

HAVEN OR HELL? A CRITICAL DEBATE ON THE IMPLICATIONS OF AGEING-IN-PLACE

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AIMS OF THIS SESSION

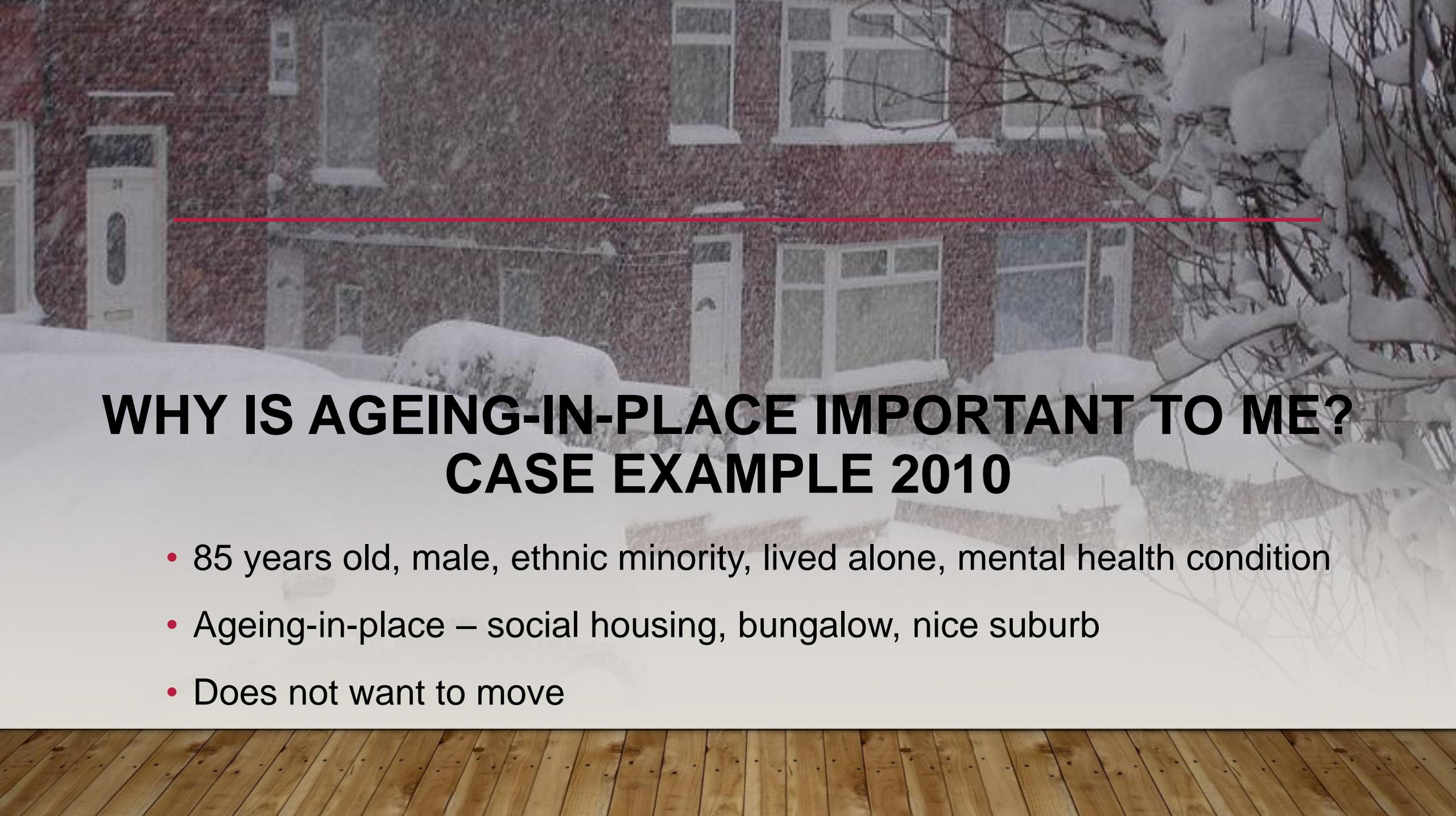
- Definitions of ageing-in-place
- Why important – Occupational Therapists and me!
- Challenge assumptions about ageing-in-place
- Identity drivers of ageing-in-place
- Consider possible consequences of this policy agenda
- Implications for Occupational Therapy

AGEING-IN-PLACE – SOME DEFINITIONS

- “Place, is space with meaning” (Cresswell, 2004)
- “...remaining living in the community, with some level of independence, rather than in residential care” (Davey, Nana, de Joux, & Arcus, 2004, p. 133).
- “The ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level” (Centers for Disease Control and Prevention, 2009)

WHY IS AGEING-IN-PLACE IMPORTANT?

- Ageing population (LGA, 2017)
- Increasing numbers and multiples of long term conditions (DH, 2012)
- Austerity
- Integration (NHS, 2017)
- Expectations
- **Housing underpins all other interventions**



WHY IS AGEING-IN-PLACE IMPORTANT TO ME? CASE EXAMPLE 2010

- 85 years old, male, ethnic minority, lived alone, mental health condition
- Ageing-in-place – social housing, bungalow, nice suburb
- Does not want to move

CASE EXAMPLE

- Neighbour complaints / Anti Social Behaviour
- Erratic behaviour – windows covered with newspapers, self neglect
- Refusing access – visit with Housing Officer
- No heating or electricity, little furniture, no food, disrepair, cold, dangerous...?
- Risk? Best interest? Who decides?
- Short term outcome
- Long term outcome

AGEING-IN-PLACE – ASSUMPTIONS

- Most older people prefer to age-in-place...?
- “...helping older people to remain living at home fundamentally and positively contributes to an increase in well-being, independence, social participation and healthy ageing” (Sixsmith and Sixsmith, 2008, p. 219).
- Cost effective solution to scarce health, social care and housing resources

AGEING-IN-PLACE - DRIVERS

- Health – ‘home first’ – DTOCs /STPs (NHS Mandate 2017-18)
- Social care – ‘prevent, reduce, delay’ (DoH, 2014)
- Housing – ‘housing first’ – (MHCLG, 2017)
- Mental health – security of tenure, quality (MHF, 2016)
- Third sector – Centre for Ageing Better, Shelter, Age UK, MIND
- Industrial Strategy (HM Government, 2017)

AGEING-IN-PLACE - OLDER PEOPLE

- Prefer to age-in-place?
- Place attachment
 - Home - identity
 - Neighbourhood – familiarity
- Social and emotional connections
- Choice and opportunity - Aspiration
- Limitations – financial, availability, suitability, social class

THE ISSUES - HOME

- Harm – hiding harmful behaviours (Gurney, 2019)
- Abuse – how do we know? (Biggs et al, 2009)
- Accident – risk management (RSoPA, 2019)
- Repair – heating, damp, fuel poverty (Age UK, 2016)
- Isolation – loneliness strategy (HM Government, 2018)
- Care – ‘deserts’ (The Guardian, 2019)

THE ISSUES - NEIGHBOURHOOD

- Amenities – shops, services
- Transport – price, frequency
- Accessibility – benches, rails,
- Safety – lighting, repair
- Inclusivity – intergenerational, gentrified
- Green (and blue) space – quality?

WHAT IS CONTRIBUTING TO THESE ISSUES?

- Health / Social care – lack of resources
- Housing – shortage across all tenures
- Inequalities – exacerbate issues
- Intersectionality – marginalised groups
- Neo-liberalism – whose responsibility?

SHOULD WE INTERVENE?

- Why? – the right thing to do
- Who? – everyone in need
- What? – older people actually want
- When? – when people need it....!
- Where? – in place
- How? – the tricky one...but I would say just ask...?

IMPLICATIONS FOR PRACTICE

- Call to action...
- Ask the why?
- Advocate
- Make connections
- Impartial information and advice
- Influence

IMPLICATIONS FOR RESEARCH

- What do older people really want?
 - Home and Neighbourhood
- Which occupations are valued?
 - Meaning
- How are aspirations expressed?
 - Hope

QUESTIONS?



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