

Social Inclusion of the Oldest-Old: Toward Supportive Housing Policies

Research Brief No. 1

Summary

Although most seniors aged 85+ live relatively independently in the community, research on this age group tends to focus on the negative aspects of aging. This study looks instead at seniors aged 85 and older who are living well and semi-independently in their communities with the help of an informal care provider. The study aims to identify the mechanisms that allow them to live with dignity and autonomy in their own homes and remain socially included in their communities. We conducted in-depth, semi-structured interviews with 16 individuals aged 85 to 94 years and their primary informal support-persons in Southwestern Ontario, from Hamilton to Chatham. The result is evidence-based information about how the “oldest-old” and their caregivers manage to overcome problems seniors experience with daily tasks such as mobility, transportation and cooking. The research identifies optimal environments in which these “caring relationships” can be sustained and in which seniors can flexibly manage daily life and continue to stay in their own homes.

Key Findings

Seniors...

- ♦ actively seek out social, mental and physical activities and continually develop their social networks as a way to exercise their independence, and they do so without assistance from their support persons.
- ♦ do not want to feel like a burden, and are in relationships based on reciprocity to give back to their caregivers and community.
- ♦ adapt to changes in their health and abilities and are willing to make adjustments in order to remain living in their homes.

Seniors and their caregivers...

- ♦ use a mix of strategies to manage the instrumental activities of daily living such as cooking, cleaning, shopping and the basic activities of daily living such as bathing and eating.
- ♦ use formal and informal supports to ensure that seniors can live at home. In this study, both seniors and caregivers were very willing to “do what it takes” to keep seniors at home.

Social activities of daily living are essential to seniors' quality of life and their ability to remain in their own homes.

Implications for policy

Seniors want:

- ♦ a flexible network of formal and informal supports that enhances their social inclusion and shifts according to their needs.
- ♦ to obtain information about available services through a variety of means (newspaper, posters, radio, phone), i.e. not just through the Internet.
- ♦ services they can take advantage of without travelling far from their homes.
- ♦ more neighbourhood-based volunteer programs which address their everyday concerns.
- ♦ increased transportation services to enhance their mobility and ability to pursue social activities of daily living.





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Background

The literature on seniors and aging focuses on the negative aspects of aging and on seniors who are in poorer health (Gonyea 2005; Green 1993; Hudson, 2005). While some recent literature looks at healthier seniors (Oswald et al. 2007), the research generally ignores the oldest-old living semi-independently in the community (Green 1993; Hudson 2005). Researchers estimate that approximately 65 to 80 per cent of the oldest-old in Canada are living relatively independently in the community (Cranswick 2003). Much of the research on oldest-old seniors compares them to young-old seniors, and concludes that oldest-old seniors are in worse functional shape than their younger counterparts. Few studies focus solely on the oldest-old and the positive aspects of their lives.

Objectives

Our research aimed to answer these questions:

1. How do the oldest-old individuals who live in the community continue to do so?
2. What useful and innovative strategies do seniors and their caregivers use to keep seniors living at home?
3. What supports do the oldest-old and their caregivers require to allow these elders to remain in their homes?

Limitations

There are several limitations to this study. The results are not generalizable. However, they are applicable in situations with similar social conditions. We were not successful in our efforts to recruit seniors from rural areas, so the data reflect an urban sample. Also, the regional culture of Southwestern Ontario may differ in important ways from other regions in Canada. This study focuses on supports for seniors who already have assistance; it does not attend to those who do not have care providers.

Methods

Using Grounded Theory, we recruited participants through a card and poster campaign. Nine were female, seven were male. Ten of the seniors were widowed, six were married.

Ten of the caregiver pairs were parent-adult child, five were couples and one was friend-friend. Seven of the seniors lived in an apartment, four in condos and five in houses. Three were in intergenerational households, five lived with their spouses and the remainder lived alone. Data consisted of in-depth interviews with the 16 oldest-old participants and their primary caregivers, as well as a follow-up interview with only 12 seniors and their caregivers.

Findings

Social activities: Seniors actively sought out and carried out a wide variety of social activities, and they often did this without the assistance of care providers. These social activities included discussion groups, card games, concerts, lectures, book clubs, family dinners, lunch out with friends, community barbecues and bingo. Seniors placed an emphasis on maintaining established relationships with family and friends through visiting, telephoning, writing letters and emailing. They also actively sought out new friendships and support networks through their participation in social activities. They valued their freedom to take part in social activities when they chose to do so rather than during prescribed times.

The seniors said social relationships and activities were important because they fostered a daily sense of social inclusion within their neighbourhoods and social networks. These social activities nurtured psychological well-being and gave seniors the quality of life that helped them get through the day. Social engagement also helped them get information about, and access to, formal and informal services that kept them living at home.

We refer to these activities as the “social activities of daily living.” As social inclusion is important to seniors, we propose adding social activities as a third category to the two types of activities traditionally discussed in the literature – the basic activities (bathing, eating) and the instrumental activities of daily living (groceries, transportation).

Reciprocity: Seniors were not passive recipients of care and they did not want to be viewed as a burden to their caregivers. Seniors and caregivers worked together to complete tasks. Seniors often shared the tasks performed by their paid and unpaid helpers, such as mopping between visits from their cleaning lady, or sharing the tasks of laundry with their caregiver.

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Reciprocity also existed in the form of finances – paying rent to the child with whom the senior lived, or exchanging money for car rides and meals. Seniors helped out with petcare or child-care, checking in on family and friends, and by volunteering in their community. Reciprocity was essential to social inclusion and maintaining a real relationship with caregivers, which helped keep seniors living at home.

Mental and physical exercise: Seniors enjoyed a variety of mental and physical activities, including reading, brain exercises, discussions with others, going to the gym or community fitness classes, using a treadmill in their own homes, walking and swimming. They made seasonal adjustments to some physical activities, such as limiting outdoor walks when the sidewalks were icy. They also considered the level of activity their bodies could sustain, as well as the types of exercise from which their bodies could benefit, and the types of activities they could afford. Being physically and mentally active is one way they maintained their health and independence, shared time with family and made new friends.

Deliberate checking-in: Deliberate checking-in among family members and friends was a social activity that was extremely important to these oldest-old seniors. Seniors checked in on family and friends, and family and friends checked in on seniors. This was done by calling or dropping in, and through volunteer-run check-in services. Some seniors took part in a system whereby they hung a sign on their doorknob, and if the hanger was on the door in the evening and off in the morning, all was well. If not, a volunteer would check on the senior. Several of these oldest-old seniors also wore emergency call devices.

Barrier-free homes: Many seniors made changes to their homes to help them continue living there. These included moving the bedroom to the main floor, installing bathroom equipment and moving dishes to lower cupboards. Some seniors moved to condos or apartments to enjoy greater accessibility and the absence of property maintenance responsibilities.

Finances: While most seniors in the study were financially comfortable, they felt it was very important to plan ahead and save enough money to be able to hire paid help if they needed.

Cooking: Seniors used a wide variety of mechanisms to meet their basic food needs, including cooking for themselves; cooking in large amounts for future meals; buying prepared meals; having relatives bring meals and paying for a meal delivery service. Some seniors cooked, but made modifications to facilitate this, such as sitting down to cut vegetables or moving dishes to lower cupboards.

Cleaning: Some seniors did all their cleaning, but most seniors in the study relied on outside help. Seniors who lived in their own homes usually did some of the outdoor maintenance and yard work. Those who lived in condominiums relied on outside help, but this was primarily because it was included in the living arrangement rather than because of seniors' limitations in functional abilities.

Driving: Seniors viewed driving as being synonymous with independence. When they stop driving, they have to rely on others and are not as free to fulfill their choice of social activities of daily living. Seniors who are unable to find their own means of travel through a ride from others or public transportation can be limited in their ability to make and sustain friendships and partake in social activities. When seniors are no longer able to drive themselves, they rely on several forms of transportation, including family members, neighbours, taxis, and buses. Some seniors drove during the day and in good weather, and utilized these other forms with inclement weather and at night.

Bathing and personal care: Only two seniors received help from family members to carry out their personal care, depending on the level of comfort of both the senior and the family member. For some, staying in their home was seen as so important that they would put up with crossing gender boundaries to receive personal care (e.g., male son bathing his mother).

Attitudes toward 'home' vs. 'in a home': Few seniors planned for a move to an institution and most found it upsetting to consider. Moving to an institution meant losing independence, autonomy and privacy. It also meant increased isolation. Most had plans for when their health status changed, including more paid home care, moving to a condominium setting or living with relatives. Home meant "everything" to the seniors. They defined "everything" as independence, autonomy, freedom and sanctuary.



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Conclusion

Maintaining independence and semi-independence were overarching themes in this study. For these seniors, participation in social activities was of the utmost importance, because the activities helped get them through their day and left them feeling socially included. Seniors and their caregivers were very willing to “do what it takes” to keep seniors at home. A key component was maintaining reciprocity in the senior-caregiver relationship and between seniors and their larger support networks. The methods of care shifted according to changes in the health and functional statuses of the seniors. The ability of seniors and caregivers to combine both formal and informal supports contributed to the fluidity of care.

Supports that would help seniors stay at home include:

- ♦ care services that are flexible and available when needed at low or no cost
- ♦ information about formal and informal services that are made available not only through the Internet, but through verbal communication
- ♦ community activities that take place near seniors' homes
- ♦ easily accessible transportation and a driving school or driving classes for seniors
- ♦ an organized check-in program
- ♦ a non-internet-based grocery delivery service
- ♦ courses to teach seniors and their caregivers how to use computers and the Internet
- ♦ a seniors-helping-seniors volunteer bank through which seniors could be called upon to help each other with household tasks

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About the study

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