By exposure to the sun, the body produces vitamin D, with an important role in fixing calcium in the bones. Not to mention the delicious scents that we can enjoy when we take care of beautifully scented flowers, thus having a 100% natural aromatherapy. According to studies, aromatherapy reduces stress, relieves pain, generates emotional balance and fights depression. Gardening can also be beneficial for people with mild dementia, as it increases the ability to concentrate and coordinate.



Outdoor walks/excursions

Excursions, walks, hikes come with new landscapes and the removal of monotony. And what better time to focus on this than on retirement, when we have a lot more spare time? It is recommended to walk outdoors either on foot or by bike and even in a wheelchair. No matter how cold it is outside, with proper clothing and attention to the feet, such activities will clear the mind and lungs. A walk in a park and a break before returning home on a bench can be a time for reflection and relaxation.

If fitness allows, a bike ride is recommended because it moves more muscle groups and in addition, it is more engaging. Regarding the trips, based on the pension coupons, short vacations can be easily accessed even in the treatment centres.

Swimming

If the context allows, swimming should also be considered as an example of physical activity. It brings many benefits at any age. It improves the immune system, moves the internal organs, helps strengthen all muscle groups, improves mobility and develops the lungs. It is also the sport that burns the most calories.

One of the reasons why older people avoid this type of activity is physical appearance. But it must be understood that it is normal that with age, our body undergoes changes and we should not be ashamed of it.

Another reason is that, although they have reached a certain age, not everyone knows how to swim. But it is not something that should stop them. A few inflatable accessories will be useful to help them stay afloat and move their feet and hands at will.

So, the elderly should overcome these obstacles, prepare a swimsuit and look for the nearest pool.

Gymnastics / Yoga

Aerobic gymnastics, known as aerobics, involves performing the exercises alone, together with someone else or even in a group of several people. Aerobics helps to develop coordination, which leads to improved daily posture. It also develops flexibility and helps develop muscle strength.

On the psychological side, gymnastics brings beneficial changes in terms of self-esteem and self-confidence, because due to the endorphins released during training people feel happier and more confident.

Yoga is not just for young people who are in good physical shape. Many positions can be adapted for the elderly. It is ideal for rediscovering inner balance. It helps you learn to listen to your body, to be patient and to master self-control. Thus, with patience and inner balance, you will definitely feel a better person. It also lowers blood pressure, strengthens bones and improves postural balance. Water gymnastics can also be considered.

Reading

Who could say NO to a captivating book, what keeps you breathless until the last page? The advantage of reading is that we can live several lives in one, passing one by one through the skin of each fictional character.

The benefits here are many and important. It helps us become smarter, our ability to focus and our attention increases, our memory improves, our vocabulary becomes richer and we get rid of boredom. Reading reduces stress more than any other activity. Researchers at the University of Sussex (UK) say it is the best way to get rid of stress. Six minutes spent reading something pleasant reduces stress by 68%, thus being more effective than music, a cup of tea or walking.

"WHAT" does not necessarily matter. They can be books, magazines or brochures. It is important to become an activity that any elderly person practices daily. Did you also know that people who read are much less likely to develop Alzheimer's disease over time?



Source: Pexels.com

Solving rebuses and crossword puzzles

The main advantage of this activity is without a doubt and maybe, moving the brain. Rebuses and crossword puzzles are also very healthy for the brain, therefore reducing the risk of Alzheimer's and Parkinson's. It is a very effective anti-stress and anti-negative thinking and is a much healthier habit than sitting in front of the TV.

Board games

Keeping in touch with other people can only be a beneficial thing, which reduces the feeling of loneliness. Board games such as chess, backgammon, rummy, playing cards, and puzzles combine perfectly with a pleasant and relaxed evening of socializing.



Painting/drawing

Drawing or painting is extremely beneficial for the elderly. The systematic movement of the hands helps to loosen the joints and makes them stronger. Pencils, crayons or brushes can be used on paper, canvas or wood. It is a wonderful activity for banishing boredom especially for people with a rich imagination. The good part is that there are solutions for even the least talented: painting on numbers.

Each space on the board is assigned a certain number which in turn is written in a certain colour. Thus, we can all become artists only by colouring each space according to the instructions. This type of painting is very popular, suitable and even suitable for any age.

Knitting

Knitting is also called "wool therapy". Besides the fact that it reminds us of mother/grandmother and awakens pleasant memories, it requires a certain rhythm and mental agility, the hands being also permanently active.

It is also very helpful in increasing self-esteem. It involves reaching a goal, whether the end result is a scarf, a sweater or a pair of gloves. And what a pleasant feeling it is when the result of the activity is given as a gift to a loved one!

Music and dance

Music and dance, we say, come with it. You can enjoy music either sitting down or moving your body on the hits of your youth. The advantage is that the music is very versatile, the genres are countless and you can choose what to listen to according to your own tastes.

These two activities can bring old emotions and feelings to the surface or they can arouse new ones. If you choose to learn a new style of dance, for example, know that new movements stimulate the brain, as well as the process of forming new neural connections. Their appearance will prevent the ageing of the brain.



Source: Pexels.com

Cooking

You didn't know that it could be a therapy. Psychologists say that cooking helps you be more creative and focus better. A study states that people who cook are happier, so therapists recommend cooking classes against depression, often encountered with age.

Play with grandchildren

Most relationships between grandparents and grandchildren are special. The time spent together is a perfect opportunity for grandparents to get acquainted with today's news - how a smartphone works, how to search for a new cake recipe on the internet and so on. Grandparents, on the other hand, bring into the relationship with their grandchildren the traditions that date back tens, even hundreds of years. Thus, each always has something to learn from the other.

Grandparents thrive right next to grandchildren, so no matter which side you are on, always make time to spend time with your grandparent/grandchild. Whether you go for a walk, make a cake together or just enjoy a cup of tea and tell each other the latest news, it will be beneficial for both parties.

Caring for a pet

This is called PET THERAPY and has extraordinary benefits for a senior. First of all, the connection with a pet determines the secretion of oxytocin, a hormone of happiness, also called the hormone of social ties

and trust. Those who take care of at least one pet have more energy, feel more motivated and are full of vitality.

From a medical point of view, it protects cardiovascular health, as it changes certain physical parameters, such as blood pressure and pulse. It also works very well on mental health, because it contributes to the stimulation of cognitive functions. Depressive episodes are also reduced because anxiety is reduced and is an excellent way to drive away loneliness.



Source: Pexels.com

Using a social networking platform

Social platforms have become very useful and sought after both among young people and among those in their second youth.

It has become an activity more and more appreciated by people aged 60+, because they can replace, for example, the classic newspaper with the internet, which, unlike the first category, requires an infinite source of new information. They can also use social platforms to keep in touch with relatives, friends, especially during this period of isolation, or why not, even to resume long-lost connections with people from their youth.

Grandparents from Casa Fabian, for example, love to see their children, grandchildren, siblings in the video calls we make on every occasion because we know that it is a great reason for joy for them. These are just a few ideas for activities suitable for the elderly that will help them feel better both physically and mentally.



Activities to make seniors feel better

When it comes time to take care of your elderly loved ones, you want to be sure that they are handled with care, love, and patience. While it may be stressful at times, you must also keep in mind that it is not easy for them to become dependent on you or others for their care. You must become familiar with ways to provide them with the best care possible.

Visit Often

It is important to visit them often. They need social interaction with you and you get the reassurance that they are safe, healthy and in general, doing well. During your visit, it's always best to check around the house for any issues that may need to be addressed such as the overall cleanliness of the house or if anything is broken that may need to be fixed. Also, do a routine check of their food supply, laundry, mail, and plants.

Check Their Medications

Be sure that they are appropriately supplied with their medications. All their prescriptions must be filled and refilled as needed. If they are on several medications, it is best to buy a pillbox organizer with compartments labelled with the days of the week as well as AM and PM doses. This can help simplify their medication-taking process. Also, if a new medication is prescribed, be sure to ask the doctor or pharmacist about potential side effects or possible interactions with current medications.

Hire Help

There may be a need to hire a helper, aide or caretaker. This could be someone who helps your loved one with their daily activities such as showering, errands or housekeeping. If it isn't someone you know personally, then you should always check references or go through a licensed agency. This may need to be a budgeted expense or it may be a resource that is available for a nominal fee or for free depending on if your loved one qualifies.

Make Modifications in Their Home

It is best to take a good look around their home and assess what may be a safety hazard. Some may be simple fixes while other modifications may be more involved. These include:

- Installing a ramp for wheelchairs or walkers.
- Installing handrails and grab bars at the toilet and shower.
- Installing a raised toilet.
- Testing (or installing) smoke detectors and carbon monoxide detectors.
- Checking the overall lighting in the house to make sure it is bright enough.
- Plugging in a few auto-sensor night lights throughout the home so they can see if they wake up at night.
- Making sure there are non-skid mats or strips in the shower or bathtub or any other potentially slippery areas of the house.
- Removing extra clutter that is lying around or furniture that is in the way.
- Removing small rugs.
- Making sure cables, cords and wires are safely tucked away to prevent potential falls.



Talk Openly About Their Finances

Most times your elderly loved ones are not comfortable or willing to talk about their finances. But you must try to have open discussions about their finances, especially if they live on a fixed income or there is a budget to be adhered to.

Take Care of the Important Paperwork

Make sure everything is up-to-date and completed when it comes to their important paperwork such as their will or power of attorney. It is not an easy conversation but it is essential. Once the task is done, it will give you both peace of mind.

Watch for Driving Issues

There may come a time when your loved one may no longer be able to drive due to their declining cognitive abilities and reaction time while on the road. It is important to assess their driving abilities and when it does become an issue, offer other options that may help such as hiring a driver or using a delivery service for groceries.

Keep Them Active

It is important to keep your elderly loved one active and involved. Exercise is important to keep them healthy. Unfortunately, it is not unusual for the elderly to become isolated and lonely or even suffer from depression especially if they have lost their spouse. They must remain involved with their family and friends or they may even want to venture out and make new friends. There are many resources in your community that offer things to do and places to go that will help your loved one stay social and active.

Supply Healthy Meals

Your loved ones may not have the ability or desire to cook for themselves. They must be well fed to stay healthy. You can prepare meals in advance for them. You can check into Meals on Wheels to see if they qualify. There are also many other deliverable meal plan options that your loved one may enjoy. Some of these meal plans can even accommodate special requests such as diabetic meals.

Keep an Eye on Them

If you are somewhat tech-savvy, you can install a camera or type of motion sensor to keep watch over them or that will alert you if something is wrong. A Life Alert system is another option but you must convince them to wear the alert button at all times.

Arrange a Schedule

It is best to try to arrange a schedule between you and other family members to help your elderly loved one when it comes to bathing, doctor appointments, errands, shopping, cooking, cleaning, etc. If necessary, you may need to hire someone to help with some of those tasks and they will also need to be incorporated into the schedule. A schedule will not only help keep your life structured and organized, but it will help your loved ones know what's on their agenda as well.



Utilize Your Available Resources

There are many resources available for the elderly. These resources may be through the government or community-based. Do your research and see what your loved one qualifies for and how it could benefit them. You may be surprised at what's available.

Monitoring the activity of the elderly

Old age is a complicated process and brings with it a series of changes that only the attentive and sensitive can observe and accept. Caregivers of the elderly must take into account the fact that the diseases that the elderly suffer from need special attention and appropriate treatment, and the needs tend to increase and require immediate satisfaction.

Their job requires great responsibility and attention to detail, the knowledge of the elderly being essential for good development of the activity. The needs of seniors do not differ much from those of adults or children, but some of them can develop over time. Given the fact that old age often means helplessness and loneliness, the caregiver has to make sure that the senior does not feel so overwhelmed by these age challenges.

In the following, we will present both the general needs of people in need of care, as well as the specific ones, so that caregivers understand how complex and interesting their job is.

Physiological needs

This category includes all needs aimed at maintaining the normal functioning of the body (food, water, air, sleep, the need to protect from cold and heat). These are necessary for survival and represent the strongest human needs.

Given the fact that the elderly person may not be able to meet all these needs, the task falls into the care of the caregiver. It should provide the senior with easily digestible food, according to the diet recommended by the doctor, to ensure that the environment in which he lives is clean and airy, to take care to create a pleasant atmosphere and to ensure that his sleep is restful.

The need for security

Once the physiological needs are met, the next ones that require attention are the security ones. Everyone wants to feel safe and live away from any threat to life, and the elderly tend to feel this need much more.

To eliminate the discomfort, the caregiver must assure the senior, whenever necessary, that he is safe and not to undertake certain activities such as bringing strangers into the home, leaving people at home who have not been notified and so on. The elderly person will only receive visits that have been announced and approved in advance, precisely to avoid creating annoying situations.

The need for love and belonging

It is known that no one can live alone, away from his peers. The need for friendship, family, and belonging to a group or even involvement in a non-sexual intimate relationship are those that have a major impact on a person's health. For most seniors, the passage of time has brought with it certain pains such as the



loss of a spouse, the loss of relatives or the loss of friends, so that they feel the need for love more than ever. The caregiver must communicate with the person being cared for, take an interest in their problems, organize activities that remove the thought from loneliness and facilitate, if possible, contact with other people. One method to meet the need for membership is to participate in socio-cultural events where the elderly can interact with people with the same hobbies and preferences.

The need to have self-confidence

The way we look at ourselves influences us a lot. In the case of the elderly, self-esteem drops to alarming levels. This exacerbates the depression that any elderly person struggles with. To help them feel good in their skin, caregivers need to take care of their appearance (e.g., style / make up ladies, dress gentlemen in a presentable way) and involve them in activities that show them why they are able (e.g. games in which to demonstrate their skills, events in which they can discuss specific topics).

The need for self-realization

The need for self-realization is translated by man's desire to stand out as a unique person, to discover his maximum potential and talents. If the caring elderly person shows a desire to do something special in life, the caregiver must support him and help him achieve that goal because it is never too late to follow your aspirations.

In conclusion, when it comes to the needs of the elderly, they tend to be more demanding over time. As long as old age means helplessness, the task of increasing the senior's self-confidence is the one that requires the most attention from the caregiver. She is responsible for the person being cared for not only in terms of food and cleanliness but also in terms of happiness. Thus, he must help her regain her self-confidence, respect and appreciate life as it is.

Self-reflections

Create an example of an activity for the elderly.

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Resources and further reading

- 7 ways to keep your aging parents active and engaged: <https://www.arborcompany.com/blog/7-ways-to-keep-your-aging-parents-active-and-engaged>
- Motivation and behavioural change: <https://www.ncbi.nlm.nih.gov/books/NBK83771/>

Video materials

- How This Age-tech Company Is Transforming Social Engagement for Seniors: https://www.youtube.com/watch?v=OswQwqnwq_Q
- Meaningful activities in the residential care setting: <https://www.youtube.com/watch?v=dPpacEJ4Hpc&t=55s>



3.6. Activities with seniors

Activities with seniors are an intrinsic part of the skills development of educators and staff working with seniors. In essence, you should be able to put into practice what you have learnt by designing, adapting and delivering activities with seniors. Relevant activities (e.g. workshops) will help you in your line of work, but will also improve the quality of life of seniors and the happiness of their families. As a result, these will support intergenerational relationships and inclusive neighbourhoods and local communities.

Task: Use the activity scenario template at Appendix 2 and design a relevant activity scenario to help you work better with your seniors.

Example of activity: An occupational therapy activity may be good to help you work with your seniors, but you can create any activity that you think is relevant.

3.7. Evaluation quiz no.3

- 1) The main types of social services that address elderly people, offered by both public social service providers and private ones?
 - a) Care offered in day centres, clubs for seniors, temporary care homes, apartments and social homes, as well as other places, permanent or temporary home care, or permanent or temporary care within a retirement home
 - b) Temporary or permanent home care
 - c) Temporary or permanent care within a retirement home
- 2) What is the required legal age for somebody to be declared an elderly person?
 - a) 60 years
 - b) 65 years
 - c) 70 years
- 3) Which one of the following categories of seniors is able to receive care in retirement homes?
 - a) Those who own a home and don't need permanent medical treatment
 - b) Those who own a home, income and caregivers
 - c) Those requiring permanent special medical care, that can't be provided at his residence
- 4) What services can a retirement home provide?
 - a) Social- medical services
 - b) Social services
 - c) Medical services
- 5) What are the qualities that a caregiver for the elderly should possess?
 - a) Strict



- b) Empathic
 - c) Muscular
- 6) Where should an elderly person apply to obtain social services?
- a) At his local town hall
 - b) An accredited and licensed social service provider
 - c) At the Ministry for work and social protection
- 7) Please underline the key question for a flexible caregiver:
- a) You are willing to arrange your daily plan based on the wishes of the care recipient?
 - b) Does the care recipient organize his schedule based on your own schedule?
 - c) Does the care recipient wait to receive the necessary service when you have time?
- 8) How would you describe the caregiver's ability to solve a problem of a seriously ill person?
- a) I can't stand next to a dying person
 - b) I have the necessary capacity to dialogue with an irascible person or a dying one
 - c) I can't take care of immobile people
- 9) Define the ability to communicate with an elderly person?
- a) I don't talk too much, but I act a lot
 - b) I have nothing to talk about with the elderly
 - c) I can communicate with an elderly person
- 10) Elderly people need affection. What kind of education should a caregiver have to be liked by them?
- a) Baccalaureate
 - b) University studies
 - c) Seven years from home
- 11) To obtain more efficient work, what should a caregiver use?
- a) Motorized technology
 - b) New technology-based on internet use
 - c) Psychotherapy
- 12) The activities with elderly people are?
- a) Those that are based on a plan prepared beforehand
 - b) Those that are proposed by the elderly
 - c) Those that are proposed by the caregiver
- 13) How can you convince an elderly person to participate in different activities?



- a) I talk with the person
 - b) I take him to a doctor and he prescribes the participation to him
 - c) I tell him it's mandatory
- 14) How many hours of TV watching would you recommend for an elderly person?
- a) 2 hours
 - b) 3 hours
 - c) 4 hours
- 15) How much water would you recommend for an elderly person in a day?
- a) 1l
 - b) 2l
 - c) 4l
- 16) Underline the most efficient method of teaching a foreign language to an elderly person:
- a) Cambridge method
 - b) London method
 - c) Lozanov method
- 17) Name the author of the following quote: "We don't stop playing when we get older; we get older when we stop playing"?
- a) George Bernard Shaw
 - b) Frank Sinatra
 - c) Alain Delon
- 18) The live library is a non-formal activity that places emphasis on?
- a) Books
 - b) People
 - c) Films
- 19) The therapy that uses animal care, to take care of elderly people is?
- a) Dog Friends
 - b) Cats and mouse
 - c) Pet therapy
- 20) How would you name a program for the elderly?
- a) Family kitchen
 - b) Centre of youth



c) Nephew for a day

*The correct answers are available in the check sheet at Appendix 1.



4. Empower seniors

All societies of our civilization are ageing, people are living longer and longer, and there are also more and more old people - elderly, old and old people. Therefore, the problems of this group of people, both in an individual and social dimension, are becoming one of the key tasks facing humanity today. Statistically speaking, it can be predicted that the number of people in retirement age will increase each year. Scientific approaches to the issues of old age and the ageing of society have led to the separation of an interdisciplinary field called gerontology, dealing with a wide range of issues in this area. Geriatrics and the psychology of old age will develop. There are systems of care for the elderly and institutions specialized in such forms of activity (Suwiński, 2018).

1969 can be considered a symbolic beginning of international activity related to the ageing of the population when at the 24th session of the UN General Assembly it was recommended to the Secretary-General to prepare a report on the ageing of the population and the problems of old people. In 1973, the General Assembly adopted a resolution on the elderly. It indicated the intensification of the demographic ageing process in the world. In UN documents published in later years, the ageing process of the world's population was characterized as unprecedented in the history of the world, universal (although varied in time and space), significant for all areas of life, and permanent and irreversible (UN, 2002).

This document contained a very important postulate of conducting an integrated - not sectoral - policy for the elderly and including it in the plans of social and economic development of individual countries. At the same time, social policy should not be limited to creating social protection, but create conditions for seniors for self-realization.

Seniors' Policy main areas to be conducted

Health and nutrition,
Protection of older consumers,
Living and the environment,
Family,
Social protection,
Income maintenance and employment.

Source: Authors

The attention was paid to, inter alia, the need to maintain a social balance between different age groups (respect for equality of rights) and to avoid the phenomenon of social marginalization and discrimination due to reaching a certain age. It is also worth recalling that the successful course of the ageing process depends on the entire previous life cycle (UN, 2015).



In 1990, the General Assembly established October 1 as the International Seniors Day (initially called International Old Age Day). In 1991, the Principles of Action for Elderly People were adopted by a resolution of 16 December, recommending that governments include them in national action plans for seniors. The catalogue, whose motto is Adding Life to the Years Added to Life, makes 18 recommendations on the rights of old people. These recommendations follow five fundamental principles.

Five fundamental principles

Independence

Participation

Care

Self-realization

Dignity

Source: Authors

Health promotion for the elderly is still a relatively new topic in Poland. Officially, in the dimension of social policy, it appeared only in 2007, when in the National Health Program for 2007-2015 the postulate of creating conditions for a healthy and active life of the elderly was included among the operational goals for the first time. This goal was in line with the framework policy on active ageing presented by the WHO in Madrid in 2002. Active ageing is "the process of optimizing health, participation and safety opportunities to improve the quality of life in old age".

Among the other tasks described in the National Health Program, one should mention:

- Activation of society,
- Changing eating habits,
- Reducing tobacco smoking,

The necessity to take steps for the benefit of older generations is signalled, which suggests that the elderly will more and more often become the target group of activities aimed at increasing health potential and raising health awareness.

The challenges related to health promotion have gained importance in the context of demographic and civilization changes.



The priority of the Polish government's senior policy for 2021 is to support seniors in as many areas as possible. It is very important to us that the elderly are active as long as possible, develop their competences and interests in the autumn of life, and that the ageing process of the society is treated as a challenge and an opportunity for development, not a threat - says the Minister of Family and Social Policy, Marlena Maląg and adds that the new program will be an important tool in the implementation of the government's senior policy (Active + 2021).

Despite all efforts, the ageing process is irreversible and leads to death, although it prolongs with the development of science, medicine, technology, and social and economic conditions. The biological dimension relates to anatomical changes, physical fitness and the viability of the body, as a result of which functioning deteriorates, as well as morphological and metabolic changes in cells, tissues and organs. Each person enters this period at different ages, depending on genetic characteristics, lifestyle, stress, type of work, diet, or critical events. Biological ageing causes structural and functional modifications of all systems of the human body, which are caused by the domination of catabolic over anabolic processes.

The main and fastest-progressing changes are changes in tissues, including degeneration, atrophy, hysteresis, and loss of mitosis and meiosis, as well as cell regeneration. The first sign of biological ageing is the outward appearance, which consists of a change in body posture (slouching), a decrease in the elasticity of muscles and skin, a colour change, increased number of wrinkles, greying of hair, and even hair loss. As the appearance changes, the functions of tissues and organs deteriorate, which leads to the development of many diseases and dysfunctions. A characteristic phenomenon among the elderly is poly-pathology, i.e. multiple diseases. This term is used to describe the coexistence of several chronic diseases. The most common are osteoarthritis (affects 80% of the elderly population), arterial hypertension (60-70% of the population over 60), ischemic heart disease (about 30% of the elderly), chronic obstructive pulmonary disease (25% of seniors) and diabetes (20%) (Wieczorek-Tobis, 2011).

4.1. Health

Health is a multi-faceted concept. A common and binding definition of health is the definition contained in the Constitution of the World Health Organisation of 1946, which reads: "health is full physical, mental and social well-being, and not only the absence of disease or ailment (disability, handicap)". Therefore, three areas of health can be distinguished: physical, mental and social⁶.

- 1) Physical health: this is the proper functioning of systems and organs.
- 2) Mental health, which can be divided into
 - a) Mental health - the ability to think clearly and logically
 - b) Emotional health - the ability to recognize feelings and express them appropriately; ability to deal with stress, tension, depression, anxiety
- 3) Social health: that is, the ability to maintain proper interpersonal relationships. Spiritual health (Maszczak, 2005) – related to religious beliefs and practices, or in the case of others, defined as a personal set of rules, behaviours and ways to achieve inner peace and balance.

⁶ The same is stated in Convention No. 155 of the International Labour Organisation



As can be concluded, the state of health and disease are not clear and they are not opposing phenomena. The good mental state of a sick person may oppose that of the disease; while emotional problems (depression, social isolation) can make a person quite fit and physically healthy feel sick.

We can also distinguish subjective well-being - one of the elements of human health, defined by WHO not only based on negative measures of health (no disease or disability), but also as subjective satisfaction with the physical, mental and social state of one's life perceived by a person. The protection of subjective well-being understood in this way falls within the field of health promotion.

According to the World Health Organisation, health is influenced by many factors. These are mainly the conditions of the surrounding environment, genetic factors, economic conditions, level of education, interpersonal relations in close surroundings and the family. To a lesser extent, it is the availability and use of healthcare (Lalonde, 1981). According to Lalonde, four factors affect the state of human health. Those are:

- Biology
- The environment
- Lifestyle
- Healthcare.

Hence, health can be maintained and improved not only by applying the achievements of medicine but also by choosing the correct lifestyle. The main determinants of health are:

- Lifestyle, the physical and social environment of life and work
- Genetic factors
- Healthcare (healthcare).

They interact in complex ways, and health is the combined effect of their influence.

According to the 1998 World Health Declaration, "one of the basic rights of every human being is the highest attainable standard of health." Health is defined as a prerequisite for physical and mental well-being and good quality of life. In addition, health is a measure of progress in reducing poverty, strengthening social ties and eliminating discrimination.

Looking globally, good health of the society is a guarantee of sustainable economic development, therefore new resources for development in the field of health lie in the investments of individual sectors of the economy. State investment in the field of health brings long-term benefits, which include economic development. Effective healthcare contributes to the improvement of the health of people of all ages while identifying resources that can be used to meet the growing demands of the health sector.

The overarching policy objective of the World Health Organisation (WHO) is to realize the full potential of health for all. The World Health Organisation (WHO) Policy "Health 21" for the European Region has the following two main objectives to promote and protect people's health throughout their lives; that is, reducing the incidence of diseases and injuries and alleviating suffering from them. The ethical basis of the assumptions of "Zdrowie 21" are three fundamental values:

- Health as a fundamental human right;
- Equality in health and solidarity in action for health within and between countries and their inhabitants;



- Participation in the constant development of the health field and responsibility for the effects of the activities of individuals, groups, institutions and local communities.

To ensure a scientifically, economically, socially and politically sustainable implementation of "Health 21", four basic strategies have been established (WHO, Health for all in the 21st Century, 1998):

- Multisectoral strategies, addressing the physical, economic, social and cultural determinants of health, taking a male and female perspective and providing the possibility of assessing health impacts;
- Programs geared towards healthcare efficiency and investment in health development and clinical care;
- Integrated and family and community-oriented primary health care, supported by a flexible, adapted hospital care system;
- To participate in the process of developing the health of partners at home, school, workplace, local community and country level, and to promote joint decision-making, implementation and accountability.

The twenty-one tasks of the policy of the world health organisation were formulated for everyone in such a way as to express the needs of the entire European Region, and at the same time to include suggestions for improving the situation. They can be used as a tool to measure progress in development and health, and in reducing health risks. These tasks are the basis for the development of health policy in the countries of the European Region (WHO, Health for all in the 21st Century, 1998).

The health policy of each country should create conditions for the healthy ageing of the society through systematic and targeted promotion and protection of people's health throughout their lives. The pro-health policy should consist of the following elements:

- Social adaptation,
- Education and vocational preparation
- Physical activity increases the health potential of people at the time of entering old age, strengthening their self-esteem and independence, as well as creating opportunities for active participation in social life.

Particularly important are state programs aimed at maintaining good physical condition and programs aimed at helping with visual impairment, hearing impairment and mobility, preventing helplessness and dependence in old age.

The WHO "Health 21" program should be included in the policy of each member state, and its tasks should be adopted by all major European organisations and institutions. The WHO Office of the European Region is also expected to provide strong support to these efforts in the form of:

- Acting as a "health conscience", promoting the definition of health as a fundamental human right, constantly paying attention to and fostering commitment to human health;
- By functioning as an important information centre for health and development;
- promoting health policy for all in the European Region and ensuring that the indicators are periodically updated;
- By providing state-of-the-art scientific tools that Member States can use to transform health policy for health for all;
- Stimulating the implementation of programs in individual Member States by:
 - Providing technical cooperation between member countries, including by using the WHO experience in each country, to facilitate the exchange of information between national and regional healthcare organisations;



- Taking a leading role in the region in eradicating and combating diseases and phenomena that pose the greatest threat to public health, such as epidemics of infectious diseases or pandemics, such as tobacco dependence diseases;
- Promoting a health policy for all with the participation of multiple partners by creating a network of centres in the European Region;
- Facilitating the coordination of actions in the event of sudden natural disasters threatening public health in the European Region (WHO, Health for all in the 21st Century, 1998).

Health and social services at the community level should assist older people in their everyday life, and should increasingly take into account the needs and wishes of older people related to housing conditions, income and other factors expanding their autonomy and increasing their social activity. The main goal is to reduce the occurrence and spread of diseases and other causes of poor physical and mental health, and to reduce the number of premature deaths (WHO, Health for all in the 21st Century, 1998).

Three approaches to healthy ageing

It is important to live as long as possible, but no less important is the quality of life, physical and mental condition, good mood, and above all health. These basic factors cover the three aspects of health:

- Physical
- Mental
- Spiritual

Neglecting any of them will not get us the optimum; it should be remembered that when we are healthy (read also vital and satisfied) we work more efficiently, we rest more effectively and we deal with adversities better and we have more joy in everyday life.

To be healthy, it is not enough to state that there is no disease. Health means complete mental and physical well-being, vitality, well-being, energy and life satisfaction.

Some factors play a major role in our sense of health:

- Nutrition
- Movement (including spine care, outdoor activities)
- Sunlight (walks)
- Water
- Air (breath)
- Rest (living under the laws of nature)
- Ability to deal with stress (cheerful, cheerful, happy heart/thinking, taking care of your emotions and feelings)

Let's not forget that staying healthy does not only come down to taking prescribed medications or supplements for various diseases or diseases. It is worth finding out from the attending physician what activities are worth taking to improve the health treatment of the senior. You may find that it is advisable to introduce certain foods into your diet or focus on specific exercises. It is important to develop good new habits in the senior citizen; scientists have tested that it takes about 90 days to consolidate a new habit. Health education, planning and implementing various preventive activities are the basic forms of promoting health.



To combine the above-mentioned factors into a coherent whole that will bring the expected results - you should remember about common sense and moderation. Any of the factors used in excess can lead to malaise or disease. Both hearty meals and excessive starvation are not good for our health. When we exercise too much or spend too much time in the sun, we put our health and even our lives at risk. Even excessive consumption of water can lead to the deposition of excess water in the body. There is no person whose health improves in a matter of hours just because he is suddenly exercising hard; on the contrary, such an effort can be harmful, especially when the body is not prepared for it. Thus, both in young and mature life moderation, patience and self-discipline are the overriding values in the fight for a dignified old age.

Considering the above, prophylaxis is very important for seniors' health. Here are the four stages of prophylaxis:

- 1) Early prophylaxis
 - a) Preventing the emergence of unfavourable conditions and behaviours (social, cultural, economic) that contribute to an increased risk of disease
 - b) Consolidation of correct patterns of a healthy lifestyle, e.g. shaping positive patterns of behaviour,
 - c) The earlier the intervention is, the more effective it is
- 2) Primary prevention
 - a) Aims to reduce the likelihood of disease and health disorders and certain deviations from good health by counteracting harmful conditions before they can cause disease
 - b) Disease prevention by controlling risk factors; Example: immunization
 - c) Division of primary prevention:
 - i) Specific prophylaxis - measures to prevent a specific disease
 - ii) Non-specific prophylaxis - measures to prevent many diseases
- 3) Secondary prophylaxis
 - a) Preventing the consequences of the disease through its early detection and treatment through screening tests
 - b) Screening - an organized action involving the early detection of diseases or pathological conditions in the population with the use of massively used simple diagnostic tests
 - c) Examples:
 - i) Breast cancer -> mammography
 - ii) Colon cancer -> colonoscopy
 - iii) Diabetes -> blood glucose measurement
- 4) Phase III prophylaxis
 - a) Actions to stop the disease process
 - b) Preventing the effects of a past disease and counteracting it
 - c) Relapses of the disease and re-hospitalization
 - d) Minimization of secondary damage, complications and possible defects caused by the disease
 - e) Promoting the right treatments among patients in a nutshell: slowing disease progression and reducing complications
 - f) Example: rehabilitation after a stroke



Self-reflections

Why do you think is important to maintain the physical, mental and spiritual health of seniors? And what may happen to the other two if one of these deteriorates?

Resources and further reading

- Mental health of older adults: <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>
- Social and emotional aging: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3950961/>

Video materials

- How to arrange a care home: <https://youtu.be/-5nNnlvdh10>
- How easy is to arrange care: <https://youtu.be/-5nNnlvdh10>

4.2. How to age well

Health promotion is understood as all activities enabling control, support and strive to maintain or improve the health of a senior. Appropriate habits can be developed by encouraging seniors to adopt a healthy lifestyle. The term "health promotion" first appeared in 1945. Henry Sigerist has placed health promotion as one of the four main pillars of medicine, alongside disease prevention, disease treatment and rehabilitation. He defined this concept as a series of activities leading to the provision of appropriate conditions for life, work, education, physical culture as well as rest and recreation.

In the second half of the 20th century, health promotion emerged as a social movement. The movement began with a scientific approach to epidemiological discoveries that indicated that individual human behaviour is the main determinant of individual health. Today, we are talking about promotion much more broadly, mainly in the context of health standards promoted by the World Health Organisation (WHO).

It should be remembered that health promotion focuses on those factors that guarantee the health of individuals and, consequently, of the entire society. The conducted research shows that the health condition of every human being is influenced to the greatest extent by lifestyle, to a lesser extent by factors of the physical environment and genetic factors, and least by health care.

Nutrition - Get regular and healthy meals

When listing the factors influencing health, the first priority is diet, understood in two ways. Diet as a rational way of eating - eating healthy things and avoiding unhealthy (fast food, processed foods) is obvious, the basic and necessary factor in the context of health care. The second understanding of nutrition is also taking care of the appropriate selection of ingredients - avoiding food products containing unhealthy substances (preservatives, E, sugars, etc.). It is a "more advanced" understanding of diet,



requiring a lot of effort to search for products and high competences - knowing what is healthy and what is not.

In the case of the elderly, great importance is attached to a healthy diet. The ageing process is ruthless for our organs, which stop functioning properly, the metabolism also slows down, and the digestive process itself takes longer and is stressful for the body. The diet changes with age, especially if the mentee is sick. What used to be tasty and good for a senior, today may turn out to be harmful to him.

Certainly, it is impossible to believe any miracle diets that appear, are not proven and it is not known what the effects of their use on internal organs will be. You should learn from proven sources and trust the opinions of doctors and scientific research. It is worthwhile to observe yourself and choose the ways of eating that promote recovery and keep you healthy. Some rules and diets have been used for decades, the effects of which are known to medicine. The Hunza tribe is a good example (Onet Podroze, 2015), famous for their longevity, youthful appearance, extraordinary physical fitness until the last days of life, great vitality, lack of civilization diseases as well as joy and cheerfulness.

Nutrition in Hunza Valley

Hunza people live in today's Pakistan, in one of the most inaccessible and secluded places in the world, leading a very simple life that seems to be a recipe for longevity. Members of this tribe have not heard of the diseases with which Western civilization struggles. They hardly know what cancer, diabetes, obesity or high blood pressure are.

Dr Jay M. Hoffman travelled to the Hunza Valley to take a closer look at this unique phenomenon. In 1968 he published the results of his research in the book "The Secret of the Healthiest and Longest Living People in the World". Unfortunately, Hoffman did not answer the question bothering us, how much influence the Himalayan climate has on the longevity of the Huns. However, thanks to this publication, it is already known what to eat and how to live to stay healthy until old age. The most amazing food in the Hunza diet was a large number of apricot kernels. Modern medicine has found that they contain a good amount of vitamin B17 (amygdalin), which actually has anti-cancer effects. Tribe members ate two hundred times more than the average American! Hoffman also stated that behind the secret of longevity is also the state of mind of Hunza and how they perceive old age in general.

They believe that a middle-aged man is around 100 years old. Interestingly, women of this tribe practically always look twice as young as their birth certificate would indicate. Does the Hunza tribe have the natural ability not to grow old and not get sick? Well, no. Hunza live in today's Pakistan, in one of the most inaccessible and secluded places in the world, leading a very simple life that seems to be a recipe for longevity. Members of this tribe have not heard of the diseases with which Western civilization struggles. They hardly know what cancer, diabetes, obesity or high blood pressure are.

The Hunza diet was analysed and found that members of this tribe eat large amounts of raw fruit and vegetables (e.g. potatoes, carrots, turnips, pumpkin, apples, black currants, cherries, plums, apricots), nuts (hazelnuts and almonds), and oils made of them. They get animal protein by eating chicken, yoghurt and cheese and drinking milk. In addition, they eat a lot of grains: buckwheat, wheat, millet and barley. These people, apart from milk, drink practically only glacier water. The wine is used only for medical purposes.



The people of the Hunza Valley eat little, usually two main meals a day, even though they work mostly physically. Thanks to this, they are much more durable and have more energy. Adult people consume less than 2,000 calories a day. Another secret of this tribe is ... fasting, which usually lasts several days and usually takes place in spring. Scientists say that fasting for a few days is very good for the body because it helps it "reset". The Hunza people begin to fast from an early age. Thanks to this, he gets used to this lifestyle. Looking at the diet of these people, it can be concluded that their menu is not particularly outstanding or innovative. In fact, it is no different from what doctors have recommended for a long time: do not overeat, eat large amounts of fruit and vegetables, drink plenty of water and play sports. The problem with Western civilization, however, is that it cannot adapt to this seemingly simple advice.

The Hunza family uses all these health factors in their lives. Someone might say "yes, but the Hunzians live in a clean, unpolluted environment, so they cannot be compared to people living in the civilized world." However, it is worth introducing their diet and habits gradually to improve your standard of living and prepare for a dignified old age.

Nutrition in Okinawa

Another similar example is the Okinawan people or the ancient Caucasians. The country where people live the longest in the world is Japan. Scientific research has shown that the Japanese owe their longevity primarily to their specific diet and lifestyle. This is especially visible on the Japanese island of Okinawa (Cichocka, 2018).

The place on this island where life expectancy is even longer than that in Okinawa is the village of Ogimi. The longevity of the people of Japan is mainly because heart disease, high blood pressure, strokes, type 2 diabetes and some types of cancer are rare.

The inhabitants of the Japanese Okinawa are characterized by longevity, a large number of centenarians and rarely suffer from diseases related to old age. Scientists believe that the islanders owe all these health benefits to their lifestyle, especially their traditional diet, which, despite being low in calories, is rich in valuable nutrients, especially antioxidants and flavonoids. Numerous scientific studies have shown that diets reducing the risk of civilization diseases are similar to the Okinawan diets, i.e. they are rich in vegetables and fruits (thanks to which they contain a lot of antioxidants and other phytochemicals), prefer whole-grain cereal products, products with a low glycemic index, and reduced consumption of meat, processed grains, whole-fat dairy products, low in saturated fatty acids, sugar.

Many features of the Okinawan diet are also similar to the Mediterranean diet and the DASH diet. The common feature of these diets is that they contribute to the less frequent occurrence of many civilized diseases, such as cardiovascular diseases, arterial hypertension, type 2 diabetes, and some types of cancer. In addition, the longevity of the inhabitants of Okinawa and the Mediterranean countries indicate that their diets may even slow down the ageing process. The DASH diet also helps to extend the life of the elderly.

The Mediterranean diet and the DASH diet are closer to our culinary tradition and their use will bring great health benefits. We can also take over many elements from the Okinawan diet, as well as modify others to be applicable in our conditions.



The lifestyle and philosophy of life of Okinawans are conducive to their longevity. The daily activities and choices made, but also the way people think about the lives of Okinawa people - all this creates a kind of mixture that contributes to a better condition and a long healthy life. Their philosophy of life is based on several principles:

- Being busy and active as long as possible, even in old age,
- Taking joy and even happiness from being busy,
- Optimism and enjoying life, even in old age,
- Welcoming each morning as a personal success that ... can be welcomed,
- The joy of each subsequent birthday that it has come,
- Approach to life as a long, interesting and enjoyable adventure,
- Strong family ties as well as with friends, acquaintances, neighbours and the local community
- Willingness to help surrounding people,
- Working in a team of people as part of the entertainment, but also as part of work for the neighbourhood, district, town,
- Family and friendship ties and the fact that you can always count on them gives a strong sense of security
- Always finding the meaning of life,
- Having passions and pursuing them, but they don't have to be great passions,
- Every day, even small physical activity, if possible, mainly walking or working in the garden.

It is worthwhile for each of us to consider how much of this philosophy of life of long-lived people we can accept. The more we manage, the greater the chance we have of a longer, healthier life.

Much of this philosophy is found in the Nutrition Principles for the Elderly, related to the Pyramid of Healthy Eating and Physical Activity for the Elderly, developed by experts from the Food and Nutrition Institute.

The Okinawan Longevity Diet. The main assumptions of the Okinawan longevity diet:

- Daily menus are not monotonous, the diet is very varied, which means that the body receives many different nutrients every day. A variety of foods are eaten.
- There is no overeating, one-time meals are small. You don't eat to your heart's content; the end of a meal is about 80% full.
- The diet contains a large variety of vegetables and fruits (at least 7 kinds of fruit per day), legume seeds, soy products (mainly tofu), miso, potatoes called rustata (this is a lighter variety of sweet potatoes), fish (about 3 times a week), algae (kombu, nori).
- Vegetables eaten almost daily include, among others: carrots, peppers, goya (cucumber loop), cabbage, onions, garlic, soybean sprouts, hechima (a type of cucumber).
- A frequently consumed fruit is a citrus fruit called shikuwasa, which grows in Okinawa. This fruit contains much more polyphenols than other citrus fruits.
- The diet includes rice every day, complemented by pasta called soba or udon.
- Meat is only eaten 1-2 times a week
- Reduce sugar consumption (Okinawa consumes about 1/3 of the amount of sugar compared to the average consumption in Japan). The main type of sugar used is cane sugar.
- Consume less salt.
- Providing about 1,800 kcal per day from food.



An indispensable part of the diet is drinking tea. The most popular in Okinawa is sanpin tea, a mixture of green tea with jasmine flowers.

Bottom line: The Okinawan diet is rich in vitamins (including antioxidant vitamins), minerals, fibre, flavonoids, and omega-3 fatty acids. It is low in saturated fatty acids, dietary cholesterol, sugar and sweets. Moreover, daily physical and social activity is an integral part of the Okinawan lifestyle.

Common in the diet of these peoples, as well as in good diets propagated today. For example, the basis of the Hunza diet is cereals, vegetables, fruits, dairy products (buttermilk, yoghurt, cheese), mainly from goat's milk. The products are of course natural, cereals with whole-grain meals. Meat rarely appears on their menu. Such nutrition affects not only health but also recovery.

Eating Behaviours

Biological old age is an individual process that occurs naturally at a different pace and degree, the beginning of which can be considered childhood (Pietrasiński, 1990).

Nutritional behaviour (Krenzel, et al., 2018) is defined as a long-term diet, including the consumption of products and dishes specific to a given region, country or group of people. Polish cuisine, although it is not healthy, changes over time. There are more and more restaurants and bars serving dishes from around the world in the country, and both cultural and culinary boundaries are becoming blurred. It is also worth paying attention to the widespread availability of various types of raw materials and products from different climatic zones. These changes affect the eating behaviour of people of all ages.

The published research shows that people over 55 years of age, well-educated and wealthy eat the healthiest, and those under 25, poorly educated, living in large cities or villages, as well as farmers and pensioners, eat the worst. In the group of older people, this dependence results from the fact that the older generations learned their nutrition model at home, where the availability of processed products was limited and the pace of life was slower. On the other hand, the generation born after 1985 is living faster and faster and does not have time to celebrate meals. Food is often prepared by them from highly processed products, which reduces the preparation time, but has a negative effect on the body. How adversely affects the body. Nutrition is an important factor determining the length and quality of human life. In our country, it is assumed that the correct model of nutrition should be based on the "Nutrition standards for the Polish population", which include the amount and type of individual ingredients, such as proteins, fats, carbohydrates, vitamins, microelements, macronutrients and water, strictly adjusted to a given group of people, taking into account their age, sex, body weight or physiological condition. On this basis, nutritional recommendations are developed, compliance with which has a positive effect on health and well-being (Ciborowska, 2015).

In the elderly, the intensity of biochemical changes - the advantage of catabolism over anabolism increases, which results in a reduction in energy demand. It is also caused by a reduction in physical activity and diseases, which results in the reduction of muscle mass in favour of adipose tissue (from approx. 20% to approx. 36%). In addition, the amount of minerals drops (from about 6% to about 4%) and the functions of organs such as the kidneys, lungs, stomach and intestines are weakened. It is estimated that metabolism after the age of 40 slows down by about 1% per year, which means that the energy demand of the elderly is lower by at least 20% compared to adulthood.



Nutrition and disease management

The uncontrollable factors are something that no one can influence - some things, even with the strongest will and motivation, cannot be avoided; we distinguish between genes and the environment and surroundings. Some people are born with a predisposition to certain diseases (especially cardiological and joint diseases). Such people do not have a large enough impact on health, and it is also difficult to help them. Hence, it is important to talk to the attending physician so that he can find out what predispositions we have to inherit genetic diseases. The second factor is the environment we live in, more and more people live in conditions that are harmful to health. The harmful factors are, first of all, high noise levels and polluted air, the vicinity of industrial centres (factories, power plants, sewage treatment plants) and no contact with nature.

Health education is a continuous process of teaching people how to live to maintain and improve their own and others' health, and in the event of a disease or disability, actively participate in its treatment, manage and actively reduce its effects. According to (Ciechaniewicz, 2008), the goals of health education can be focused on three aspects related to health, in the case of danger - risk factors, and in the case of disease - on ways of coping with the disease.

Given the above goals, it stands out:

- Health education model focused on health (promotional or participatory education) - transferring knowledge and shaping the ability to implement behaviours beneficial for health, activation to take pro-health actions;
- Risk factor-oriented health education model (authoritative education) - motivating, advising, giving guidance, supporting changes that positively affect health - one-way communication;
- Disease-oriented model of health education - participatory education (Marzano & Ochoa Siguencia, 2021) - making people aware of the relationship between various risk factors and a specific disease, joint search for a solution to a health problem.

In the case of patient education, the main goal is to help in understanding the disease and learning to live with the disease, in particular: preparing the person under care for cooperation in the therapeutic process, functioning as a patient in various care and healthcare institutions, and preparation for self-care. Woynarowska emphasizes that to actively participate in this process, the patient must know, understand, be able and willing to do it (Woynarowska, 2016).

Knowledge of the principles of teaching is especially useful in the implementation of health education tasks, where the recipients are elderly people who may have various, complex geriatric problems related to, inter alia, with the acquisition of knowledge, perception and understanding. Due to disorders, organic changes, or finding themselves in a difficult situation, incomprehensible to the patient, the reception of educational content may be difficult, therefore the knowledge conveyed in the course of education should be accessible, understandable and clear (Woynarowska, 2016). Knowing the rules of teaching and following them in the process of health education may help in this. Nowacki distinguishes seven basic principles of education (Nowacki, 1999):

- Visibility
- Conscious activity
- Combining theory with practice



- Regularity (systematic)
- Affordability (gradation of difficulty)
- Durability of knowledge and skills
- Individualization of teams.

When planning educational activities for the elderly, due to health limitations, difficulties in functioning, the number of educational topics should be limited during one meeting, and information should be provided in a way that is easy to remember. It is advisable to involve the caregivers of the elderly in the education process and to prepare accessible information materials clarifying and consolidating the acquired knowledge in the course of education.

The subject of educational activities concerning the elderly and their guardians should apply in particular (Kornatowski & Grzešek, 2010):

- Diets (risk of obesity or malnutrition, predisposition to the development of diseases)
- Hypertension, ischemic heart disease, stroke); the principles of proper nutrition; methods of changing unfavourable eating habits;
- Physical activity - principles and forms of recommended activity, depending on functional capacity and health, the benefits of increasing physical activity;
- Stress - making the elderly aware of the problem of high levels of stress; methods of coping with a difficult situation, relaxation - concerning the elderly and caregivers;
- Addictions - sensitization to the consequences of anti-health behaviour (the use of stimulants); encouraging people to reduce or quit smoking, to quit alcohol addiction; mental support of people who make attempts, motivating;
- Accidents and injuries - fall prevention, organisation of a safe living environment;
- In the case of diseases - education about diseases, health behaviours conducive to the effectiveness of therapy; secondary prevention of disability;
- In the case of the infirm - in terms of diseases and care activities, implementation of rehabilitation programs, occupational therapy

Diabetes can affect the elderly, but also children and adults. Most often it is treated with diet, tablets or insulin. It is characterized by a malfunction of the pancreas in the body. The disease is also associated with low physical activity of patients, overweight or obesity, hypertension and high cholesterol, as well as excessive consumption of sugars and fats. The most important thing in its treatment in the elderly is to adhere to the diet and regular meals. Additionally, if it is possible, you should increase your physical activity, even by taking regular walks.

The problem of urinary incontinence can happen at any age, but it is quite common in older people. Urinary incontinence is quite embarrassing, so you need to be patient as these people are not able to fully control it. In such situations, it is worth introducing the so-called diaper pants for adults, which will minimize the discomfort of an elderly person. It is also very important to take care of hygiene to avoid skin problems or even urinary tract infections. Urinary incontinence causes a feeling of embarrassment, which makes the elderly person withdraw into himself and avoid contact with other people. Let's try to support her in coping with her embarrassing ailment.



Self-reflections

How can you convince elderly people to change their diet?

Resources and further reading

- Nutrition and older adults: <https://nutritionaustralia.org/fact-sheets/nutrition-and-older-adults-2/>
- Nutrition needs when you're over 65: <https://www.betterhealth.vic.gov.au/health/healthyliving/Nutrition-needs-when-youre-over-65>

Video materials

- Nutrition and Older Adults: <https://www.youtube.com/watch?v=X22laeb-XFc>
- Healthy Aging with Nutrition: <https://www.youtube.com/watch?v=KD-FmeueFUo>

4.3. Physical activity exercises

Below, in abbreviated form, the most important guidelines of the European Union regarding the physical activity of elderly people, approved by the EU Working Group "Sport and Health" (EC, 2008):

- Any physical activity is better than none.
- Every elderly person should avoid prolonged periods spent in a sitting position.
- Pay attention to your daily physical activity: walk as long as possible, climb stairs instead of using an elevator, etc.
- It is recommended that seniors choose an enjoyable activity.
- Elderly people should undertake physical activity for at least 150 minutes (2½ hours) a week of moderate exercise in single periods, e.g. 30 minutes 5 times/week.
- Comparable benefits can be obtained from the intense physical effort for min. 20 minutes 3 days a week or a combination of moderate and intense periods.
- For greater health benefits, it is allowed to extend the exercise time to 300 minutes (5 hours) per week (moderate exercise).
- The necessary amount of physical activity can be accumulated in at least 10 rounds.
- Strength training should be undertaken at least twice a week.
- Muscle strengthening exercises should be repeated 8-12 times in series. If an exercise becomes too easy, it is recommended that you increase the resistance or do an additional series.
- Exercises improving motor coordination are of particular importance for seniors.
- Elderly people should exercise accompanied, e.g. by signing up for organized group activities or invite family members or friends to train together.
- The time and intensity of exercise should be increased slowly under the supervision of a physician and/or physical therapist.

Movement and physical activity should be ensured in our lives. Each of us prefers other forms of movement. The simplest form, accessible to all, is a walk, and even better - a walk. Even 15 minutes a day spent on physical exercise will significantly improve your health and well-being. When we try some form



of exercise that we like, it's a good start to get into the habit of doing them, and then they will become necessary, just like we feel the need for personal hygiene.

Many specialists recommend yoga, which does not burden the joints, perfectly affects the spine and provides the right amount of oxygen to cells and tissues, and perfectly relaxes (a way to relieve stress). Yoga is a universal discipline for the health of seniors as well. Many health effects of yoga are known and described in the literature. The spine is the foundation of everybody. Many ailments are caused by neglect of the spine. In addition to nutrition, the condition of the spine is influenced by movement and proper body posture. While the removal of, for example, various sprains of vertebrae requires the help of a specialist, you can develop the correct posture yourself.

Breathing is taking in natural life energy. Our life is in between the first and last breath. The breath is food without which we cannot survive even a few minutes. However, this basic uncontrolled skill with which we are born is often performed incorrectly (about 90% of people). Young children breathe properly - they use the so-called diaphragmatic breathing, during which the abdomen expands on inhalation and contracts on exhalation. Such breathing improves ventilation, oxygen supply to the body, thanks to which, during the oxidation reaction, no harmful products, toxic to our body, are formed.

Adults often breathe with the participation of only the upper part of the lungs, in which the chest expands while inhaling, the arms are raised and the stomach is drawn in. This is due to lack of exercise, the curvature of the spine, overweight, sedentary lifestyle, etc. This "incomplete" way of breathing affects the diseases of the respiratory system, blood system, gastrointestinal system, hypertension, diabetes, etc. Incorrect breathing causes, as well as other factors, faster ageing of the body. We are unable to supply the body with enough oxygen by breathing only through the lungs. It is quite easy to learn how to breathe properly, and when it becomes a habit, we start to breathe properly and automatically. I was learning to breathe myself and now I don't need to control my breathing anymore. A good way to start learning is this simple exercise:

- Lying on your back, place one hand on your stomach and try to breathe so that the belly slightly rises. Do not do this by puffing up your stomach too much, or for too long. It is enough to take several such breaths at once. In addition, after doing such an exercise several times, you should consciously pay attention to your breathing during the day and check how you breathe...

There are also special breathing techniques, derived mainly from the yoga tradition, which are very conducive to cleansing the body, reducing stress, increasing concentration, removing fatigue (when we need to work longer), getting rid of ailments related to e.g. colds, etc. Thanks to breathing practices, our life becomes more joyful. The breath changes a lot. The breath is also a connection to the spiritual part of us. Breathing practices pay off very quickly.

Self-reflections

What physical activities would you (or do you) do with elderly?



Resources and further reading

- Physical activity guidelines for older adults: <https://www.nhs.uk/live-well/exercise/physical-activity-guidelines-older-adults/>
- Physical activity for older adults: <https://food.unl.edu/physical-activity-older-adults>

Video materials

- 15-minute sample workout for older adults: <https://www.youtube.com/watch?v=Ev6yE55kYGw>
- Seated exercises for older adults: <https://www.youtube.com/watch?v=8BcPHWGQO44>

4.4. Substance abuse (addictions)

People who have just withdrawn from professional life are at particular risk of addiction to alcohol or drugs. They are also in the group that is particularly vulnerable to damage associated with it. Seniors are by far the largest consumers of drugs. These can interact both with each other and with alcohol. At best, this will lead to the disease for which an elderly person is taking medication will not be treated effectively, at worst, it may even result in death or permanent disability. There is no doubt that drug and alcohol abuse is riskier for the elderly than for the younger age groups. For the above reasons, substance addiction is a serious problem for seniors⁷.

Susan W. Lehmann and M. Fingerhood from Johns Hopkins University School of Medicine - authors of a review article on addiction-related disorders in old age published in NEJM indicate that physiological changes in liver function, which may occur naturally in old age, affect the metabolism of both alcohol and other substances. This in turn causes seniors to be a group particularly exposed to the adverse health effects of their abuse. In addition, in old age, substance abuse poses a much greater risk of harm such as deteriorating eyesight, faster development of dementia, and the risk of falls. As a result, the abusing senior will lose independence faster and will be dependent on the care of others. Experts warn that the same dose of a given substance in the same person at a younger age may not cause health problems, and in an older person - it does. Furthermore, the person may not notice the change because of declining self-criticism in many older people (Lehmann & Fingerhood, 2018).

Seniors and alcohol use in the light of the publication of Dr Agnieszka Bartoszek's team from the Faculty of Health Sciences at the Medical University of Lublin shows that virtually each of the respondents aged 65+ drinks alcohol from time to time. Nobody declared themselves abstinent. Occasional drinking was declared by 83.6% respondents, and a few times a week - 16.4% (Dąbrowska & Wiecezorek, 2018)

Commenting on the results, the researchers noted that the lack of daily drinkers in the group of respondents does not necessarily reflect reality - they are simply afraid of admitting to such a pattern of drinking or even addiction. In turn, the research cited by Dr Katarzyna Dąbrowska and Dr Łukasz Wiecezorek from the Institute of Psychiatry and Neurology in Warsaw in the "Report on the implementation of the study: Analysis of risk factors and factors protecting the use of psychoactive substances among seniors" shows that within 12 months, among 60 people, 60+ (the average age of respondents was 67) ashamed

⁷Anna Piotrowska, Uzależnienie seniorów – cichy, a groźny problem, <https://zdrowie.pap.pl/senior/uzaleznienie-seniorow-cichy-grozny-problem>



of drinking was felt by 15% of the respondents, and the need to reduce alcohol consumption was declared by 17.5%. The compulsion to drink the day after use - 7.5% Oscillating around 15%. The percentage of seniors who drink a lot is comparable to the results of the American study. The information presented in the above-mentioned work at NEJM shows that 14.5%. Americans aged 65+ consume more alcohol than the country's "safety" standards. A maximum of three drinks in one day and a maximum of seven per week in standard alcohol portions is considered a safe amount.

Why do seniors use alcohol and drugs in excess?

Experts say that we are dealing here with people who, due to their full activity, rush and rush at work, enter retirement age and suddenly get the impression that they have got out of a speeding car. Seniors may have the impression that nothing is happening in their lives, there is a "terrible" space of free time, previously fully managed with daily duties. According to scientists, there may be boredom that seniors cannot bear, low mood or gradual deterioration of cognitive functions. The researchers' observations confirm the statements of seniors, which were recorded by the aforementioned team of Dr Katarzyna Dąbrowska and Dr Łukasz Wiczorek as part of the research. "They lack self-confidence, the feeling that someone needs them. This is missing and people go into alcohol",

- Lonely people drink. "
- "They cannot cope with the fact that they are going to retire and that this is the last stage of their life. Nothing will happen to me anymore, only this retirement and death ".

The POL Senior survey shows that in the group of people over 65, symptoms of depression were shown by over 26%. subjects. People who drink regularly almost every day or use alcohol to regulate their emotions, e.g. because of anxiety, insomnia, or lack of pleasure, have a high risk of developing an addiction.

How to observe the first signs of addiction in the elderly It should be remembered that the development of alcohol dependence in men and women is different. In women, addiction may develop in a much shorter time than in men. Men seem to be more resilient: some of them regularly consume large amounts of alcohol for 30 or 35 years, and only around retirement drinking gets out of hand; when it is enough for women 2-3 years to go to an addiction treatment clinic.

Another problem that can be observed among seniors is experimenting with drugs, often different from that of young people, who usually seek euphoria or intoxication. Seniors less often than young people look for applications other than utilitarian (e.g. preventing insomnia). Hence, very often elderly people abuse drugs that help them fall asleep, and among them, they find drugs with a high addictive potential, e.g. benzodiazepines. Moreover, the risk of side effects of this group of drugs is higher in the group of older people than in younger people due to slow metabolism, lower muscle mass and higher fat mass, and a reduced proportion of water in the body's tissues. Scientists emphasize that drugs with an analgesic effect, derivatives of opioids, are also dangerous. There is also quite a large group of preparations that have no addictive potential at all, the so-called over-the-counter drugs that are simply abused.

In addition, you should also pay attention to whether seniors do not have disturbed circadian rhythms, do not start to sleep during the day, and do not have problems falling asleep at night. If there are any



disturbing symptoms: dizziness, strange gait, altered speech, it is worth calling an ambulance. They can also be neurological disorders, dehydration and must not be taken lightly.

These symptoms may or may not indicate senior addiction:

- Sleep disturbances, frequent mood changes, persistent irritation, anxiety, depression
- Nausea, vomiting, body tremors, problems with coordination of movements
- Unexplained injuries, bruises, frequent falls, hygiene problems, malnutrition
- Confusion, orientation problems, impaired memory, daytime sleepiness, slow reaction time
- Withdrawing from social life, demanding a quick refill of a glass with alcohol, hidden blisters with drugs or medications, "hiking" around clinics to get a prescription

According to the researchers, addiction therapy can be implemented even in an elderly person, provided that he or she is cognitively competent. It is related to the learning process. For example, the fact that going to a restaurant where alcohol is served early in sobriety threatens the process. That shopping at a liquor store can create an easy temptation.

It is worth looking for activities in the area in which seniors could participate. Courses for seniors, community centres, clubs, volunteering. Even online chatting with your grandchildren can help. Life in retirement does not have to and should not be boring and sad.

Mental and spiritual aspects

Based on the indicated concepts, Ryff developed 6 dimensions of positive functioning in old age (Mioduszevska, 2011):

- Life goal, the essence of which should be the social dimension of old age, because with retirement it is disturbed and causes the role of the pensioner to determine other life roles, and consequently leads to the social exclusion of the individual. The key to counteracting exclusion is a social activity and the development of related resources.
- Positive relationships with others in the aspect of trusted, warm interpersonal relationships, a person capable of love, friendship, identifying with others. The basis of human nature is to function based on trust. In addition, respect, compassion and appreciation for others are also key. The ability to interact positively with people is one of the central components of conceived ageing.
- Controlling the environment, understood as courage in taking up activity, cooperation in a group, counteracting passivity, co-decision, i.e. being treated as an equal partner in the family and neighbourly environment, which creates a sense of control over the environment, which in turn is a source of positive attitude to life in old age.
- Autonomy, understood in two categories - mental, understood as the ability and the ability to make decisions about oneself, both in terms of basic and key life decisions, e.g. concerning the place of residence, and physical - consisting in fitness, independence, no need to use other people's help, or an institution.
- Personal development, based on the need for education, as well as the sense of following the development of civilization.
- Self-esteem is based not on the stereotype of old age, but on life experience, own experiences, functions performed in professional and social life that generated positive feelings and prestige. Moreover, the



absence of stressors related to work and professional life can be an important element in generating self-satisfaction.

Therefore, as important as the physical aspect related to nutrition, movement, providing our body with the right amount of water, sun, sleep and fresh air, is the mental and spiritual aspect, however, they should not be separated from the previous ones, because many factors or specific techniques related to caring for the body, directly affects our emotions and spiritual development (e.g. breathing exercises, yoga, harmony with nature, etc.). However, at this point, I would like to mention a few feelings, states of our mind, which are a sign of our mental well-being and at the same time help us in our spiritual development. I will list them in female form, probably only because I am a woman myself, but they apply to both genders, every man. Those are:

- Sense of belonging (I am loved, accepted)
- Self-esteem (I have value, I am needed, I am well perceived)
- Sense of my own abilities (I can, I can, I have satisfaction, I come true)
- Sense of security ("I feel the ground under my feet")
- Faith (I am aware that I have been forgiven and that I have forgiven me too)
- Hope (I hope for another good tomorrow)
- Love (I accept myself and others, patience, kindness, kindness, satisfaction,
- Gratitude, I want to help and allow me to be helped)

There are various ways to do this, techniques such as meditation, relaxation techniques, prayer, spiritual development, participation in various development workshops, enlisting the help of a therapist or spiritual master, developing self-awareness and others.

Self-reflections

What would you do if you observe that seniors around you are abusing alcohol and other substances?

Resources and further reading

- Alcohol abuse amongst the elderly: a complete guide: <https://aging.com/alcohol-abuse-amongst-the-elderly-a-complete-guide/>
- Substance Use in Older Adults: <https://www.drugabuse.gov/publications/substance-use-in-older-adults-drugfacts>

Video materials

- Problem drinking in older adults: https://www.youtube.com/watch?v=YnuSv_Vd-WM
- Why do older people drink alcohol: <https://www.youtube.com/watch?v=mhvxTG5Y-mc>



4.5. Tips and tricks for healthy ageing

Providing seniors with the possibility of independent functioning as long as possible, i.e. staying in their own home and family environment, and maintaining the fitness that provides the basis for an independent, active life. Promotion activities should contribute to improving the quality of life of the elderly. The quality of life at this age is often determined by the level of fitness, independence, self-esteem and the degree of isolation in the social environment. One of the main areas on which pro-health programs addressed to young people are focused is changing the lifestyle, including, in particular, anti-health behaviours, which are risk factors for various diseases.

However, the appearance of external signs of old age does not always entail physical impairment or mental impairment. People just start to feel bad in their own skin - they don't accept their appearance (Suwiński, 2007). The so-called mental changes the image of the senile psyche and they include, among others: a lack of greater interests, rigid views, and thus - fear and fear of any "modernity". It is also impaired association and acuteness of perceptions, decreased sensitivity and emotional lability, but also the so-called "Old wisdom", extraordinary cosiness and economy (often on the verge of stinginess), as well as exacerbation of negative character traits, as well as a feeling of social isolation. The theory predicts that maintaining a similar level and pattern of activity in old age as in middle age leads to the highest satisfaction with life (Suwiński, 2007).

We can distinguish two approaches to thinking about health: positive and negative. Positive thinking about health manifests itself in treating health and having it as something that gives the opportunity to act, be active, and fulfil one's own needs; whereas negative thinking about health means thinking about health in the context of its lack, this deficit does not allow for performing various activities, activity (it is a much more common way of thinking about health). Unfortunately, despite the high value attributed to health, Poles admit that health is not paid much attention to in everyday life (especially during professional activity). The second feature is the fact that health is usually equated with physical condition, and lack of health means the inability to perform certain physical activities (lifting heavy objects, gardening, intense exercise, etc.). Which factors are conducive to and which make it difficult to think about the health of seniors? Certainly, the factors that contribute to thinking about health are:

- Traumatic experiences (illness, death of a loved one)
- Regular examinations with specialist doctors
- Sudden illness
- Accidental, sudden powerlessness (e.g. while playing with grandchildren or during some effort, fainting)
- Age, ageing, important dates (such as birthdays, anniversaries)

Some factors make it difficult to think about health every day:

- Health - i.e. no perceived health problems
- Routine, lots of daily duties
- Shaken priorities
- Avoiding problems, not allowing thoughts about illness
- Low physical activity
- Addictions and stimulants



One can also adopt the classification into conscious and unconscious pro-health factors.

Conscious factors include controlled factors (diet, work, relationships, coping with stress, addictions, stimulants or physical activity) and uncontrolled factors (genes, environment, surroundings, place of residence - smog, environmental pollution). The second group consists of unaware factors - i.e. delegating responsibility (passivity), disregarding the symptoms of a disease or reluctance to healthcare.

An elderly person implementing physical activity, a healthy diet, quitting smoking, limiting the amount of alcohol drunk, as well as judicious use of medications may contribute to preventing the development of various diseases and the decline of fitness, increasing life years and improving its quality.

Be kind to your skin

The skin of seniors becomes dry, thinner and more sensitive with age⁸. Inadequate care or ignoring skin problems can lead to unpleasant or even health-threatening ailments.

The skin should be washed with mild preparations intended for seniors, and then moistened with a suitable cream that will prevent water loss from the skin, e.g. with a regenerating lotion for dry skin.

- Dry skin - with age the skin loses its firmness and becomes easily dry. This is because the sebaceous glands gradually begin to decline. In practice, this means that the skin loses its protective barrier and is exposed to excessive water loss and the harmful effects of external factors. Dryness can occur mainly on the face, backs of hands, lower legs and forearms. To avoid them, proper and regular body care is necessary. The skin should be washed with mild preparations intended for seniors, and then moistened with a suitable cream that will prevent water loss from the skin, e.g. with a regenerating lotion for dry skin.
- Mycosis - dry skin of seniors is exposed to damage and cracking. Such phenomena promote infection with yeasts, i.e. mycosis. The feet and intimate places are the most affected. It is better to prevent the problem than to cure its bothersome symptoms, i.e. redness and severe itching. In the prevention of mycosis, washing the skin with preparations with a pH closest to that of the skin (about 5) is of key importance. They should be mild, non-foaming. Preparations intended for washing the skin of the elderly do not affect its hydrolipid coat, i.e. the natural protective barrier.
- Chafes - a problem that primarily affects bedridden seniors. Burns occur as a result of friction or pressure, or when a person sweats or has problems with incontinence. Skin changes are formed in skin folds, under the breasts, in intimate places. To avoid chafing, the skin should be thoroughly washed with a delicate preparation. Carefully dried skin should be covered with a protective cream of light consistency, which will protect it against irritating factors.
- Bedsores - this ailment is difficult to treat and dangerous to health affects immobilized people - seniors who are bedridden or in a wheelchair. Pressure ulcers occur when the body is subjected to prolonged pressure that restricts blood flow. They most often appear on the shoulder blades, along the spine, knees, heels or hip bones. It is painful redness at first. Later, bruises and swelling develop on the skin, then the epidermis breaks and the serous fluid oozes. Subcutaneous tissues begin to die, which leads to serious health complications. The main protection against bedsores is the regular change of the patient's position - in the case of people laid down to bed, this should be done every two hours. In seniors in a wheelchair, this time is shorter - turning should be done every 15 minutes. The patient's underwear and bedding should be clean and made of natural materials. It is also important to take care of the hygiene of the lying

⁸ <https://www.medonet.pl/magazyny/opieka-nad-osoba-niesamodzielną,najczęstsze-problemy-skinne-u-osób-starszych-jak-je-rozpoznać-i-leczyć,-artykuł,1729009.html>



person. It should be washed regularly, then the skin should be thoroughly dried and protected with a protective cream.

Exercise

The ageing of the Polish population is one of the most important challenges in the health and social policy of the coming years. Currently, it is believed that physical activity can significantly modify the progressive ageing process. The presented work deals with the latest recommendations regarding the undertaking of physical activity by the elderly, especially concerning the preventive sphere, although in this age group, prevention is most often combined with treatment and rehabilitation, as a statistical senior in Poland suffers on average from 3-4 chronic diseases and takes 5-6 different drugs.

Physical activity in the elderly should affect the three basic elements of physical fitness:

- 1) Improve aerobic (aerobic) fitness,
- 2) Strengthen muscle strength
- 3) Improve flexibility, balance and coordination of movements

Regular physical activity in the elderly should include the three above-mentioned items:

- Endurance exercises, Aerobic (endurance) exercises, i.e. walking, running, swimming, cycling, should be performed twice a week, for at least 20 minutes. The intensity of the exercise should be such that exercise takes place at 40-60% of the heart rate reserve (the difference between the maximum rate of heartbeats during the stress test and at rest).
- Strength (resistance) exercises should be performed twice a week, for 20 minutes, and include one set of 8-10 exercises involving the most important muscle groups. The intensity of loads should be selected in such a way that each exercise should be performed 10-15 times [10-15 repetitions of a given movement - repetition maximum (RM)].
- Stretching exercises (gymnastics, stretching) should preferably be performed daily, 5-10 minutes. For people who lead a sedentary lifestyle, the implementation of the above "optimal" exercise model should be gradual.

The directions of promotional activities mentioned above, and not stimulating them to change anti-health behaviours, may improve the functioning of the elderly in the environment, i.e. achieve the goal of promoting the health of this part of the population.

Mind your diet

When listing the factors influencing health, the first priority is diet, understood in two ways. Diet as a rational way of eating - eating healthy things and avoiding unhealthy (fast food, processed foods) is obvious, the basic and necessary factor in the context of health care. The second understanding of nutrition is also taking care of the appropriate selection of ingredients - avoiding food products containing unhealthy substances (preservatives, E, sugars, etc.). It is a "more advanced" understanding of diet, requiring a lot of effort to search for products and high competence - knowing what is healthy and what is not.

Adequate diet plays an important role in the treatment and care of an elderly person. It is very important to meet three conditions, i.e. regular consumption of meals, variety of products and dishes, and balancing



the energy balance. For many reasons, elderly people forget to follow these rules and are often exposed to food infections that result from eating inadequately prepared and stored food.

You should put on an easily digestible diet, and the meals themselves should be balanced and easy to eat. The protein that the body needs during convalescence plays an important role in rebuilding tissues, plasma and immune cells. Carbohydrates are also of great importance, the acceptable level of which is 50-60% of the daily energy requirement. Remember that seniors have little physical activity, so you should avoid frying and caloric dishes that can cause the development of diseases, e.g. diabetes, hypertension or atherosclerosis. Remember that in old age sick people struggle with a lack of appetite and loss of sense of smell, which makes these people thin and do not want to prepare meals.⁹

Stay physically active

Everyone treats exercise and physical activity as a way to maintain good health. At the same time, they consider lack of exercise a sure path to health loss. Nevertheless, most of them are not physically active, do not play sports and avoid physical exertion.

Movement is health is a well-known saying that is still valid regardless of age. It should be specially taken care of in people who are partially or completely immobilized as a result of diseases. In such a case, appropriate massages and limb exercises are very important to prevent joint and muscle changes and limb contractures. Long-term immobilization of the patient has a negative impact on his health. The body experiences general weakness, a decrease in muscle tone or their complete disappearance, bedsores, infections of the respiratory tract and the excretory system appear. The help of another person, usually a family member, is very important here.

Lower your stress

Stress is mentioned as one of the most health-threatening elements of today's world. It is most often the result of work: fear of losing it, a high degree of market competitiveness, the "rat race". A certain balance for stress can be found in good relationships with people - a calm family situation, good relationships with colleagues. However, problems in the area of interpersonal relationships may become an additional stress factor (Zielazny, Biedrowski, & Mucha, 2013).

In common awareness, stress is the domain of young people - professionally active, chasing money, trying to reconcile their career with family life. Well, nothing could be more wrong! Stress may also apply to seniors, although of course, it has a different basis. It is worth remembering that in terms of health, chronic stress is very dangerous for the elderly. We live in times of worship of youth, strength and beauty. Therefore, seniors are often pushed to the margins of social life - there is no mention of ageing and the accompanying problems. Older people feel worthless, helpless and forgotten. After a period of professional activity, when you retire and your children and grandchildren have left the family nest, seniors notice emptiness and loneliness around them.

Very often there are diseases typical of old age: hypertension, ischemic heart disease, diabetes [AF1] and osteoporosis. As the years go by, an elderly person may have increasing problems with moving and

⁹ <https://biznes.newseria.pl/biuro-prasowe/zdrowie/5-zasad-edukacji,b134130769>



carrying out everyday activities. Material issues are also a serious problem for seniors - low pensions are often not enough to meet basic needs, and the senior is dependent on the help of social care centres or families. All this deepens the feeling of alienation and alienation, increases dependence on the environment, deprives the joy of life, and consequently - is very destructive for the psyche of an elderly person and causes chronic stress.

Stress isn't always negative. At the beginning, it is worth realizing that severe stress - as long as it is short-lived and happens from time to time - is not so harmful to humans. It causes the physical and mental mobilization of the body and adds energy to action. In most cases, stress is associated with negative emotions, such as anger, regret, fear or tension, but it also happens that stress is associated with, for example, an important family celebration, a trip to an exotic country or meeting someone very close. Then it allows you to experience positive emotions: hope, joy, enthusiasm, and excitement.

What are the symptoms of stress in seniors?

- Symptoms of physical stress - increased heart rate, sweating, cold feet and hands, pale or redness, nausea, trembling limbs, teeth grinding, lack of appetite, sleep disturbances, restlessness, anxiety, mood lability, hostility, indifference, worry, feeling a loss of control over your own life, feeling of shame, frustration,
- Symptoms of cognitive stress - problems with concentration, memory disorders, decrease in intellectual efficiency, problems with decision making, problems with focusing on the activity performed,
- Behavioural stress symptoms - reaching for cigarettes and alcohol, nervous tics, nail-biting, lack of appetite or its sudden attacks, speaking loudly and quickly, not taking care of your appearance.

Long-term stress is one of the factors in the development of many diseases (including heart diseases, hypertension, depression), and can also aggravate their symptoms.

Effective ways to relieve stress, i.e. relaxation techniques in practice.

- Raise your eyebrows as high as possible, hold for 10 seconds, then slowly and slowly relax your face.
- Squeeze your eyelids as tightly as possible for 10 seconds, then slowly open your eyes to focus on your muscles.
- Tilt your head back slightly, hold for 10 seconds and slowly return to the starting position.
- Clench your fists tightly, count to 10, and then slowly relax your hands, allowing the tension to "drain" through your fingers.
- Press your back against a chair back or a wall for 10 seconds, then gradually release the pressure.

Combining the technique of visualization with the technique of conscious breathing will also help to fight stress. Sit in silence, imagine or remember something pleasant and focus on deep breathing for a few minutes - so that the body is fully oxygenated.

Ways to overcome stress. Of course, there are many more ways to deal with stress and everyone can choose the one that is most effective for him. There are people for whom the best method of relaxation is a short nap, others prefer a walk in the fresh air or even more demanding activities - gardening, gymnastics for seniors or Nordic walking. Some older people deal with stress alone, others seek support and companionship during this time. A good idea may be, for example, a short trip or a rehabilitation stay,



which will not only help you improve your health, but also allow you to break away from everyday problems. You can and must fight stress - it certainly works for good!

Quit smoking and reduce alcohol consumption

Stimulants are considered a major health risk. Cigarettes are the main danger among stimulants - due to their strong addictive properties and high harmfulness. Other stimulants (alcohol, drugs) are considered less common but more destructive

Get enough sleep

Senior insomnia is a common problem, because the older we are, the more often we have trouble sleeping. Half of the people over 50 complain about them, of which 15-20% suffer from chronic insomnia, meaning insomnia lasting more than a month¹⁰. The demand for sleep after the age of sixty may be the same as in middle age, provided that the level of daily activity, especially physical activity, is not reduced. Unfortunately, most often it is significantly lowered and therefore the body no longer needs 7-8 hours of sleep to regenerate, but only 6 or even less.

The cause of insomnia among seniors may also be a change in the rhythm of the day. The body, accustomed to certain times of waking up and going to bed, can react to this change with sleep disturbances. Chronic diseases are one of the causes of insomnia in old age. Pains in the joints and spine do not let you sleep well. It awakens a burning sensation behind the breastbone accompanying heartburn (lying down increases its symptoms) and pressure on the bladder. They can break out of dreams: painful calf cramps, shortness of breath associated with respiratory diseases and heart diseases. Resting legs syndrome (involuntary movements) and other ailments also make it difficult to rest at night. However, it is not only various medical conditions that make sleep quality unsatisfactory.

- Insomnia is often the first symptom of mental illnesses such as depression, anxiety and addiction (e.g. to alcohol).
- It can also signal the development of somatic diseases.
- It is a symptom of inflammatory diseases, especially rheumatoid, autoimmune and endocrine diseases.

Find new hobbies

Hobbies for seniors are a topic that more and more often interests people who care for elderly people¹¹. Very rightly so, because every person, regardless of age, should have some passions. Why is the right hobby for a senior so important? Why is having a passion at all important for a man, no matter how old he is? Because a hobby is a great way to have a good time and, at least for a moment, distance yourself from everyday worries. It allows people to focus on something they like and enjoy. What's more, in the case of an elderly person, a hobby can help keep the body and mind in good shape over the years.

It is worth remembering that you can find the right hobby even for seniors with limited mobility. Thanks to this, maybe for a moment they will forget about their limitations and spend time focusing on something

¹⁰ <https://www.poradnikzdrowie.pl/psychologia/zdrowie-psychiczne/bezsennosc-seniora-przyczyny-kopotow-z-zasypaniem-u-osob-starszych-aa-jvaX-e5NM-cc67.html>

¹¹ <https://pflegerin24.pl/blog/hobby-dla-seniora/>



pleasant. A good solution will be to find activities that involve not only the retiree but also their caregiver. It's a great way to spend time together.

Hobbies can positively affect the life of an elderly person.

- Hobby relaxes, allows you to break away from everyday life and fully focus on what is pleasant for the senior.
- Passion has a positive effect on the psyche, and in some cases also on the body (sports activities for seniors).
- Hobbies allow you to stay physically or mentally better.
- Passion can be shared with other people, which prevents the feeling of loneliness and being unnecessary.

Practice mindfulness

A good remedy for anxiety and uncontrolled emotions in seniors may be to try to focus on the "here and now". Many guides provide simple techniques that can help you regain inner peace. Experts emphasize that regular mindfulness exercise improves mood, increases the ability to deal with critical emotions, and even strengthens the immune system¹². Presence at the moment, or mindfulness, is a psychological term that means mindfulness, or rather, awareness. That is, consciously experiencing everything that surrounds us and how we perceive it. Regular mindfulness practise reduces anxiety, improves mood and sleep quality. It also strengthens our resilience and the ability to deal with critical emotions.

Self-reflections

Which of the above tips and tricks did you like most and why?

Resources and further reading

- Benefits of mindful meditation for older adults: <https://www.seniorsmatter.com/the-benefits-of-mindful-meditation-for-older-adults-and-how-to-get-started/2491870/>
- Skin Problems in the Elderly: https://www.healthhub.sg/a-z/diseases-and-conditions/428/skin%20_problems_in_the_elderly_nsc

Video materials

- Stress and aging: <https://www.youtube.com/watch?v=N3TleimQPME>
- Hobbies for older women: <https://www.youtube.com/watch?v=OLQ2EfQZ5pU>

4.6. Life-style aspects

Referring to the research by J. Halicki on the common perception of successful ageing, it can be stated that this perception oscillates around 12 categories (Przewłocka, 2011):

¹² <https://podlaskisenior.pl/obecnosc-w-chwili-cwiczenie-uwaznosci/>



- 1) Life satisfaction (positive assessment of your achievements, sense of fulfilment, life satisfaction, achievement of your goals),
- 2) Independence (life independence, self-sufficiency),
- 3) Mental health (maintaining the efficiency of mental powers),
- 4) Health and physical fitness (maintaining good condition, maintaining strength and health, no serious diseases),
- 5) Social contacts and activity (active participation in social life, feeling needed, openness to others),
- 6) Good relationships and emotional ties in the family (maintaining close relationships with children and their families, help and mutual support in the family),
- 7) Acceptance and support from the family, active participation in family life, satisfaction with children and grandchildren),
- 8) Having goals and dreams for the future (achieving goals and dreams that could not be realized before, having plans for the future),
- 9) Adjusting to old age (reconciliation and acceptance of changes related to old age, acceptance of oneself and benefits related to old age),
- 10) Good disposition (positive attitude to life, enjoying life and every moment, being a "young spirit" person),
- 11) Financial security (no financial problems, self-sufficiency, ensuring basic needs)
- 12) Hobbies (continuing your interests, active and attractive free time organisation.

Intellectual aspects

The main elements of action ensuring a successful old age are:

- Professional work, giving the economic background, a sense of usefulness, organizing the day, being the best way to prevent disability and maintain youth.
- Vacationing - enjoying free time in a way that gives satisfaction, allowing to meet individual needs.
- Physical movement, necessary for work and vacation, and if work prevents its implementation, remember to provide your body with an appropriate level of movement and physical activity.
- Hygiene - a habit serving old age, but developed in the periods preceding it.
- Living skills - behaviour oriented towards establishing new and continuing "old interpersonal relationships and social contacts"

Thus, according to the cited concept, youth and adulthood are a period not only of awakening but above all consolidating habits and interests that are of key importance for the retirement years. The above-mentioned examples of factors having a significant impact on successful ageing emphasize the importance of education and self-development. C. Kryszkiewicz also draws attention to the indicated factor, referring to interdisciplinary continuous research, the so-called "Gothenburg studies" conducted since 1971 (70-year-olds enjoy better health over the following years of their lives, not only because of higher education but also because they constantly deepen their knowledge). The said studies thus point out that permanent education has a positive effect on maintaining health and well-being. Students of Third Age Universities, compared to other groups of similar age, are also characterized by better health, higher intellectual and physical fitness (Klimczuk, 2013).

Lifelong learning

Among the various activities aimed at alleviating the symptoms of ageing, the literature on the subject also indicates those increasing the educational activity of the society. Participation in educational projects



is perceived as an opportunity to update the possessed knowledge on an ongoing basis and access to new knowledge, which increases productivity and allows for the effective use of modern technologies. The educational activity of older people is also to contribute to extending the period of their professional activity and independence, social inclusion, and in a broader sense - to improve the quality of life (Akarçay, et al., 2021).

Educational activities are part of the characteristics of a human being in childhood (primary education), early adolescence (lower secondary and upper secondary) and early adulthood (higher). It focuses on the individual's participation in formal education in the school system, leading from primary education to university (Velinov, et al., 2021). It may constitute a statutory obligation, as is the case for children and adolescents aged 6 to 18 in Poland.

Educational activities are much less often identified with people of mature age, and even more so in their old age. In the canon of social stereotypes about the elderly, people of advanced age are credited with rich life knowledge and experience, but at the same time their reluctance to acquire new knowledge, difficulties in acquiring new knowledge and the ability to use new technologies is indicated (Posthuma & Campion, 2009).

The educational activity of these people also brings benefits in the form of greater involvement in activities for their own and younger generations in local communities and fully functioning in the "civic dimension". The general objective of increasing the participation of older people in education and increasing the availability and quality of the educational offer is to be implemented, inter alia, through:

- Developing an educational offer dedicated to the elderly in the field of preventive health care,
- Supporting and developing forms of education of older people based on using their experience in mutual learning, in forms of environmental education and training maintaining the involvement of the elderly in solving social problems and educating people from younger generations
- Creating systemic solutions for teaching older people in the field of digital competences,
- Developing conditions for the intergenerational education system,
- Development and implementation of a support program for activities developing educational activity of elderly people in rural areas and small towns,
- Development and implementation of a support program for activities developing the educational activity of seniors in large housing estates of larger cities
- Development of a financing system for activities in the field of educational activity within public administration - government and local government,
- Development of conditions for the coordination of the learning system of older people at the regional level and for stimulating social activity of these people,
- Creating conditions for the development of cooperation (including international cooperation) between various educational and scientific institutions for the effective use of the intergenerational potential,
- Supporting the creation of mutual communication platforms by the elderly in the area of educational activity with the use of new technologies.

Social aspects - social commitment

Today, people not only live longer but also want to maintain independence and good quality of life into old age. Older people are a diverse population in terms of health, physical and mental fitness. For this



reason, different divisions of older age function in the gerontological literature. They are necessary because individual age groups differ in terms of health conditions and needs profiles. Among older people, there are younger old (young-old) aged 60-74, older old (old-old) aged 75-89 years and people from the long-lived 90+ group (Żakowska-Wachelko & Pedich, 1995).

Interests

When looking for a hobby for an elderly person, remember that there are several activities that can be carried out at home or outside, e.g. in activities organized by senior clubs, sports centres, etc. You may interest seniors in the following areas:

- Gardening
- Computer classes
- Games
- Creative activities
- Cooking
- Learning foreign languages
- Play on the instruments
- Sports activities, e.g. yoga, swimming,

Volunteering

Seniors have two extreme approaches to volunteering - one group prefers to take a break in retirement, while the other group says that now volunteering sets the rhythm of their life in old age - they can act and fulfil themselves. Seniors know that their activity, on the one hand, constitutes a valuable social capital, on the other hand, it becomes a panacea that protects them from the end of old age.

However, the negative approach to volunteering should come as no surprise if we take into account the attitudes of seniors towards old age, as well as the historical context related to volunteering itself. Activity, space and life roles naturally narrow with age. During this period, the senior summarizes his own life, experiences and decisions. The result of a life balance may be a constructive attitude towards old age, which is characterized by optimism, a positive attitude to life and people, self-acceptance and activity. We can also distinguish a defensive attitude, dependence, hostility towards the environment or hostility towards oneself, in which voluntary activities can be strongly limited, or even impossible to implement.

Low activity of people over sixty years of age is, inter alia, the result of their withdrawal from public life due to retirement. In 2015, the level of social activity in Polish seniors, compared to 15 other European countries, was very low. The results show that 83% of seniors in Poland do not undertake such activity, while European leaders show social commitment to over 40% of the elderly population (Czapiński & Błędowski, 2014).

The elderly, who recognize that it is a time to rest or help in bringing up their grandchildren, forget that they have time to engage in the life of the local community. It often turns out that there is too much free time, and the inability to use it condemns them to be locked up at home and alone. Seniors' sense of alienation is also a result of self-exclusion - taking over stereotypical perceptions about oneself in society.



The dominant conviction about the obligation to focus on intra-family activity makes seniors begin to exclude themselves from activity, development and public activities.

Also, the negative association with the word "volunteering" itself may not be meaningless. In the past, a military person, a volunteer or an apprentice working unpaid to learn the profession was considered a volunteer. When exploring the history of volunteering in Poland, it is also known that this concept has been distorted. "In the years after World War II, the Polish authorities often introduced compulsory community work in schools and workplaces and treated it as a gesture of loyalty to themselves".¹³

The modern definition defines a volunteer as someone who voluntarily and without remuneration performs services under the terms of the Act, and the volunteering itself as a voluntary, unpaid, conscious activity for the benefit of others, going beyond family and friends. So perceived voluntary activities allow seniors to articulate the needs characteristic of this age group and a sense of agency in many areas. Voluntary activities increase the civic activity of seniors, understanding their role in social life; their knowledge and interest in local issues increases; their civic awareness and skills of public involvement are raised; marginalization and exclusion of seniors are decreasing.

Seniors want to help others also outside the family circle. They want to feel needed, they want to give their life a deeper meaning, to have a sense of its creation and agency. More and more often they signal that they do not want to be only recipients of various activities - offers that appear for them "to be consumed". They want to be seen as people who also give others their time, experience and knowledge. In return, they have the opportunity to direct their own development. First of all, they get to know themselves and the world as it is today. They find their place in it and give meaning to life.

Part-time job

The work-sharing system consists of such a distribution of the working time fund that it is sufficient for almost everyone who wants to work. In this system, measures are taken to limit overtime work and additional paid work, the retirement age limits are shortened, vacation leaves are extended, and the number of non-working days is increased and, if possible, additional funds are released¹⁴. This system was created for various reasons:

- As an alternative to dismissal,
- To save labour costs,
- To adjust the labour supply to the demand,
- To accelerate positive targeted actions,
- To influence the state of human resources by attracting and retaining employees.

The use of work-sharing is based on Art. 42 in the Labour Code. Each use of this method is associated with the need to apply to amend notices to reduce the working time and remuneration. It is the employer's responsibility to justify the reason for such a decision, which is subject to judicial review to verify its accuracy (Drela & Sokół, 2011).

¹³ <http://www.funduszlokalny.org/wolontariat-4193/historia-wolontariatu-4240>

¹⁴ https://mfiles.pl/pl/index.php/Niepe%C5%82ny_wymiar_czasu_pracy



Gradual retirement schemes apply only to employees in the three years preceding the normal retirement age. These systems often assume a gradual reduction of full-time working hours, e.g. 80% in the first two years, 60% in the third year. People taking up part-time work can be divided into those who cannot work full-time (retirees, pensioners, students) and those who have made a conscious choice (women with young children or people with significant non-wage income).

In practice, we can distinguish two forms of work-sharing.

- Early retirement
- Shorter working hours

Shorter working hours are characterized by a reduction in statutory working hours to create more jobs or optimize company costs. This can be done in terms of reducing the daily work standard, either annual or weekly. The key information to bear in mind is that the employer is obliged to determine the salary in the same way as in the case of a full-time employee in a similar position.

An employee who has agreed to use work-sharing may benefit from maintaining employment and greater flexibility of work, while the disadvantage of such a solution is the reduction of remuneration due to the reduction in the number of working hours (Drela & Sokół, 2011).

The potential benefits of part-time work include:

- Closer adjustment of the number of staff and working hours to the needs of the plant,
- Part-time workers are more flexible in determining working time,
- A greater range of choice of working time, especially for employees with family responsibilities, for people in pre-retirement age, for employees with disabilities and students, all of which increase employee satisfaction and motivation and affect productivity, absenteeism, quality, recruitment and retention of staff.

Difficulties resulting from part-time work include:

- Higher administrative and education costs,
- Increased costs of equipping the employee with work tools, protective and work clothing,
- Social security costs are proportionally higher than those of full-time employees,
- Imposed shorter working time for employees who prefer full-time work,
- Greater work intensity and stress,
- Communication problems in the plant and less social integration of part-time workers,
- The concentration of part-time employees on low-wage and low-skilled classes,
- Weaker protection of part-time employees than full-time employees, including lower job security and limited career prospects and opportunities for professional development.

Part-time work contributes to the expansion of jobs in certain sectors of the economy as well as to the introduction of a large number of workers who return to active working life (e.g. disabled people or women after childbirth). It is also worth noting that part-time work significantly affects not only new jobs but also reduces dismissal of employees, thanks to the appropriate matching of the workforce to the tasks performed, the costs of employee maintenance are also reduced by increasing their productivity.



Seniors, according to data from the Central Statistical Office of Poland from February 2020, constitute 8% employed in Poland. For four years, the number of working pensioners increased by 30%. 90% of Polish women and men decide to start receiving the benefit within 12 months of obtaining retirement entitlement. After lowering the retirement age, ZUS accepted over 750 thousand applications for retirement. The data of the Department shows that the number of people who did not accumulate the necessary capital or seniority (20 years for women, 25 for men) to be able to receive the minimum pension increased significantly by the time they reached retirement age. 58,000 pensioners receive benefits below the minimum pension amount guaranteed by the state, which currently amounts to PLN 1,100 gross per month.¹⁵

Online Elders - Use of social media

The importance of the Internet has grown so much that it often becomes indispensable in today's world. So how is the pre-computer generation doing? For what reasons do seniors choose to use social media, and which BC generation (before computers) is giving up the virtual world? (Szmigielska & Hołda, 2012)

Among the many arguments described in the literature, I will present six "pros and cons" that are most often mentioned by seniors during joint digital consultations.

"My favourite vlogger told me how ..."

According to seniors, the possibility of developing their interests and passions speaks in favour of using social media. As Piotr Maczuga points out in his text on technological changes in the online education of adults - modern technology enables the sharing of knowledge through attractive forms of communication such as webinars or online courses. Those seniors who have dared to overcome the fears of entering the virtual world, eagerly take advantage of the possibility of participating in cooking or painting courses, observing specialists, enthusiasts posting interesting content, e.g. on YouTube. Social media allows seniors not only to follow but also to comment on them, interact, create their own content and share knowledge.

"Facebook allows me to contact my grandchildren"

As many as 73% of Internet users in Poland use Facebook every day. Even though seniors (over 65) constitute the smallest - 4% group of users of this medium, the possibility of increasing contact with the family (in particular with grandchildren), who often live abroad, is highly appreciated by seniors. The type of messenger is most often indicated by family members who use it, for seniors, the differences between individual programs or applications such as Viber, Facebook Messenger, Skype or WhatsApp are not fully understood. The big advantage is the possibility of free and flexible use of them.

"I'm on time!"

Increasing the sense of self-efficacy, life satisfaction, the ability to make contacts, and reducing the feeling of loneliness are just a few of the behaviours and attitudes that, according to scientists, are manifested by seniors - Internet and social media users. Overcoming barriers related to the operation of new

¹⁵ <https://wyborcza.biz/biznes/7,159911,25616742,emeryci-dorabiaja-choc-nie-zawsze-wykonuja-wymarzana-prace.html?disableRedirects=true>



technologies has an impact on their quality of life, including increasing self-confidence - especially when they can actively and independently participate in social life, which also takes place in the virtual world.

"Fraudsters are everywhere"

Seniors feel fear not only of social exclusion related to the inability to service or being absent from the Internet, but they are also afraid of the risks associated with its use. People over 65 are the least trusting age group in relation to content found on the Internet. Therefore, we should not be surprised by their fears of extorting personal data or money. Seniors are also often afraid of a virus that is difficult to define and detect - it can lurk at every step (in spam, SMS or after opening an e-mail or link sent from a fake account). Novice users of the silver generation have difficulty assessing threats realistically, which results in resignation from using social media and the Internet (Wieprzkowicz, 2011).

"Where are the likes? What is this plugin? What is the difference between login and password? "

Media reports that a report on the accessibility of the language of official texts on the Internet has been published. Its results show that this language is largely incomprehensible and difficult to learn by Internet users. As noted by the author of the research, Dr T. Piekot, the accessibility of the text is also influenced by the specialized vocabulary used in it. There is plenty of it on the Internet and social media. New technologies are full of Anglicisms - from lettering on the keyboard to "likes" and "selfies", which also appear in TV commercials and conversations. There are also neologisms, as well as symbols that will be properly read only by those who know that you need to tilt your head 90 degrees to understand them. For some seniors, this language is a blockade and a barrier to using social media.

"It's not for me"

Mismatching contrast, too small letters, too quickly changing content or a lack of understanding of the principles of operation of individual portals and messengers are just a few reasons why seniors are reluctant to use the Internet and social media. Another reason that they do not always and do not immediately admit is the lack of a person from the immediate family or surroundings who would find time and patience to introduce the senior to the initially complicated virtual world. The inability to exercise and rehearse with someone's support means that seniors often forget complex procedures, e.g. finding and logging in to the email box/profile. Afraid to admit having difficulty remembering the right steps, he gives up using the Internet and social media.

The world of social media and the Internet is a source of both satisfaction and concern for seniors. Seniors realize that the world and society with the advent of the Internet have changed dramatically and to be able to keep up with them, you need to get to know and learn new - virtual rules. To get to know this world, however, they need support from people for whom it is not a secret.

Self-reflections

How can elderly get involved in lifelong learning?

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Resources and further reading

- Lifelong Learning Benefits Older Adults: https://www.researchgate.net/publication/233230399_Lifelong_Learning_Benefits_Older_Adults
- How to volunteer as a senior: <https://aginginplace.org/how-to-volunteer-as-a-senior/>

Video materials

- Teens teach smartphone technology, social media to senior citizens: <https://www.youtube.com/watch?v=lhiSkQScMvM>
- Socially disconnected: social media & the elderly: https://www.youtube.com/watch?v=l1fL_X9lAcE

4.7. Activities with seniors

Activities with seniors are an intrinsic part of the skills development of educators and staff working with seniors. In essence, you should be able to put into practice what you have learnt by designing, adapting and delivering activities with seniors. Relevant activities (e.g. workshops) will help you in your line of work, but will also improve the quality of life of seniors and the happiness of their families. As a result, these will support intergenerational relationships and inclusive neighbourhoods and local communities.

Task: Use the activity scenario template at Appendix 2 and design a relevant activity scenario to help you empower your seniors.

Example of activity: Gastronomic workshop¹⁶ may be good to help you empower your seniors, but you can create any activity that you think is relevant.

4.8. Evaluation quiz no.4

- 1) In which year the UN General Assembly adopted a resolution on the elderly?
 - a) 1965
 - b) 1973
 - c) 2020
- 2) What areas of health can be distinguished?
 - a) Physical, mental and social
 - b) Mental, economic and social
 - c) Physical, political, social, economic
- 3) According to Lalonde, there are four factors that affect the state of human health
 - a) Biology, environment, lifestyle and healthcare

¹⁶ Tailored Nutrition Education in the Elderly Can Lead to Sustained Dietary Behaviour Change: https://www.researchgate.net/publication/276501509_Tailored_Nutrition_Education_in_the_Elderly_Can_Lead_to_Sustained_Dietary_Behaviour_Change



- b) Welfare, genetics, climate, transport
- c) Spiritual and physical climate
- 4) What does health means?
 - a) Complete mental and physical well-being
 - b) Cultural activities vitality, well-being, energy and life satisfaction
 - c) Able to participate actively in political and economic aspects
- 5) How well to age?
 - a) Encouraging seniors to adopt a healthy lifestyle
 - b) Creating workplaces
 - c) Social care facilities
- 6) What are the basic ingredients of the Humza diet?
 - a) McDonald and KFC
 - b) Raw fruit and vegetables, chicken, yogurt and cheese and drinking milk
 - c) Eat everything but in small portions during the day
- 7) Which of the below are integral part of the Okinawan lifestyle?
 - a) Physical and social activity
 - b) A short nap in the early afternoon, often after lunch
 - c) Spiritual and physical work
- 8) What is nutritional behaviour?
 - a) Consumption of products and dishes specific to a given region
 - b) What each person eats
 - c) Long-term diet
- 9) Nutrition is an important factor because?
 - a) Determine the length and quality of human life
 - b) You are healthy and protected against viruses
 - c) Full belly happy heart
- 10) It is estimated that metabolism after the age of 40 slows down?
 - a) 10% Each five years
 - b) 0.5% each year
 - c) About 1% per year
- 11) What are the uncontrollable factors that influence in longevity?



- a) Born with a predisposition to certain diseases
 - b) Environment we live in
 - c) Health education and behavior
- 12) Physical activity and exercise are important because?
- a) 15 minutes a day spent on physical exercise will significantly improve your health and well-being
 - b) Motor coordination will decrease
 - c) Prolonged periods of time spent in a sitting position is not natural
- 13) Young children breathe properly because?
- a) Breathe with the participation of only the upper part of the lungs, in which the chest expands while inhaling, the arms are raised and the stomach is drawn in
 - b) They use the so-called diaphragmatic breathing, during which the abdomen expands on inhalation and contracts on exhalation
 - c) This is an automatic function.
- 14) Which group are at particular risk of addiction to alcohol or drugs?
- a) People who have just withdrawn from professional life
 - b) Lonely people
 - c) Seniors with low income
- 15) How many dimensions of positive functioning in old age did Ryff develop?
- a) Four dimensions
 - b) Six dimensions
 - c) Three dimensions
- 16) Which are considered the basis for an independent, active life?
- a) Providing seniors with the possibility of independent functioning as long as possible and maintaining the fitness
 - b) Promoting socio – cultural activities
 - c) Supporting rest – houses for elderly people
- 17) Why we should have special care about our skin when getting older?
- a) The sun is dangerous after 50 years old
 - b) The skin regenerates 50 times slower than in young people
 - c) The skin of seniors becomes dry, thinner and more sensitive with age
- 18) Physical activity in the elderly should affect the basic elements of physical fitness?
- a) Improve flexibility and self-esteem



- b) Improve fitness, strengthen muscle, improve flexibility, balance and coordination of movements
- c) Improve cardio-vascular activities

19) Why should we mind our diet?

- a) Adequate diet plays an important role in the treatment and care of an elderly person
- b) Our organism works slowly
- c) Not to become inactive

20) What are the most important life style aspects to be cultivated by elderly?

- a) Life satisfaction, independence
- b) Mental health, social contacts, financial security, hobbies
- c) Peace of mind and free time

*The correct answers are available in the check sheet at Appendix 1.



5. Valuing your seniors

5.1. Importance of senior citizens in our societies

“Senior citizens represent an important and ever-increasing part of our European society, our economy, our culture and our lives. Regardless of the current difficult economic context, this raises multiple questions about how we can best ensure that these citizens are socially included and can fully enjoy all their rights.

Although many elderly people are in good health, ageing often brings limitations that prevent older citizens from accessing goods and services and from living independently. Ensuring accessibility for all is both a matter of fundamental rights and is essential to make the most of the potential of our elderly in social and economic terms”¹⁷.

Increasing life expectancy and better health in old age are a major success and have potential in terms of working power, qualification and experience that societies need to use productively. Experience with “active ageing” shows that the older persons who are integrated into society have a higher quality of life and longer and healthier lives. Societies need to consider more actively how to integrate older persons and ensure their participation in a cohesive society of all ages.

Like any younger person, seniors shop, they use services (which employ people), and they pay taxes. They also volunteer; in fact, many organisations would be hard-pressed to function without their older volunteers.

Seniors also give generously: they make more charitable donations per capita than any other age group.

Seniors babysit; they look after grandchildren. One can only imagine what would happen to our economy if, suddenly, no grandparents were available to look after grandchildren. How many parents would have to scramble to find other care options (already scarce) — or would have to miss work because they couldn’t find alternatives? How many soccer games or ballet classes would be missed if grandma or grandpa were not there to drive the grandchildren?

Seniors do housework, home maintenance and yard work — not just for themselves, but for others as well. They provide transportation or run errands for others. They provide emotional support and friendship, like the senior who looks in on a house-bound friend to make sure that everything is alright and stays for a chat.

Seniors provide care for spouses or friends. Think of the wife who takes on more and more responsibilities in and outside the home as her husband starts to get frail. She may not think of herself as a caregiver, but without her, what would happen to him? Who would get the groceries, run errands, do the cooking, take him to medical appointments?

¹⁷ Statement by Viviane Reding, European Commissioner for Justice, Fundamental Rights and Citizenship (2010-2014)
https://ec.europa.eu/eip/ageing/library/active-senior-citizens-europe-guide-european-union_en



Other family members are not always available to help. They may live too far away or have health problems themselves. Some organisations can help out — but the bulk of these supports are made possible because of volunteers.

How do we ensure that family and friends who care for older adults and play such an important role in their lives receive the support they need? How do we provide support in communities to make them as age-friendly as possible so that seniors can continue to contribute to society and have the best quality of life?

Acknowledging seniors' contributions would help to make ours a more age-inclusive society that does not pit one generation against the other. It would also be a more accurate reflection of how most of us engage with each other in our everyday lives.¹⁸

Social integration is a process of building values, relations and institutions for a society where all individuals, regardless of race, sex, age, ethnicity, language or religion, can fully exercise their rights and responsibilities on an equal basis with others. Such an environment is at the root of stable, safe and just societies where all members, including vulnerable ones, enjoy equality of opportunities.

Integration and participation are therefore closely linked to the notion of social cohesion, a vital element of a healthy society.

Care responsibilities often have an intergenerational character, with older persons caring for grandchildren and younger adults providing care for older persons (Eisner Foundation, 2017).

Furthermore, older people represent an invaluable resource of memory and experience, which at an educational level can form the younger generations of today like no one else could (AGE Platform Europe, 2013).

How to promote an inclusive society

Realizing a society for all ages is the declared goal of Governments in member States of the United Nations Economic Commission for Europe already in 2004. To this end, achieving the integration and participation of older persons in society are important elements.

In "Integration and participation of older persons in society" a policy brief outlines the main strategies that may be considered to increase participation of older persons in political and economic life and to improve their access to transport, appropriate housing and cultural activities. It underlined the importance of establishing balanced and intergenerational relationships (Park, 2014) based on mutual respect and the potential of volunteering.

In the followings, we focus our attention on the "Functional integration approach: social, political and economic participation".

¹⁸ <http://evidencenetwork.ca/why-seniors-matter-and-how-they-contribute-to-our-everyday-lives-2/>



Social Participation

Social participation refers to the integration of older persons into social networks of family and friends as well as their integration into the communities they live in and into society as a whole.

Older persons play important social roles in assisting their children, taking on care responsibilities, performing household tasks, or working as volunteers in the community. Their contributions in providing wisdom and advice to younger generations and society as a whole should be acknowledged.

There is a danger that with age the level of social integration may decrease because of functional impairments (e.g. hearing impairments, lower levels of mobility) because of the loss of the partner or moving to an institution.

Facilitating social participation is an important element of an overall strategy to achieve integration.

Older persons should be empowered to pursue their interests and hobbies, building upon life achievements.

Engaging older persons in physical activities or activities to improve their nutrition and mental health may prove valuable means to facilitate social participation.

Political Participation

Some older persons may choose to be active in the political realm. At a time when policies are made to prepare countries for the challenges of ageing societies, it is crucial to integrate those actually affected into the political process. Both young and old generations should be equally empowered to express their needs and interests.

Organisations of older persons provide an important means of enabling participation through advocacy. Trade unions may also provide retired workers with a political platform (Vogel, 2007). They should actively engage in the debate of developing more favourable conditions in the labour market to realize the right of all generations to be economically active by way of paid employment.

Therefore, older persons should be equally represented within trade unions, alongside other age groups.

A strong means of representation is in political parties, where older persons may directly influence the political agenda, in particular when represented in Parliament. For example, the Democratic Party of Pensioners of Slovenia represents the interests of older persons. It was a member of the Government until 2008 and remains in Parliament. Other countries have known parties representing older persons' interests, including the Russian Federation and Ukraine.

Some Governments have established coordinating bodies on ageing issues. For example, Austria has created an independent council of senior citizens which has become a major contributor to discussions on national policy on ageing. In Spain, participation and dialogue between older persons and the public administrations have been facilitated through various forums, including the State Council for the Elderly, the Autonomous Community Councils for the Elderly and local councils in some major cities (UNECE, Integration and participation of older persons in society, 2009).



Economic Participation

As important as participation in the social and political spheres is integration in the economic realm. Older persons have gathered substantive experience throughout their lives. They should be enabled to capitalize on this experience, for example by pursuing entrepreneurial activities and joining the labour market. The workplace provides income as well as social networks and a sense of being needed and contributing productively to society to people of all ages. Many employees who reach retirement age still feel healthy and fit enough to continue working. Others depend on income and may choose to continue working for that reason. If the formal employment sector does not accommodate them, they may be driven to the informal sector and suffer from worse conditions, becoming more vulnerable.

Older persons should be given the opportunity to continue working for as long as they are able and willing. Actively increasing the integration of older persons into the workplace is vital for achieving a balanced diversity of age groups in the workplace.

To this end, there is a need to promote a more favourable attitude among employers regarding the productive capacity of older workers. New work arrangements and innovative workplace practices can be developed. Older workers who cannot work physically demanding jobs anymore may be transferred to jobs that suit them better. The Human Resources Development Recommendation of the International Labour Organisation (ILO) suggests developing work methods, tools and equipment or otherwise adjusting the workplace to accommodate the needs of older workers.

Self-reflections

What examples of activities which promote the participation of elderly are there in your community or country?

Resources and further reading

- Social Participation of Older Adults: A Concept Analysis:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6969951/>
- Participation of older persons in political and public life:
https://www.cepal.org/sites/default/files/events/files/18_alexandre_sidorenko.pdf

Video materials

- Society thinks older people are useless: <https://www.youtube.com/watch?v=uYzLsNiAt00>
- How to create a life of purpose for seniors: <https://www.youtube.com/watch?v=MWoS9oFJlZY>



5.2. Various forms of social participation



Source image: urly.it/39atx

Social participation is defined as a person's involvement in social activities that provide interactions with others in the community (Brown & Wyatt, 2009). It is an important dimension of active ageing and a determinant of health. A recent meta-analysis showed that people with strong social relationships have a 50% increased chance of survival.

Social participation is also positively associated with decreased mortality, disability, depression and cognitive decline, and shorter hospital stays. Since the social participation of older people is changeable, actions can be taken to increase it.

The caregivers of "BayView Healthcare", a rest home and personal assistance in Florida, suggest ways to honour and respect older people and encourage their participation. Read below some ways to recognize and appreciate older people that they suggest.

Be polite

Being polite to an elder is a demonstration of respect. Older people grew up during a time when manners and respect were part of everyday etiquette. If they are talking, listen to them. Don't interrupt them or address them by their first name, unless given permission. Being respectful may not only brighten their day but also yours, as you may learn a thing or two (or just feel good about brightening someone's day!).

Ask for advice

Sadly, ageism exists, even though elders are some of the wisest people in society. It's a shame to think that an elder, with a lifetime of experience, would be overlooked for their advice. Seniors have a lot to contribute to society through their life experiences, so seeking counsel from an elder is time well spent. You will both appreciate the sentiment.



Eat together

Eating together is one of the greatest social customs for mankind. While nourishing your bodies, you also get to catch up and have fun. Whether you venture to a favourite restaurant, pack a picnic, or visit your senior loved one's home, try to eat together regularly.

Discuss family heritage, history and traditions

There's an undeniable strength in family stories. In fact, putting together an oral family history can not only bring family members together and strengthen the ties between generations, but they can also educate about family genetics, personalities, and more. Family history translates into stronger family bonds and life successes. In fact, recent studies have shown that children who have more knowledge of their family history also tend to show greater emotional resilience, facing stress and challenges more effectively as they have a stronger sense of where they come from and who they are.

Call them

If you live too far from your elderly loved one to see them regularly, pick up the phone and call them. In our busy lives, it's easy to forget the amount of meaning an elder will experience if we take time out of our day to say 'hello' and chat. Phone calls are a personal way of saying you care.

Tell them how much you appreciate and respect them

Even if you demonstrate that you respect your elders through your actions, it's important to actually tell them how much you appreciate and respect them. Compliments and giving people purpose, especially older Americans, is a very positive message. If there is a senior who has positively impacted you, make sure to share this with them; it will probably bring a smile to their face.

Visit senior living communities

The world moves at a fast pace and people sometimes forget what's truly important. Seniors are sometimes forgotten but are still very much alive. By visiting senior living communities, you communicate to seniors that you care. You give them purpose and conversation through social interaction. Visiting a senior living community, whether your loved one lives there or not, is an excellent way to reach out to the older community and show them you care.

Volunteer at a senior centre

When we give, we feel better. Paying it forward is a good mantra to follow. It's the infinitely touching moments in our lives that make it all worthwhile, and oftentimes these moments are the ones spent volunteering for seniors and giving to those in need. A little goes a long way in a nursing home or senior living community. Discover how the holidays are an excellent opportunity for volunteering in a senior living community as there are often activities and opportunities to help with festive gatherings and celebrations¹⁹.

¹⁹<https://www.bayviewhealthcare.org/9-ways-honor-respect-elders/>

The St Monica Trust, a Bristol-based charity with a reputation for providing high-quality accommodation and innovative care for older and disabled people, established by the Wills family in 1925, has produced a guide explaining the importance of intergenerational activities.

The idea of helping people be with, and interact with others isn't new to them. They've been doing it for years. They have found there are many wonderful ways of bringing people together. From organizing community events and setting up befriending schemes, to offering all kinds of activities, groups and initiatives. One special project involves young musicians from the Bristol Pre-Conservatoire writing pieces of music to tell stories of their residents' lives. This example of the interaction between children and older adults brings so many unique benefits to everyone involved. "Social engagement between generations is a key factor for the well-being of all." (Barrio, Cortellesi, & Kernan, 2016)

Intergenerational activities are social engagements and interactions, bringing together younger and older generations for a common purpose (Generations working together, 2009). Both parties have the opportunity to give as well as receive, and to feel a sense of ownership and achievement. And it aims to put a smile on everyone's face.

Its positive effects

Some key benefits – as highlighted by research and evaluation studies

For older adults

- The feeling of invigoration, better general health and well-being.
- Being more up-to-date with trends.
- An increase in physical, mental and creative activity.
- Improvement in brain function.²
- Feeling less isolated, empty or lonely.
- More opportunities for social inclusion.
- Rediscovering the joy of interacting with children of different ages.

For children and young people

- Learning values and norms, and how to interact with older people from different backgrounds.
- Development of teamworking skills.
- The chance to discover that older people have been young once – and that they led interesting lives!
- Learning about the realities of the life cycle in a natural, non-school environment.

For both generations

- Richer everyday experiences.
- The chance to discover so much from each other.
- Learn new things and see the world from another perspective.
- Enjoy fun activities while interacting.
- Boost confidence, self-esteem and mood.
- Feel useful and valued, and enjoy a sense of achievement.
- Challenge preconceptions about the opposite generation and counteract negative stereotypes and behaviour.
- The ability to share cultural experiences.
- Increased understanding and respect.
- The opportunity to make new friends!

The wider benefits

- A better connection between generations helping to build bridges and close gaps.
- An improved social bond and solidarity between young and old.
- Can reduce levels of fear of crime through better understanding of younger people.
- Provides excellent opportunities to pass on collective community and life memories to children.
- Leads to more people being active citizens in their community.
- Results in sharing of spaces, facilities and resources.
- Increased satisfaction with home and neighbourhood.



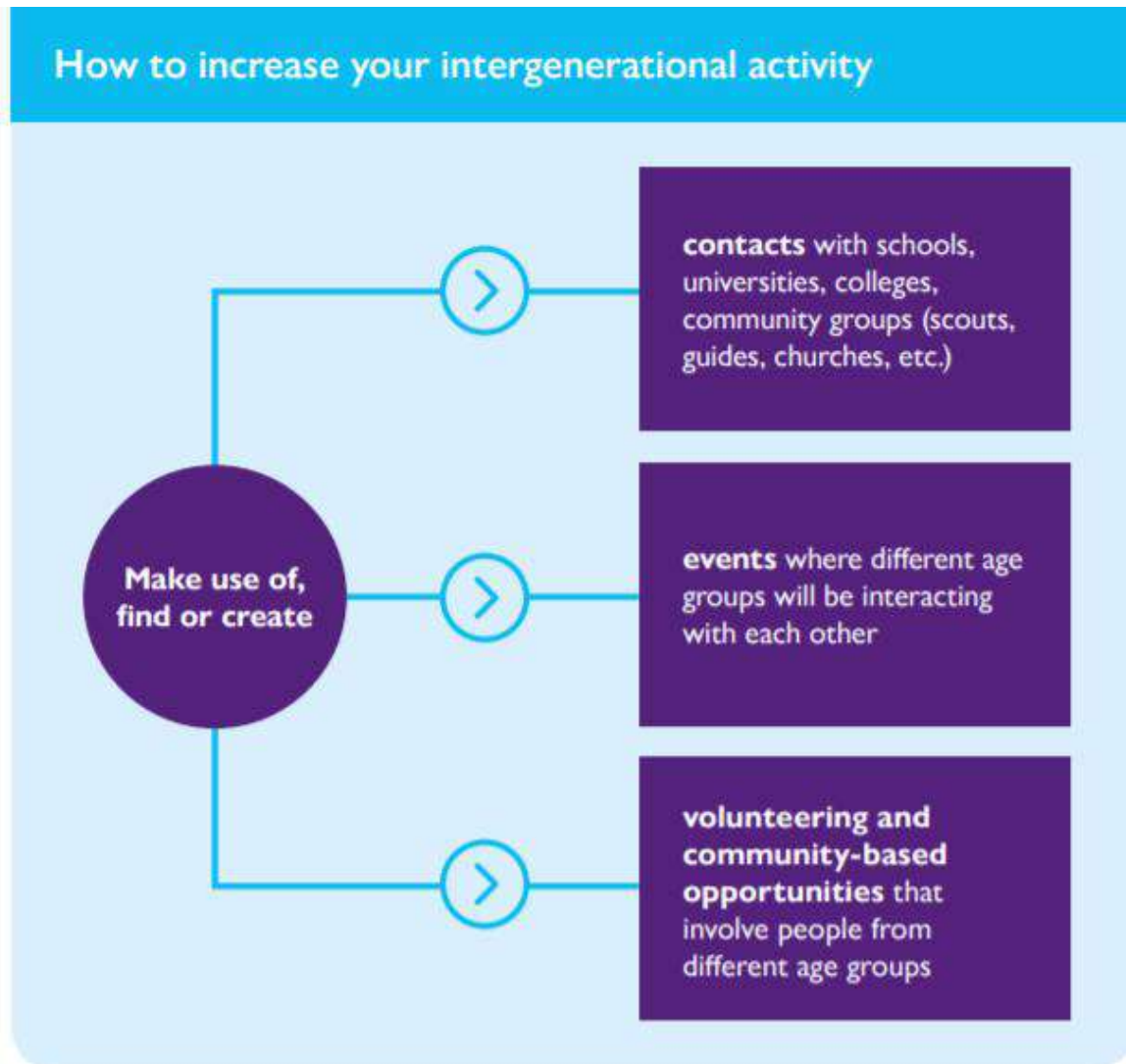
"Intergenerational programs are a vaccination against ageism and a prescription for longevity."
Bridges Together²

² <https://www.bridgetogether.org/tools-resources/research/>

Source: urly.it/3b414

A large survey recently carried out in America found two-thirds of adults would like to spend more time with people from other age groups. And three quarters wanted more opportunities in their community to meet and get to know people of different ages.

If you are wondering how to increase your intergenerational activity, read below.



Source: urly.it/3b414

Intergenerational activities aim to achieve:

- Joint participation: ages working together
- Benefits for everyone
- Appropriate support
- The physical, mental and emotional safety of participants



- Building confidence and mutual trust
- Protecting confidentiality
- Equal status for all involved.

How important is creative and cultural participation to senior wellbeing?

From one research conducted by Age UK, on how important is creative and cultural participation to senior wellbeing, emerges that creative and cultural participation is the top-most contributor to wellbeing in older age.

Participating in the arts is essential to healthy ageing, mentally, emotionally, and even physically (Arts Council England, 2021), and presents also examples of creative and cultural activities for older people and recommendations for practitioners and policymakers. Here are some conclusions that emerged from this analysis.

Top activities that older people participate in:

- Reading for pleasure was the top-ranked
- For people in the lowest well-being group, visiting a public library and crafts were the 2nd and 3rd most popular activities.
- Plays and days out were important for everyone.

How do different groups participate?

- Women tend to participate more than men.
- Women are much more likely to take part in dance, craft and literary activities, and men are slightly more involved in music and historical activities.
- Participation declines with age.

What affects participation? Some of the factors associated with taking part include having access to a car, the person's health, their mental health and wellbeing, whether they are a caregiver, have friends or live in an urban area. Some barriers that could prevent people from taking part include:

- Lack of transport
- Lack of support to get out and attend
- Lack of knowledge about what is available in the local area



Source: urly.it/39av6

Self-reflections

How can we valorise the elderly in our society?

Resources and further reading

- A Guide for Older People <https://generationsworkingtogether.org/downloads/5bebf57b90d25-Intergenerational-Activity-Guide-2018-St-Monica-Trust.pdf>
- Social Participation of Older Adults: A Concept Analysis <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6969951/>
- Creative and Cultural Activities and Wellbeing in Later Life <https://www.ageuk.org.uk/bp-assets/globalassets/oxfordshire/original-blocks/about-us/age-uk-report--creative-and-cultural-activities-and-wellbeing-in-later-life-april-2018.pdf>
- The Age of Creativity is a 1,000-strong network of professionals who believe creativity and culture supports older people to experience better health and well-being (Age of Creativity Network, 2021)

Video materials

- Beyond the walls <https://www.youtube.com/embed/2o6EUPLGk6k>



- What hobbies and activities boost your wellbeing? | Age UK <https://youtu.be/FJpOQN5frjY?t=14>

5.3. Improving the quality of life

Looking after an elderly relative is a big responsibility and it isn't always easy. No matter how loving and devoted you are, being responsible for another person's well-being is always a challenge. Fortunately, there are some simple things that you can do to improve the quality of life for an elderly person. Below are some ideas.

Monitor and treat depression

Depression is a common risk among senior citizens, and the elderly are more susceptible to depression than younger age groups are. Those aged 65 or older must be monitored for signs of depression. Sometimes depression is triggered by a traumatic event in someone's life, but it can also appear seemingly without a root cause.

Encourage seniors to be aware of the signs of depression and to act on them if they see them by making an appointment with their doctor as soon as possible.

Help them find purpose

Having a purpose in life and a reason to get up every morning is important for good emotional health. It is when people feel like they don't have any purpose or point to their lives that they start to feel unhappy and empty inside. Many people derive a sense of purpose from their jobs, and it can, therefore, be difficult when they reach retirement age and can no longer work.

Encouraging your seniors to find purpose, whether that be by taking on work or by joining a group of people with similar interests, can make a big difference to their quality of life. Anything that gets them socializing and meeting other people while also giving them something to do with their time is worth considering.

Help them stay active

Our emotional health and physical health are both intimately linked. If you let one slip, the other one will soon follow. For senior citizens, who are already more susceptible to depression than younger people are, staying active and fit can go a long way to staving off any feelings of malaise or unhappiness. While it may be more difficult for older senior citizens to stay active, everyone should be able to do some form of physical activity. Regardless of age, people do not need to do any particularly strenuous activity to reap the benefits of exercise.

For example, even going for a 15 or 20-minute walk every evening can ultimately lead to significantly better health outcomes for your senior. You can even kill two birds with one stone and encourage them to start exercising as part of a group. There are lots of senior exercise groups operating today, so have a look online to see if there is one in your local area.



Encourage Independence

As many people get older, they find that they struggle to do many of the things that they once enjoyed. A lot of people also fear that they will reach the point where they are unable to remain in their own homes and live an independent lifestyle.

Anything that you can do to help a senior to lead a more independent life will be good for their mental and physical health in the long term. For example, one option is a portable mobility scooter that will enable them to travel under their own steam without having to rely on anyone else for transport.

Similarly, getting them set up with their own cell phone and service can also greatly restore their sense of independence. Even the most tech-averse seniors can learn to use today's smartphones. The key in keeping an elderly person fit and happy is to encourage them to get out there as much as possible. Don't let them wallow alone indoors; encourage them to seek out other people and find companionship.

Social participation

The social participation of older adults has multiple advantages for society and engagement in social activities appears to be particularly beneficial to the health, wellbeing and empowerment of older adults. However, personal restrictions associated with ageing and determinants related to the social and physical environment can hinder the social participation of older persons. As people age, the housing environment may become more relevant to their social participation. The existence of physical barriers in an older person's environment causes difficulties in performing activities of daily living, increasing the time and effort required to have an independent life and leaving little time available for social participation. The lack of shared amenities that provide casual meeting spaces, further limits the opportunities of older persons to interact with others. Availability of transit options allows older persons to reach places of social gathering, accessibility to key resources increases opportunities for social participation while performing activities of daily living, and a safe neighbourhood encourages older people to have confidence in and use the neighbourhood facilities.

Although several guides identify the features of an age-friendly community through information gathered in focus groups or surveys involving older persons, associations between physical environment design and the social participation of older persons have not been systematically reviewed. This highlights the need for additional research that examines the relationship between housing environment design and the social participation of older adults.

"Design for All"

In recent years, the theme of accessible design, not only on public and private buildings and spaces but also on products and services, has been summarized by coining the definition of "Design for All", sometimes also referred to as "Inclusive Design" or "Universal Design", embraced above all by organisations and companies that can imagine projects that can be enjoyed by the greatest number of people, regardless of age or motor skills.

Due to increased life expectancy, our society is deeply committed to reaching the target of ageing in place in the near future, to lead an independent and assisted living in one's own environment. To lower social costs, research in the field of Design, with the aid of medical science, aims to define innovative strategies

and solutions for user-friendly products and services, that have a reasonable benefit-cost ratio, to help the elderly live a better life daily.



Source: urly.it/39anm

What do you mean by Design for All?

The 2004 Stockholm Declaration leaves no room for misunderstanding and defines Design for All as “[...] design for human diversity, social inclusion and equality. [...]”. On a more personal level, I use the principles of the DfA so that products for people with disabilities have the same care as the products of the classic world of Design.

Designing for an ageing society: products and services

In “The Design Journal”, an International Journal for all aspects of design, Silvia Pericu, describes some methods that are possible to use to make all places and services accessible.

In particular, the research presented in this paper on living environments, products and services for over-65s, took into consideration the complexity of all these themes starting from four fundamental principles:

- The inclusive approach of human-centred design involves the people in the design process by directly asking them to express their needs or by interpreting these needs with the help of designers, who immerse themselves into the user’s real-world;
- Comparison of two different generations, Seniors and Millennials, using their contrasting experiences of the world as well as their strong points of convergence, because both participants often belong to the same family nucleus, which easily leads to their active collaboration;
- Contribution of medical science in prioritising the issues connected with health and prevention to identify the problems to be solved and to be a catalyst for change, finding new links between our system, the health service and the built environment as well as the product sector, to face some of the serious health



issues of modern society, such as obesity, heart disease, high blood pressure, stroke, diabetes, some forms of cancer, and potentially dementia;

- The need for a conceptual transition from being focused on products to people's experience, trying to find where to simplify and make the interaction between user and product/service more efficient, consequently with the aid of user-experience design and its tools.

Following these principles, the surveying stage was focused on two topics considered to be relevant in everyday activities and strictly connected to health preservation. The first is related to the totality of experiences in the relationship between the individual and food, from its preparation in the kitchen and buying groceries as a social activity. The second topic is connected to the concept of neighbourhood and specifically to urban parks in a way to promote the use of good design and to encourage daily physical activities in public spaces in cities (Pericu, 2017).

Elder-Friendly Communities

In recent years, the concept of elder-friendly communities has become central to the notion of ageing in place (Lawler, 2001). Described in various ways, an elder-friendly community is a place where “people can live their entire lives, if they so desire, rather than having to relocate and lose their social capital”. An elder-friendly community examines the environment in more macro-level terms as places where older people are actively involved, valued, and supported by an infrastructure that accommodates their needs. Sierra Health Foundation suggested that elder-friendly communities are those communities in which age is not considered a barrier to improving lifelong interests and activities, where support and accommodations exist to meet the basic health and social needs of those with age-related disabilities, and where opportunities exist for older adults to develop new sources of fulfilment and engagement (Emlet & Moceris, 2012).

The Centre for Ageing Better is a UK charitable foundation that works to create age-friendly communities involving older residents, local groups, councils, and businesses working together to improve their community. Key features of an age-friendly community include good transport, outdoor spaces, volunteering and employment opportunities, leisure and community services.

In these communities, older residents help to shape the place that they live. This involves local groups, councils, businesses and residents all working together to identify and make changes in both the physical and social environments, for example, transport, outdoor spaces, volunteering and employment, leisure and community services.

Through various channels and resources (such as case studies, peer meetings, conferences and workshops), they provide guidance, connect places and offer support to member communities in their efforts to become more age-friendly.²⁰

The WHO age-friendly cities guide highlights 8 domains that cities and communities can address to better adapt their structures and services to the needs of older people: the built environment, transport,

²⁰ <https://www.ageing-better.org.uk/uk-network-age-friendly-communities>



housing, social participation, respect and social inclusion (Ochoa-Daderska, et al., 2021), civic participation and employment, communication, and community support and health services (Xiang, Shen, & Liu, 2020).

These domains overlap and interact with each other. For example, respect is reflected in the accessibility of public buildings and spaces and in the range of opportunities that the city offers to older people for social participation, entertainment, volunteering or employment.

The lack of affordable public transport for example isolates older people who no longer drive in their homes and make participation in community life difficult, increasing the risk of isolation and loneliness. When transport is available and adapted to the needs of seniors, both in terms of scheduling and destinations, it enhances mobility and facilitates social participation and a sense of belonging in one's community.

It is equally important that older people continue to have a good reason to go out and participate (Drury, Abrams, & Swift, 2017). Cultural offers and entertainment that cater to the interests of older people, opportunities for volunteering or civic engagement contribute to a fulfilling and enjoyable older age.

Social engagement through senior citizens' clubs

As seniors age, the lack of connection with others and a diminishing social life can cause an increase in depression as well as a multitude of other health problems. Depression and isolation in seniors can even cause sickness, high blood pressure and an increased risk for early death. However, seniors who maintain an active and independent lifestyle gain benefits that boost their physical health, emotional well-being and their ability to remain independent for longer (Beth Johnson Foundation, 2011).

On Everyday Health, a digital media company that produces content relating to health and wellness, are provided Tips for Staying Socially Engaged as You Age.

Here are plenty of ways to stay socially connected and intellectually stimulated:

Nurture your social network. Make an effort to maintain your close personal relationships with family members, friends, church members, neighbours, and other important people in your life. Even if they're not close by, you can still keep in touch by email or Facebook. Use of sites like Facebook and Twitter among Internet users 65 and older grew 100% between 2009 and 2010, from 13% to 26%. Many assisted living centres have even begun offering technology classes to get seniors online and in the social networking loop.

Play "mind" games. Regularly doing crossword puzzles and playing chess and other intellectually stimulating games keeps your mind active and, if you play with others, helps you stay socially connected to your peers. Scientists believe that both your body and your mind follow the principle "use it or lose it." So, think of these games as fun ways to exercise your brain.

Join a club. Contact your local senior centre and ask around to see if there are any clubs in your area you would be interested in becoming a part of. Attending regular book club, garden club, or art club meetings is a great way to meet new people and establish rewarding relationships with people who have similar interests.



Go back to work. Many people experience stress after they retire, feeling they have lost part of their identity. If you are longing to work again, consider taking a part-time job, which can help keep your mind stimulated and give you a sense of greater contribution. Encore.org and the Work Search program offer assistance to older people who want to get back into the workforce.

Volunteer in your community. If you want to have a feeling of purpose or contribute to a greater cause, find a way to volunteer in your community. You can find out more about volunteer opportunities through organisations like Senior Corps, a government-run organisation that connects seniors with local and national organisations in need of volunteers. Recent studies show that older individuals who volunteer have a reduced risk of death compared to their counterparts who do not.

Offer family assistance. If you have grandchildren or other young family members you would like to see more of, offer to babysit regularly. Chasing around after children is a great way to keep you physically active and improve your sense of well-being.

It's not uncommon for older people to become socially and intellectually withdrawn. But if you make an effort to stay engaged as you get older, you will find more joy and satisfaction in life — and there is a good chance you will stay healthier as you age.

Community encouraging social engagement of the elderly

Gerontologists and older adults agree that remaining socially engaged into late life represents a hallmark of ageing well. It is now well established that having diverse, supportive social networks can promote physical and mental health. Social network members can have a positive influence on health behaviours (e.g. a friend or relative encouraging exercise or medication adherence), provide support during times of need, and allow opportunities for social interactions that create positive emotional experiences.

The past decade has also seen increasing research interest in the possibility that social engagement protects against cognitive decline and dementia. Individuals who remain active and socially engaged across the retirement transition and into late life are also best placed to continue making a strong social and economic contribution; a factor likely to prove critical in successfully navigating some of the challenges of population ageing key factors that influence social activity in late life.

Encouraging older adults to participate in community activities is the cornerstone of the active ageing strategy in many countries.

As empirical studies of older adults and psychosocial theories of ageing highlight, not all older adults desire to engage in new community activities or social engagement- and may prefer familiar social interactions. These inter-individual differences have been attributed as a function of health, social, and financial resources, yet few studies examine how these factors interact with culture and the policy contexts to influence social participation.

Why are civic participation and employment important?

The sphere of civic participation and employment recognizes the value of the contribution to the social and economic life of the community that older people offer, particularly through paid employment, volunteering and active citizenship activities. Older people are realized through volunteering and



employment because they are rewarding activities that promote health and well-being and keep them socially involved. At the same time, society can draw on its wealth of knowledge and experience, consolidate solidarity between generations and offer opportunities for lifelong learning.

There have been reports of discrimination based on age in the workplace. Promoting a positive attitude among employers towards hiring and extending the working life of older people would help to ensure fair employment opportunities for seniors and the opportunity for young people to draw on their knowledge.

Some concrete examples:

- The administration of the city of Reutlingen (Germany) has adopted a "family-friendly" model to help employees to reconcile work and family life, to re-enter the world of work after a period of absence to assist a family member and to reconcile work with the care of a family member. In this way, the administration has procured qualified, motivated and stable staff.
- The "Centre for Ongoing Formation" in Prague (Czech Republic) represents a new model of non-professional intergenerational training aimed at all age groups. It offers quality conferences/lessons at an affordable cost to make education accessible to even the most disadvantaged groups such as the disabled, the retired and the unemployed.
- "Senior Enterprise" is an EU-sponsored Irish initiative dedicated to promoting the presence of seniors in the business world. Help people aged 50 and over to start, take over or invest in a company or to act as consultants for new and growing companies.

Self-reflections

Do you know other forms of social engagement for seniors?

Resources and further reading

- Older people in community development. The role of older people's associations (OPAs) in enhancing local development: <https://www.helpage.org/silo/files/older-people-in-community-development-the-role-of-older-peoples-associations-opas-in-enhancing-local-development.pdf>
- Better Together - A Practical Guide to Effective Engagement with Older People: urly.it/3b439
- Global Age-friendly Cities: A Guide
https://apps.who.int/iris/bitstream/handle/10665/43755/9789241547307_eng.pdf
- Design for all is design tailored to human diversity: <http://designforall.org/design.php>

Video materials

- Senior enterprise: <https://www.youtube.com/watch?v=VpZQnaQIKZw>
- Why do we abandon great design when it is for "the elderly":
<https://www.youtube.com/watch?v=FbAdRpUoOpA>
- Elderly and community engagement: <https://www.youtube.com/watch?v=mzFYIHCo0k4>



5.4. Healthy & active ageing: best practices in Japan, Singapore and EU

What is healthy ageing?

Every person – in every country in the world – should have the opportunity to live a long and healthy life. Yet, the environments in which we live can favour health or be harmful to it. Environments are highly influential on our behaviour, our exposure to health risks (for example, air pollution or violence), our access to quality health and social care and the opportunities that ageing brings.

Healthy ageing is about creating the environments and opportunities that enable people to be and do what they value throughout their lives. Everybody can experience healthy ageing. Being free of disease or infirmity is not a requirement for healthy ageing, as many older adults have one or more health conditions that, when well-controlled, have little influence on their wellbeing²¹.

The case of Japan

How care in Japan is leading the world

Japan has long been known for its widespread respect for its seniors and a powerful sense of obligation to care for them. The involvement and responsibility of the family members in care was even formally embodied in the “Japanese style welfare state”. Yet as the demographic structure of society has changed, and the population has progressively aged – Japan now has the oldest population in the world – the provision of care is increasingly seen as a social (and not exclusively a family) concern.

In 2000, Japan introduced Long Term Care Insurance (LCTI), designed to provide cover to all those over the age of 65, according to their needs. As such, the system is one of the most comprehensive social care systems for the elderly in the world, built around the aim of reducing the burden of care for families.

How does the system in Japan work?

In Japan, people above the age of 65 apply to their local government, and a complex test is done to assess their needs.

A care manager advises on how these needs may best be met, based on the budget they’re allocated and knowledge of local service providers for (predominantly) community-based care. These comprise a range of organisations in the public, not-for-profit and private sectors. The providers that offer such services are often small organisations, embedded in the local community.

The number of residential homes is restricted, with a strong emphasis on community care: a decision justified on fiscal grounds but also as the most supportive of well-being.

The insurance is financed from premiums that are mandatory for all citizens aged 40 or above – the general revenue – and co-payments from the users. Due to the universal eligibility and the compulsory

²¹ Ageing: Healthy ageing and functional ability <https://www.who.int/westernpacific/news/q-a-detail/ageing-healthy-ageing-and-functional-ability>



character of the premiums, and unlike the previous welfare and support schemes, the new system carries significantly less stigma and the services are very widely accessed²².

Five key points

So, what kinds of ideas does the Nuffield report propose? Here are five takeaway messages:

- View the implementation of a reformed social care system as a long-term project, to ensure public support
- Build-in flexibility
- Support the creation of clear and consistent roles, like that of care managers who can offer support to users
- Develop a market for the provision of services while considering workforce issues (in Japan the shortage of the workforce is one of the major problems currently facing the system)
- Focus on prevention and build communities of support. Isolation is seen as one of the greatest social and health problems facing older people. Fostering multiple social ties in the community, including a formal voluntary sector, but also a range of informal networks of neighbourly support is seen by older people as a way to maintain a degree of independence.²³

At the heart of the Japanese system is a strong commitment to the long-term prevention of loneliness and ill health. Services in Japan are available to frail, or sick people as well as healthy ones. Things such as group exercises classes, part-time work and even cheerleading all help people to feel included in society.

What can we learn?

While the Japanese system is not a magic bullet, there are many things that we could learn. The Japanese experience suggests that there is real value in embedding transparency and flexibility in the system, helping people to navigate the system and promoting healthy living.

Healthy & active ageing Singapore

Singapore has taken a whole-of-nation approach to preparing for population ageing (Tang, 2000). A Ministerial Committee on Ageing was established to coordinate government policies and programmes relating to population ageing. In 2015, the Committee launched an Action Plan for Successful Ageing which forms the nation's blueprint for preparing Singaporeans to age well.

Singapore's vision of a Senior Friendly City works at three levels: national, community and individual.

- Seniors as Individuals
- Seniors as Members of Society
- Involve Community as Stakeholders

²² Japan has the world's oldest population – this is what we can learn from their social care model

<https://www.independent.co.uk/voices/japan-elderly-social-care-system-uk-nhs-health-old-people-a8377631.html>

²³ Social care Japanese style – what we can learn from the world's oldest population <https://theconversation.com/social-care-japanese-style-what-we-can-learn-from-the-worlds-oldest-population-96936>



In fact, The Action Plan was put together after extensive consultation with seniors and stakeholders from diverse backgrounds.

Under the Action Plan, government agencies—work in concert to implement a comprehensive suite of plans to make Singapore a City for All Ages. These plans include new housing options for seniors, senior-friendly transportation as well as therapeutic parks for seniors.²⁴

Active Ageing Programmes for Seniors in Singapore

Over the years, the Singapore government has prioritised and set in place numerous programmes and activities aimed at active ageing for the elderly.

Group Exercise Sessions

Group exercise sessions are considered a widely common active ageing programme due to their low and moderate intensity that is suitable for seniors from all walks of life. Exercising in itself has a wide range of benefits like strengthening the elderly's muscles and joints, and improving their overall heart health, but exercising in a group can change the entire dynamic. Not only does it become a more enjoyable activity for older adults, but it also combats the isolation they may feel as it cultivates a culture of mutual support and social connectedness amongst each other.

Healthy Cooking Classes

In these healthy cooking classes, elderly persons can learn how to prepare healthy meals through live demonstrations from certified instructors.

Health Workshops

Senior's health workshops increase their knowledge of health and health care in general, which enables them to make wiser choices when it comes to their health care. These workshops would normally teach seniors topics regarding fall and disease prevention and other techniques to maintain good health.

Social Activities

Seniors can also make new friends and socialise with their peers in Active Ageing Hubs through a variety of social activities regularly organised. These activities include community dining, intergenerational activities, and even volunteer opportunities (BBC, 2016). Over the years, there have been multiple studies that prove how social engagement can be beneficial for the elderly²⁵.

²⁴ Successful Ageing: Progressive Governance and Collaborative Communities url.it/3b43w

²⁵ Active Ageing Hubs & Senior Programmes in Singapore <https://www.homage.sg/resources/active-ageing-singapore/>



Small and large scale cases. EU examples

The National Positive Ageing Strategy- Ireland

One of the European countries to incorporate among the first the principles and values of a society based on the concept of AI in Ireland. In 2013, the Irish Government presented The National Positive Ageing Strategy.

Using an integrated approach, several inter-ministerial and civil society groups coordinated by the Department of Social Policy worked on defining a national strategy (Cortellesi & Kernan, 2016).

The program has been adapted to the characteristics of the 4 Irish Regions (County) and each County Program, in turn, has been continuously reshaped with the participation of local communities.

The Strategy marks a milestone in the development of policies for older people in Ireland because it was developed based on the expressed views of older people and their representatives about what they, as citizens of Ireland, need to enable them to age positively.

Therefore, the Strategy is citizen-centred as opposed to service-centred. It is a holistic and integrated strategy that addresses the very wide spectrum of issues necessary to ensure that the experience of ageing in Ireland is a positive one²⁶.

Old People Awards

The Bavarian State Ministry of Labour and Social Affairs, Family and Women, together with the Bavarian Seniors Association, has launched the 2nd consecutive edition of the Old People Awards, which recognise citizens over 65 years who stand out as role models and are an encouraging example in the fields of arts, sports, charity, society or economy.

The aim of the contest is to make society more aware of the exemplary achievements of elderly people and fight against stereotypes²⁷.

²⁶ National Positive Ageing Strategy urly.it/39axp

²⁷ Bavaria launches the 2nd edition of the Old People Awards
<https://ec.europa.eu/social/main.jsp?catId=89&furtherNews=yes&newsId=1386&langId=en>



Source: Dementiaaction.org.uk

The cultural life of older persons in the Czech Republic

To promote the participation of older persons in cultural life, the National Senior Theatre Festival of the Czech Republic organizes a festival for older persons every two years at different locations throughout the country. The Ministry of Culture offers financial assistance to older persons to promote amateur cinematic activities and traditional folk culture.

The National Information and Advice Centre for Culture (NIPOS) surveys the cultural needs of seniors and evaluates them against the cultural activities offered. In 2006, the survey aimed at identifying this demand. In the following year, it focused on reconciling the demand and availability of these cultural activities. Currently, the mass media offer programmes especially targeting older people. Based on the Czech Television Act, Czech public television adapts programmes to the special needs of older persons. The majority of its broadcasts must be closed-captioned, open subtitled or translated into sign language for the hearing impaired. Since 2007, distributors of copies of Czech audio-visual work must adapt them to the needs of people with hearing impairments.²⁸

²⁸ Czechia (Czech Republic) 2018 report <https://en.unesco.org/creativity/governance/periodic-reports/2018/czechia-czech-republic>



Self-reflections

What can we learn from the Japanese style?

Resources and further reading

- Ageing and Elderly Care Practice in Japan: Main Issues, Policy and Program Perspective: https://www.researchgate.net/publication/250192086_Aging_and_Elderly_Care_Practice_in_Japan_Main_Issues_Policy_and_Program_Perspective_What_Lessons_can_be_Learned_from_Japanese_Experiences
- Council Declaration on the European Year for Active Ageing and Solidarity between Generations (2012): The Way Forward: <https://data.consilium.europa.eu/doc/document/ST-17468-2012-INIT/en/pdf>

Video materials

- 15-minute sample workout for older adults from Go4Life: <https://www.youtube.com/watch?v=Ev6yE55kYGw>
- State of health in the EU: <https://www.youtube.com/watch?v=jXD8upOFAbs>
- Active aging and silver skills: <https://www.youtube.com/watch?v=AgEFoLS9Bc4>

5.5. Common efforts –how can we contribute to creating suitable societies for our seniors

Aaron Blight²⁹, Professor at Shenandoah University, suggested some ideas on how we can learn to value the elderly in our society.

Personal level

Spend time with elderly people. First, time with the elderly helps the elderly:

- Improved mental and physical health for the elderly. Research indicates that they benefit from interaction with younger people, mentally and physically. Being around the young often takes them back to their youth.
- Decreased loneliness. Loneliness is a huge issue for the elderly, much less for our culture. Being alone, feeling forgotten, and wondering if you matter to anyone: these can be devastating at any age.
- The gift of purpose and honour. When your family spends time with the elderly, it can give them a sense of value and dignity and purpose, whether by sharing their wisdom or just being appreciated and loved³⁰.

Visit and observe what happens in a nursing home

DailyCaring, Award Winner of Best Caregiver Website in 2020, suggest some fun things to do with someone in a nursing home or assisted living:

²⁹Aaron Blight, 15 ideas on how can we learn to value the elderly in our society <https://www.quora.com/How-can-we-learn-to-value-the-elderly-in-our-society>

³⁰ 8 Reasons Your Children Should Spend Time with the Elderly urly.it/39azd



Keep them connected with family

Seniors living in a care community can get lonely because they have so little contact with family. Use your visit as a chance to keep them connected and reassure them that they're not forgotten.

To keep them in touch with family members, you could bring visitors with you – especially children, teens, or someone who might feel too awkward to visit on their own. For family members who live far away, arrange video chats or phone calls so they also have a chance to virtually visit with your older adult.

When bringing children to visit, you might want to bring a puzzle, art project, or simple game so they'll have something fun to do with your older adult. A shared activity helps them bond and keeps everyone happily engaged. Another idea is to encourage a young child to bring something for "show and tell" so they can share something they're excited about. Sharing videos of the kids' activities is another fun way to spend time together. They could watch a video of a soccer game, school play, or other events together.

Sharing current photos and videos is another way to keep your older adult in the loop on everyday family activities or trips. They'll especially enjoy watching videos of the kids. You could even share Facebook feeds to show what family members have been up to lately.

When possible, include your older adult in family celebrations. If they're able to attend in person, you could help them get excited about the event by telling them about the planning or asking for their input on food, music, or decor. At the event, take plenty of pictures so you can share and revisit the fun times during future visits.

Enjoy music together

Music has a universal ability to boost mood, reduce agitation, and increase happiness and engagement. It's also a wonderful activity to share with your older adult.

When you're together, play their favourite songs or set up a simple music player so they can listen anytime. You could sit and listen together, have an impromptu sing-along, or listen as they reminisce over memories from younger days.

Reminisce over old photos

Looking over old photos or videos is a great way to spend time together and strengthen your bond. You never know what stories or memories your older adult will be inspired to share. Photos are also great conversation starters.

If you and your older adult would be interested in a project, you could even work on creating a family tree or family history – something that's both fun and meaningful!

Bring a furry friend along

Petting a dog or stroking a cat is a highly therapeutic activity. The next time you visit, why not bring your pet with you? If your older adult is an animal lover, they'd probably be overjoyed to spend time with an animal, especially a beloved family pet.



Research has found that spending time playing with animals lowers heart rate, blood pressure, and stress levels. And in the long term, interacting with a pet can even lower cholesterol, prevent depression, and protect against heart disease and stroke.

Read aloud

Another fantastic activity is reading aloud. It's a great way to connect and let them know how much you care without having to make a lot of conversation.

Reading aloud is especially good for older adults who are bedbound, not very responsive due to an advanced health condition, or those with vision impairments.

Watch a TV show or movie

Watching TV or a movie is something we often do with friends and family – why not do it with your older adult? It's another way to spend time together without feeling so much pressure to make conversation.

Taking care of the elderly neighbour

If you go shopping for yourself and your family, do the intercom to your neighbour in a situation of fragility, to find out if he needs anything. In any case, you can find all the shops that are making themselves available to make home deliveries, but the requests are many and it would be useful to 'reserve' them for those who cannot really provide for themselves and others. If you have a few minutes to spare, visit your elderly neighbour.

Be patient

Be patient and understanding. Seniors are likely to prefer to see themselves as self-sufficient people, who clearly dislike being supervised and cared for. However, in some cases, he may not be able to take care of himself or may need help. If you are yourself and you listen to him by setting certain limits (of time, skills and resources), you will be able to live happily with him and you will put him in a position to have an equally peaceful life with you.

Public level

In continuity with what has been expressed by the European Commission which aims to guarantee an innovative and integrated approach to assistance for healthy and active ageing, thanks to the direct involvement of public and private sector actors in the demand, supply and regulation of systems and services for the elderly population, everyone must contribute to achieving this goal, and there is a need for commitment at various levels.

The World Health Organisation has defined mental health as a state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can live productively and fruitfully, and can contribute to her or his own community (WHO, 2002).

Mental health can be promoted and supported (or neglected and undermined) wherever the individual is situated on the continuum. Good mental health enables seniors to realize their fullest potential and to cope with life transitions and major life events, while poor mental health has the opposite effect.



Although mental health is an individual resource, it is influenced by a complex interplay of individual characteristics, and cultural, social, economic and family circumstances at both the macro (society) and micro (community and family) levels, all of which make up the social context in which seniors live.

Seniors' social context is in part shaped by policy: the guidelines, regulations or parameters that govern social life and determine what resources, services and goods are distributed, and to whom.

The policy is relevant to service delivery (e.g., waitlists for long term care facilities), to programs (e.g., eligibility criteria for Home Care services), to organisations (e.g. Health Authority Dementia strategies), and government legislation, (e.g., Old Age Security), that affect seniors.

The Seniors' Mental Health Policy Lens has been designed to promote and support the mental health and well-being of all seniors.

- It is a set of questions to identify (or predict) any direct or indirect negative repercussions of policies, programs and services (in place or proposed), on seniors' mental health.
- It supports the development or analysis of any policy or program relevant to seniors, including those that do not directly target either mental health or seniors
- Its' implementation has been evaluated as a best practice in policy design to support seniors' mental health.

Who Should Use the Seniors' Mental Health Policy Lens? The Seniors' Mental Health Policy Lens can be used by policymakers and analysts, program managers, evaluators, service providers, seniors' organisations and advocates, researchers and educators (Galderisi, Heinz, Kastrup, & Beezhold, 2015).

Services to Improve the Daily Functioning of the Elderly

AUSER, the Italian Association for Active Ageing, to improve the quality of life of elderly people, has provided some simple suggestions for policies and services, useful for building a country suitable (also) for the elderly.

As will be seen, the focus will be primarily on aspects other than social and socio-health policies, because participation in social life takes place in a plurality of areas - the home, the neighbourhood, transport, relationships, etc. - where it is necessary to ask oneself about the useful solutions to make accessible to elderly people the same opportunities available to other citizens.

This does not mean that it is also useful to reflect on the characteristics of the social-health and social-welfare services, which are also called to evolve, in particular, to allow the elderly to stay longer at their homes.

Housing conditions

It is not necessary to dwell on the extraordinary importance that the home has for the elderly. Taking into account that their homes are on average old, with old environments and systems, often out of standard in terms of safety and certainly characterized by the presence of architectural barriers; in more than 70% of cases there is no lift and this can considerably limit the possibility of the elderly, even self-sufficient, to leave the house and lead a normal relational life, it is therefore suggested that administrators pay great attention to giving priority the adaptation of the homes of the elderly (architectural barriers, home



automation, energy consumption, etc.) as the improvement of housing conditions reduces the need for institutionalization.

Public spaces

The care of the public spaces in which the house is located is equally important. Unfortunately, it is an everyday experience how necessary it is to recover the use of public spaces for their function of meeting and socializing. It involves freeing squares and sidewalks from any obstacle (e.g. occupation of public land that makes it difficult for restaurants, bars, street vendors, parked cars, dog excrement), regular surfaces, well-maintained, non-slippery and large enough for wheelchairs to pass, with lowered sidewalks that gradually taper towards the street, equipped with public toilets in good condition and easily accessible for the disabled, with clear indications and located in convenient places, availability of seats and benches in the open air, especially at public transport stops, arranged at regular intervals, controlled to ensure safe access for all. The roads must also be returned to pedestrian accessibility with adequate crossings, regularly spaced and marked to safely facilitate the crossing (over 50% of the victims of road accidents on pedestrian crossings are over 65 years old). Traffic lights, with visual and acoustic signals, must allow sufficient time for road crossing.

Mobility

Mobility conditions are fundamental for responding to the needs of the elderly. For this the neighbourhoods should be equipped with adequate and well connected public transport lines; affordable, reliable and frequent (including night and weekend services), particularly for key destinations such as hospitals, health centres, public parks, shopping malls, banks and senior centres; equipped with accessible vehicles, with height-adjustable floors, with low steps and with wide and high seats, clean and subject to good maintenance, with clear indications of the line number and destination; with specialized transport services for disabled people and with an adequate number of trips to avoid overcrowding. Stops must be equipped with seats and canopies against bad weather, clean, safe and adequately lit. Stations must be accessible, equipped with ramps, escalators, lifts, appropriate platforms, and legible indications.

The courtesy of the drivers is fundamental in respecting the established stops, waiting for passengers to sit down before leaving and stopping near the sidewalk to facilitate getting on and off the vehicle. In the use of taxis, it is useful to promote agreements for discounted rates in favour of elderly people with low incomes, to ensure that taxis are comfortable and accessible, with space for wheelchairs and/or walking devices.

For the many elderly and elderly people who drive, it is necessary to ensure that the roads are well maintained, wide and well lit, with clearly marked intersections, with clear, clearly visible and appropriately arranged signs, equipped with affordable parking and with a quota reserved for disabled people. It is useful to provide refresher courses for elderly drivers.

Environment

A very important contribution to improving the lives of the elderly is given by the quantity and quality of green spaces which must be easily accessible, well maintained and safe, with adequate sheltered and equipped areas for parking. The opportunity to devote their time to the cultivation of neighbourhood and



neighbourhood “urban gardens” is also very popular. Support for sports activities for the elderly is also important, providing public gyms starting from the practicability of school facilities. Additional elements that must be taken into consideration are the contrast to noise and pollution, urban cleanliness and unpleasant odours.

Public services and ICT

Public services are often far away and difficult to reach by public transport. All this causes enormous difficulties for the elderly, forced to endure stressful journeys. It is possible to put an end to this by carefully verifying the user areas and, above all, making cities “smart”. This is now an unavoidable choice. From the spread of ICT systems, the benefits that the elderly can derive from them affect all moments of their life (Gródek-Szostak, Ochoa Siguencia, Szeląg-Sikora, & Sikora, 2020). For this it is necessary to promote public initiatives of computer literacy; make computers and internet access available in public places, such as post offices, banks, public offices, libraries, etc., free or at a minimum cost and with any media for use by people with greater difficulties.

In all cases, it is necessary to make public offices easily accessible and equipped with lifts, ramps, adequate signage, stairs that are not too high or steep and equipped with railings, non-slippery floors, rest areas with comfortable seats.

Social participation

For a growing number of elderly people, loneliness is one of the main causes of physical and mental decay. Alongside a comfortable and comfortable home, it is, therefore, necessary to build a service system to support the daily life environment, which enables people to be included in the active life of the community, even when physical abilities fail (Höhn, 2008).

The planning and facilitation role of decentralized social services is essential to favour the projection towards the neighbourhood of the elderly. It is necessary to guarantee a plurality of places such as recreational spaces, schools, libraries, senior centres, parks, gardens where initiatives, meetings and encounters can take place. Activities and events must be well-publicized with information on programs and accessibility, paying particular attention to the conditions for the participation of people with disabilities or in need of assistance.

Civic inclusion

For the elderly person, nothing weighs more than the loss of a social role. This problem can be alleviated by constantly stimulating civic inclusion with initiatives aimed at conferring social role and rank in society, such as the ability to make decisions in civic life in consideration of their past and present experience. Involvement can take place in a variety of ways: consultation in local authority resolutions that are of interest to the elderly, from public and voluntary services to how the service can be improved; listening to the elderly by the representatives of traders on the services and products most suited to the needs and preferences of the elderly; attention from the media to eliminate stereotypes on the public image of ageing.



A very important channel is the inclusion of ageing courses in primary and secondary school curricula, active and regular involvement in local school activities together with students and teachers providing opportunities to share their knowledge, history and expertise with other generations.

Lifelong learning

The accelerated transformations we are witnessing (in languages, technologies, the economy, society) require the possibility of continuous updating to avoid the risk of social exclusion and ensure that older people feel fully included in the changes (Scottish Mentoring Network, 2013). To this goal, local administrations, educational institutions and voluntary organisations can make a great contribution to update their professional and literacy skills.

Communication and information

Since knowledge is one of the foundations of citizenship, information on all aspects of civil life must always be accessible to everyone. For this reason, it is necessary to ensure that information for the elderly takes place in the most suitable forms.

In particular, institutional and service information must be widely disseminated to reach elderly people in their homes and in the places where they carry out their activities, coordinated by an accessible service that is well-publicized - a "unified" centre for information -. Printed information - including official forms, television subtitles and texts on visual screens - should be written in large letters and the main ideas should be highlighted with clear titles.

Considering that seniors still prefer oral communication, it is helpful to make it accessible through public meetings, clubs and broadcast media, as well as through responsible people who spread the news individually. In the use of automated devices in telephone answering services, which are increasingly widespread and cause no small discomfort in particular for the elderly, it is necessary, where a service with operator response is not possible, to introduce at least some attention: provide instructions slowly and clearly allowing you to listen to the message again at any time.

Safety

Urban security is a common good, a right of every single person to be pursued jointly with social well-being and from which it cannot be separated. If this is true in general, for the elderly population it is an even stronger need as it is more exposed to abuse, prevarication, intolerance, real criminal acts not only physical but also psychological and emotional. The opening of listening and safety desks in the neighbourhoods represents the first concrete action of social reassurance. On the counters, the elderly, but not only, can find welcome, support, and useful tips for self-protection. It is useful for the representatives of social voluntary associations to contribute to the promotion of the branches in a network with other public services to assist, support and guide citizens who are victims of crimes³¹.

³¹ For a country suitable for the elderly <https://www.secondowelfare.it/primo-welfare/inclusione-sociale/per-un-paese-a-misura-di-anziani.html>



Private level

Since the summit of G-8 Nations in 1997, the workers' ageing has been included in the policy makers' agenda and from then on is present in all documents of the European Commission. The ageing is not a question only related to medicine, demography or social policy, but is also an important labour and economic policy aspect, in which enterprises have got importance as an active actor.

It's not sufficient to deal only with the retirement age limit increase unless it were possible to create conditions in which employers want to recruit older workers and workers are more motivated to continue their working life. European countries, which have been successful with the extension of working life (Finland, Denmark, Netherlands and United Kingdom), have adopted a global and holistic approach based on public and organisational policies, to permit a safer and active ageing (Andor, Bresso, & Sedmak, 2011) as well as the correct management of the last working period.

In these years, the enterprises' attitude towards older workers is slowly changing (partially) and to better outline operative initiatives, this research describes study-cases of organisations that, consciously, face themselves with the ageing of their workforce. They try to foresee crises through innovative strategies and proceedings, constant improvement projects, career planning and management of intergenerational succession, involving older workers following their particular characteristics.

Many researchers have noted the increasing age of the workforce, but less noted is that the workforce is also becoming more diverse in terms of age. Thus, as the workforce ages, the ability to manage age diversity will become increasingly important. Managing workers of different ages requires understanding the physiological, psychological, and motivational changes that accompany age, as well as how individuals of different ages interact in organisational contexts. With an increased awareness of the multidimensional nature of age, employers can consider useful adaptations to their human resource practices. Dispelling invalid age stereotypes may be accomplished through inclusive HR practices, the use of intergenerational interactions, and providing meaningful work to all employees (Cox, Posthuma, Castro, & Smith, 2019).

Some companies are consciously confronted with the issue of an ageing workforce and which, therefore, try to anticipate crises through innovative procedures or strategies, continuous improvement projects, career planning and management of integration processes. and intergenerational succession (identifying and training substitutes), also involving older workers on a par with others according to their specifications.

Age management: how to enhance diversity in the company

This approach recognizes the subjectivity of the worker and the continuous transfer of skills and experiences as values and gives rise to targeted interventions on workers (elderly and not), aimed at their safeguard and preserving/increasing their skills, enhancing the experience and promoting cooperation. intergenerational and active maintenance of these resources. Basically, older workers are valued as representatives and transmitters of the culture and values that make up the heritage, identity and mission of the company.

Age is not seen as a problem, but as an opportunity, the management of which is considered within improvement projects and becomes the foundation of the company's competitive development



strategies. These companies hinge on the distinctive skills present in their human resources and in particular in workers with greater seniority of work and decide to characterize their competitive methods by enhancing and further developing these skills through continuous training and their sharing among all workers, supporting their involvement and fostering intergenerational cooperation, in the belief that the improvement and new development of the company can start from this. These are organisations that aim at constant adaptation and change through the involvement of all the people who work there, activating a collective learning process. Some tips:

Intergenerational cooperation

New roles can be assigned to older workers. In particular, they can be used as trainers/mentors (coaching) for the transfer of knowledge/skills and corporate memory/identity. It's about involving these resources in identifying the organisational solution for their future replacement, favouring internal growth: it is a motivating message to the entire company, it allows you to maintain and develop existing skills, accelerate the inclusion in new roles, and allow you to balance salaries. In addition, intergenerational improvement groups can carry out an effective control and monitoring of processes and products.

Flexible work

Flexible hours (reduced working weeks, compressed, extended), job sharing, part-time, leave permits. This flexibility is understood as the availability of the worker and the company to organisational change of role and/or function within organisations that favour the versatility and interchangeability of tasks. Internal mobility, job rotation, job posting and self-nominations for promotions, career planning to promote the motivation, versatility and adaptability of the worker.

Ergonomics and work design (job redesign)

Appropriate precautions in the workplace can improve the working conditions of senior workers at the end of their careers. It is worth considering, for example, whether it is not useful to adapt jobs to the changing needs of a workforce that is no longer young:

environment (noise, vibrations, heat, cold), ergonomics, lighting, heating and ventilation, but also homework and teleworking. Progressive reduction of the physical burden of work (for example, static muscular work, handling of heavy objects, incorrect working postures, repetitive work, etc.). Instead of transferring senior workers to other jobs, departments and tasks, job redesign allows you to adapt the task to their ever-changing job skills.

Initiatives in the field of health and wellness

Medical checks. Breaks during working hours. Experimentation of concrete improvements in the work environment through space design interventions and with the introduction of services aimed at promoting the psycho-physical well-being of workers.

Business centres equipped for fitness where to maintain regular and appropriate physical exercise (aerobics, gymnastics, tai chi, etc.).



Change of attitude towards workers that are no longer young

Changing people's attitudes is perhaps the most difficult part, and much of the change must take place primarily in the heads of the personnel departments (age management), in managers and in company cadres: they have the authority to plan and organize jobs, hiring and firing people and supporting them throughout their entire working life.

Without their active support, any initiative aimed at promoting the active ageing of staff is doomed to fail. The fight against age limits and the development of good practices in the management of the age factor must come from within the organisation. For this reason, it is essential to promote appropriate changes also within the working groups: a lot of mature workers often perceive with extreme discomfort a climate of indifference or hostility on the part of colleagues, they detect attitudes of sufficiency that lead to the deterioration of a positive climate of collaboration.

Those who manage the company must understand that the issue of mature workers is now structural, that is, destined to last over time, and therefore requires to be addressed in a systematic, not episodic way, in a medium-long term perspective. In this sense, the first step is to become aware of the problem and carry out a demographic mapping of company resources (age analysis profile), trying to understand which professionals will leave the company and when³².

NGO level

In recent years, the population of the country has been increasing rapidly which involves the increase in the number of elderly people. But the growth of nuclear families has also increased at a high rate. The current society is experiencing changes in culture, social and even physiological manners. With the complications in living a peaceful life in the changing environment, home support for the elderly has become a difficult task and added responsibility to the people. Thus, to fulfil all the essential needs of the elder people, many NGOs have been started on the main vision of help for the elderly.

Media level

Promoting ICT knowledge for older people

Unfamiliarity with the use of computers can aggravate the exclusion that older people may face. They are deprived of essential information and amenities which are increasingly available only in digital form.

We live in an increasingly knowledge-based society with an ageing population and a more intensely competitive global economy. It is therefore vitally important that older people continue to learn, keep up with and adapt to change so as not to be excluded from society. Member States must work to make ICT aspects of adult learning, including for older people, as easy and accessible as possible.

User-friendly technologies can assist older people in carrying out daily activities such as those involved in living independently, managing their assets, monitoring their health, creating and maintaining social

³² Company policies for age management <https://www.mefop.it/cms/doc/17790/age-management.pdf>



networks, facilitating access to goods and services, participating in work or voluntary activities and better ensuring their safety.

It is important to ensure that the provision of goods, technological applications and services are user friendly, accessible, affordable and appropriate for all and to create incentives to encourage older people to use them. Older people's needs have to be mainstreamed into consumer goods and services³³.

Maintaining meaningful social relationships is widely regarded as one of the key elements of ageing well. Geographical distance to kin, impaired mobility or time-consuming obligations such as caregiving may hinder older adults from satisfying the need for social contact, with the risk that these adults feel lonely, but have little opportunity to engage in social contact. Social media may overcome these barriers as online social networks and online discussion forums can be used to engage in social contact regardless of geographical location or time. Moreover, social media provides new possibilities to engage in social contact, to provide and receive support, and to raise feelings of control³⁴.

Internet Community '50plusnet'

Providing an online forum for social engagement and exchange among people aged 50 and over '50plusnet' is a virtual meeting place and internet community for people aged 50 and over. The participants are matched with relevant activities, chat forums and clubs, to suit individual profiles, hobbies and interests, and thus opens up an online social network. The project aims to promote social participation and contact with society, as well as providing a forum for advice, support and exchange between the older people. The internet community is open to everyone aged 50 or over in the Netherlands. 50plusnet is created by the Dutch Institute for Health Promotion and Prevention (NIGZ) and funded through private and public organisations.

More information is available at: <https://www.maxmeetingpoint.nl/home>

LaterLife

Online social networking for senior citizens Co-funded by the Grundtvig Programme, this project aims to extend the social benefits of modern information and communication technologies to senior citizens. The key tool is an online social networking platform aimed exclusively at older people and providing a wide range of relevant content.

The project provides support and guidance to older users and those working with them. The project is also encouraging e-accessibility, including software and cooperation with local and regional service providers to render online content more accessible.

³³ Lifelong learning - a tool for all ages

http://www.healthyageing.eu/sites/www.healthyageing.eu/files/resources/DocPart_Declar_LifelongLearning.pdf

³⁴ Social Media Use of Older Adults: A Mini-Review <https://www.karger.com/article/fulltext/346818>



Go-myLife: Going online: my social life

Social participation of older people through the use of online social networks Co-funded by the Ambient Assisted Living Joint Programme, the Go-myLife project aims to improve the social participation of older people through the use of online social networks. It is developing a mobile social networking platform customised to the needs of the elderly, allowing interactions with their peers and families. As well as the networks, it provides easy access to relevant geographically based information and support whilst out of the home. The project aims to increase the quality of life of older people and facilitate their continued social participation.

More information is available at: <http://www.gomylife-project.eu/en/>

Self-reflections

What type of Services do you know to Improve the Daily Functioning of the Elderly?

Resources and further reading

- How Social Connections Keep Seniors Healthy:
https://greatergood.berkeley.edu/article/item/how_social_connections_keep_seniors_healthy
- Active Senior Citizens for Europe: A Guide to the European Union:
https://ec.europa.eu/eip/ageing/library/active-senior-citizens-europe-guide-european-union_en.html

Video materials

- Intergenerational learning: exchanges between young and old:
<https://www.youtube.com/watch?v=Pt58fu-TjWc>

5.6. Activities with seniors

Activities with seniors are an intrinsic part of the skills development of educators and staff working with seniors. In essence, you should be able to put into practice what you have learnt by designing, adapting and delivering activities with seniors. Relevant activities (e.g. workshops) will help you in your line of work, but will also improve the quality of life of seniors and the happiness of their families. As a result, these will support intergenerational relationships and inclusive neighbourhoods and local communities.

Task: Use the activity scenario template at Appendix 2 and design a relevant activity scenario to help you empower your seniors.

Example of activity: Gastronomic workshop³⁵ may be good to help you empower your seniors, but you can create any activity that you think is relevant.

³⁵ Tailored Nutrition Education in the Elderly Can Lead to Sustained Dietary Behaviour Change:
https://www.researchgate.net/publication/276501509_Tailored_Nutrition_Education_in_the_Elderly_Can_Lead_to_Sustained_Dietary_Behaviour_Change



5.7. Proposed workshops

Activities with seniors are an intrinsic part of the skills development of educators and staff working with seniors. In essence, you should be able to put into practice what you have learnt by designing, adapting and delivering activities with seniors. Relevant activities (e.g. workshops) will help you in your line of work, but will also improve the quality of life of seniors and the happiness of their families. As a result, these will support intergenerational relationships and inclusive neighbourhoods and local communities.

Task: Use the activity scenario template at Appendix 2 and design a relevant activity scenario to help you value your seniors.

Example of activity: “Teacher for a day” may be good to help you value your seniors, but you can create any activity that you think is relevant.

5.8. Evaluation quiz no.5

- 1) What “active ageing” means?
 - a) Exercise regularly
 - b) Being able to complete many tasks in one day
 - c) Being integrated into society and have a higher quality of life and longer and healthier lives
- 2) Why do seniors play an essential role in our society?
 - a) Because they have lots of stories to tell
 - b) Because they provide care not just for themselves, but for others as well (like family & friends)
 - c) Because they give generously charitable donations than any other age group
- 3) What is meant by social integration?
 - a) A condition where all members, including vulnerable ones, enjoy equality of opportunities
 - b) When responsibilities are shared amongst different social groups
 - c) When immigrants go along with local people
- 4) Which is in your opinion a way to promote social inclusion?
 - a) Organizing events to include different kinds of people
 - b) Sharing information about cultural activities
 - c) Through social, political and economic participation
- 5) Why is social participation important for seniors?
 - a) Because it allows seniors to have an active life connected with family, friends and the society they live in
 - b) Because they can help taking care of their grandchildren
 - c) Because seniors can work as volunteers



- 6) Why is political participation important for senior citizens?
 - a) Because of their previous experience in the world of work
 - b) To realize the right of all generations to be economically active by way of paid employment
 - c) To provide an important means of enabling participation through advocacy
- 7) Why is economic participation important for senior citizens?
 - a) Because actively increasing integration of older persons into the workplace is vital for achieving a balanced diversity of age groups in the workplace
 - b) To promote a more favourable attitude among employers regarding the productive capacity of older workers
 - c) Because older persons have gathered substantive experience throughout their live
- 8) What are some key benefits of social participation for elderly people?
 - a) Feeling useful, valued and enjoy a sense of achievement
 - b) Development of teamwork skills
 - c) Better general health, increase mental physical and creative activity improvement of brain functions
- 9) What are few actions that you as an educator can do to improve the quality of life for an elderly person?
 - a) Help them to find a purpose and stay active, monitor and treat depression
 - b) Accompany them during their daily activities
 - c) Arrange trips and visits for them
- 10) What is an elder-friendly community?
 - a) A place where elderly people don't suffer isolation and exclusion from the society they live in
 - b) A place where elderly people can live all together
 - c) A place where older people are actively involved, valued and supported by an infrastructure that accommodates their needs
- 11) Choose between the options below the factors indicating a healthy-ageing
 - a) Creating environments and opportunities that enable people to be and do what they value throughout their lives
 - b) Being free of disease or infirmity
 - c) Living in a safe life away from danger and stressful situations
- 12) Which country in 2000 introduced the Long-Term Care Insurance (LCTI)?
 - a) United States of America
 - b) Japan
 - c) United Kingdom



- 13) How does the LCTI work?
- a) People interested apply to their local government and wait on a waiting list to be accepted
 - b) People above the age of 65 apply to their local government, a complex test is done to assess their needs supported by a care manager
 - c) People apply to their local government and wait to be selected to participate in the Long-Term Care Insurance program
- 14) Which European countries incorporated in their policies Active Ageing as value?
- a) Ireland, Czech Republic, Germany
 - b) Italy, Ireland, Romania
 - c) Poland, Czech Republic, Greece
- 15) Indicate some services to Improve the Daily Functioning of the Elderly
- a) Housing, Safety
 - b) Public services and ICT, Lifelong learning
 - c) Medical checks, psychological support
- 16) Which are the fundamentals of the Age Management approach?
- a) Age is not seen as a problem, but as an opportunity to transmit the culture and values that make up the heritage, identity and mission of the company.
 - b) There are different opportunities within the company depending on the age of the employees
 - c) Age acts as a factor in assigning different tasks creating a competitive and more productive environment
- 17) Which are the key factors for an effective Age Management approach?
- a) Teamworking, public speaking, patient
 - b) Adaptability, being open-minded, proactiveness
 - c) Intergenerational cooperation, flexible work, job redesign
- 18) Why is it important to promote ICT knowledge for older people?
- a) To help them stay connected with their family and friends
 - b) Carrying out daily activities and better ensuring their safety
 - c) To be able to seek help in a more effective way when needed
- 19) According to Aaron Blight, Professor at Shenandoah University, how can we learn to value the elderly in our society?
- a) Spending time with them
 - b) Listening to them
 - c) Assisting them



20) What does the definition “Design for All” widespread in recent years stand for?

- a) Creations that can be understood by everyone
- b) projects that can be benefited by the greatest number of people, regardless of age or motor skills
- c) Initiatives to which everyone can easily access to

*The correct answers are available in the check sheet at Appendix 1.



Recommendations for course delivery with target groups

Analysing the common challenges that adult educators face, as well as the needs of seniors in their own countries, our consortium noticed not only that our internal capabilities must be improved for addressing the newly identified challenges, but also the fact that the needs were previously not adequately defined. This category of educators has to consider various problems resulting from health or mental problems, even psychological and low self-esteem. This was the main reason for carrying out interviews where the needs and challenges were thoroughly investigated. This way, we ensured that the course modules and scenarios which we will develop during the project will fit the purpose.

The suggested plan of the “Course modules for educators, facilitators and volunteers” are:

Course duration: 40 - 60 hours

Methods: Flipped classroom, Assessment & Evaluation, Community-based learning, MOOC, collaborative learning, active learning.

Tools: Videos, Articles, PPTs, Learner’s Diary, Evaluation Forms (quizzes), Activity templates, Action plan template, Written resources (PDF, PPT, etc.)

Facilitator manual and worksheets:

Know your senior: Definition of ageing, Challenges of ageing, Sociological changes of ageing, Physical changes of ageing, The ABC of ageing well

Understand your senior: Pillars in the elderly lives, Family, Mental health issues related to ageing, Myths and Stereotypes about old people and how these can affect them

Work with your senior: Determining Services Needed, Social work personal skills for working with the Elderly, Communication with the elderly, How to motivate and engage older people, Activities for elders

Empower seniors to become active citizens for others: Health, Lifestyle aspects

Valuing your senior: Importance of senior citizens in our societies, Improving the quality of life, Healthy & Active Ageing: Best Practices in Japan, Singapore and EU, Common efforts – pieces of advice on how can we contribute to creating suitable societies for our seniors



Transferability

The methodology of creating the course can be replicated for other categories of educators working with persons with special needs. The course can be used by adult education organisations that want to implement attractive and relevant courses for educators working with seniors.

- The 5-course modules can be used by adult educators during teaching seniors.
- The assessment tools can be used for recognition of the skills. Once with the Educators CVs, they will transfer the results which will be further used in their daily work.
- Educational materials can be used by organisations working with adults to extend their course portfolios.

The course modules are publicly available at <https://trainingclub.eu/senior> and transmitted to organisations working with adults. It is expected the top management of the organisations working with adults in the education or social care systems have a more comprehensive understanding and deeper knowledge and skills to work with elders.

Essential elements of the modules of the course are usability and transferability of results. From this perspective, organisations working with elders can use the course to better prepare their caregivers and volunteers and to ensure a deeper understanding of the needed process to properly work with elders and to empower them into active ageing.



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About the partner organisations



TEAM4Excellence (T4E) is a Romanian association aiming to improve the quality of life through education, research and consulting activities. To address societal challenges, T4E provide learning opportunities and career advice for social inclusion, development and employability of people, and equip trainers with key competences and skills to foster personal as well as professional development. Within 30+ EU funded projects, the association produces and transfers innovation, experience and know-how through cooperation with domestic and international partners. By hosting events, training courses and conferences, T4E strengthens collaboration between people, supports organisations and bridges gaps between generations. The wide expertise in management enables T4E staff to provide consultancy to large companies and SMEs using EFQM Model and Business Model Canvas.



Foundation "Research and Innovation in Education Institute" [INBIE] is an NGO Institution situated in Czeszochowa – Poland, founded in 2014. INBIE promotes equal educational opportunities to all social groups, and fights against social exclusion and supports adult people at risk of marginalization. INBIE cooperates closely with formal and non-formal educational Institutions, local authorities, and Czeszochowa Centre of Non-Governmental Organisations to develop adults' new skills to increase their chances of a successful return to work and search for better life chances. Staff from INBIE do research and work in entrepreneurship, management, use of ICT in Education and workplace aiming to improve adult people's professional and entrepreneurial competencies for creating new services and business to fight against unemployment and social exclusion.



The social promotion association Petit Pas was founded in Trani, Italy in 2015, by a group of professionals, trainers and youth leaders motivated by the desire of improving community, promoting social initiatives inspired by democracy, equality, and pluralism. Over the years, it has become a structured associative reality, with a large number of associates and volunteers who have embraced their mission by recognizing the importance of having inclusive, peaceful and just societies. Our goal is to enhance the level of knowledge and skills of our community regardless of gender, social background, cultural or educational background. Several activities significantly engage staff and volunteers by organisation of workshops and training seminars to disadvantaged people, related to the themes of active citizenship, volunteering, tolerance, inclusion, mutual understanding, social entrepreneurship, sustainable growth, and cultural development.



Association Deses-3 is a Spanish organisation that works with young and adult people, offering them opportunities for comprehensive training programs, while giving priority to those who are unemployed or have a cultural, social or economic disadvantage. They aim at social inclusion and thus provide the space and projects that allow people to develop their social skills. By organizing training activities and information events on the topic of health and disease prevention, they contribute to the personal development of individuals and help them to achieve their full potential – physically, intellectually and socially – as citizens. With extensive experience in the creation and implementation of non-formal educational and free-time activities, Deses-3 enables participants to implement new skills in their work and extracurricular activities for lifelong learning.



Asociatia Voluntariat Pentru Viata is an NGO, based in Marasesti, Romania, founded in 2012 on the initiative of some specialists in the field of education, art, history, social assistance. Their mission is to promote volunteering and civic consciousness by developing activities that respond to the local need of the community to become aware of the value of volunteering as a tool for active citizenship and human solidarity. A large part of the activities is focused on supporting disadvantaged people to have access to education. The association is accredited as a social services provider and it implements projects involving elderly care services at home and in residential centres. To offer multidisciplinary services for individuals who are in a critical social difficulty, they conduct social research and monitor the phenomenon of social exclusion, plan programs of assistance for individuals who are in social crisis and train professionals in working with underprivileged people.



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Appendix 1 Evaluation quiz check sheets

Evaluation quiz no.1 check sheet – correct answers

1a	5b	9a	13c	17c
2b	6c	10b	14c	18a
3a	7a	11b	15a	19a
4c	8c	12a	16b	20c

Evaluation quiz no.2 check sheet – correct answers

1a	5a	9b	13c	17b
2a	6c	10b	14a	18c
3a	7c	11b	15a	19b
4c	8a	12a	16b	20a

Evaluation quiz no.3 check sheet – correct answers

1a	5b	9c	13b	17a
2b	6b	10c	14a	18b
3c	7a	11b	15b	19c
4a	8b	12a	16c	20c

Evaluation quiz no.4 check sheet – correct answers

1b	5a	9a	13b	17c
2a	6b	10c	14a	18b
3a	7a	11a	15b	19a
4a	8c	12a	16a	20b

Evaluation quiz no.5 check sheet – correct answers

1c	5a	9a	13b	17c
2b	6b	10c	14a	18b
3a	7a	11a	15b	19a
4c	8c	12b	16a	20b



Appendix 2 Activity scenario template

Activity Title

Purpose	
Time	
Target group	
Objectives	
Materials	
Facilitation steps	
Methods	
Evaluation	
References	

Some examples of activities with the elderly:

- World Café
- Spychitecture
- Living library
- Grandchild for a day
- Chess contest
- Touching nature through some senses
- Close your Eyes!
- Sport activity
- Traditional Dances
- Gastronomic Workshop
- Be digitalized
- Teacher for a day
- Debates
- Occupational therapy
- Living library
- Puzzle