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Ageing in place: ageing at home and in the community

Ageing well is determined by a constellation of factors. One of these, with a strong influence on maintaining autonomy and control over the environment, is the elderly person's relationship with the residential environment, that is, with housing and the surrounding physical and social context. The concern with defining suitable environments for the elderly should consider the ageing process, paying particular attention to aspects related to mobility (Fonseca, 2020). However, the current challenge goes further and consists of finding solutions that correspond to the objective of promoting quality of life, namely through social integration.

Service users of care home residents have a higher risk of falls—three times more than the peers that live in their own homes. This means that healthcare providers must prioritise the safety and happiness of such individuals in their own homes (Reis da Silva, 2023).

What does 'ageing in place' mean?

Ageing in place means living safely and independently at home and in the community as you age (World Health Organization (WHO), 2015). Understanding this concept implies the need to adapt the physical and social environment to daily life, over time. Indeed, most elderly people want to remain in an environment that is familiar to them and, preferably, remain in the same house and in the same community (Iecovich, 2014). Implicit here is the desire to control most aspects related to daily life, such as personal care, routines and other significant activities (Fonseca, 2020).

Ageing in place translates the desire to grow old in a familiar environment that adapts to the changes that the ageing process brings with it. Given that, as individuals age, they spend more time at home and in the community, this ends up reinforcing their relationship with the environment that surrounds them. The process of ageing in place translates into a process of environmental adaptation with social, psychological and environmental implications. It is a contemporary concept, motivated by the social responsibility to protect the elderly, especially the most vulnerable and frail. It reflects a paradigm shift in social policies to support the elderly by considering their desire to live within their known environment and community as a priority and as long as possible and independently, in good health and benefiting from social support (Fonseca, 2020).

Promoting independence and autonomy of older people, providing them with opportunities to maintain social interaction and access to various services, is perhaps one of the main challenges of the general ageing population, given the demand of the elderly regarding maintenance of a lifestyle where, in addition to material comfort, active social integration is ensured (Iecovich, 2014).

The concept of ageing in place also represents an added challenge, given the diversity of individual needs, as we are faced with specific needs for each individual depending on their resources, needs and preferences, which also vary throughout the ageing process. In the report of the 2nd Global Forum of the World Health Organization on Innovation for Ageing Populations (WHO, 2015), the five main areas of intervention in the ageing in place process are identified as the 5 P's—People, Place, Products, Person-centered services, and Policy.

Alongside the concern with housing and outdoor spaces, it is necessary to develop programs of a social nature that consider, on the one hand, the progressive functional limitations of individuals and, on the other, the maintenance of autonomy and participation in society. In the same sense, the implementation of home assistance programs, including teleassistance, are important to reinforce autonomy with an impact on quality of life. In summary, this new reality, which combines an increasingly ageing population with the need for diversified responses,

poses new challenges, expressed in a concerted manner in the areas of intervention defined by the WHO (2015).

For Iecovich (2014), ageing in place presents several dimensions related to each other: a physical dimension (the house, the village/town, the neighbourhood, the city where one lives), a social dimension (involving relationships and interpersonal contacts, the community), an emotional and psychological dimension (related to a feeling of belonging and connection to a place), and a cultural dimension (linked to the values, beliefs and meanings that people attribute to a certain space). Thus, when we speak of 'place', we are not referring only to a physical place of residence, but to a whole context that allows the older person to preserve the meaning of their life, including a social identity that can be maintained even when the person becomes disabled.

In this perspective, the place reflects an extension of the personal identity, allowing the preservation of the integrity of the 'I' and promoting a sense of continuity between the different stages of the life-cycle. The concept of ageing in place also presupposes that, as older people become increasingly frail or even ill, they can live safely in their homes, as long as support and services adequate to their needs are made available. Staying at home during ageing and maintaining as much independence, privacy, security, competence and control over the environment as possible is the objective to be achieved. Usually, older people associate the idea of ageing in place with the possibility of making choices related to their lives, having access to services (health, in particular) and various facilities (shopping, recreational opportunities), enjoying social relationships and interaction with other people, feeling safe at home and abroad, and above all, maintaining a sense of independence and autonomy (Iecovich, 2014).

With this reality, it is easy to understand how a strong community nursing service can impact on an ageing population in all dimensions: physical, psychological, emotional, social and community.

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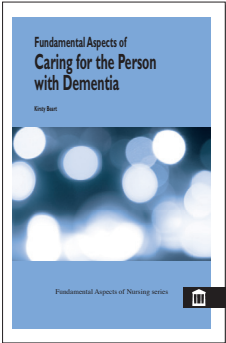
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Fundamental Aspects of Caring for the Person with Dementia




By Kirsty Beart

This book begins by asking you to try to imagine the life you have now changing beyond all recognition. One day you wake up and don't know where you are. You ask someone near you where you are but they seem unable to understand your question. Why do they not understand, what is wrong with them? It is hard to contemplate this and to fully comprehend the emotional turmoil caused by the symptoms of a dementia type illness.

This book has been written with the intention of helping its readers to understand the perspective of the person who has been labelled as suffering with dementia, as well as that of the carers and the professionals. It is split into two sections to help the reader identify the parts they need to read at different times or for varying purposes. Section 1 offers information and debate about the theoretical issues and explanations of dementia and memory loss. Section 2 moves into the more practical side of this text. Many areas of concern for carers and professionals alike are similar and this section brings their ideas and perspectives together so that they might be able to benefit from each other.

Fundamental Aspects of Caring for the Person with Dementia: ISBN: 978-1-85642-303-8; publication 2006; £19.99



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