Ageing and Disability: ‘International Perspectives’

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1. Interdependency and dependency notions

2. Universal notions re: aging and disability

Key notions
- Common interests
- Combined funding or administration
- Shared resources
- Similar outcomes and expectations
International models

- Bridging can involve multiple dependent populations treated as a single entity – such as ‘public welfare’ program applications
- Bridging can involve aging and disability services only with applications to all people with disabilities or applications only to older people with disabilities
- Bridging can be active or passive…
  - Active bridging involves inter-ministerial agenda and activities spelling out cooperation and collaboration
  - Passive bridging involves ad hoc cooperative or collaborative efforts
Barriers to Bridging

• Legal obstructions
  • Example: Lack of legislation enabling mixing or bridging groups – changes in Older Americans Act to encourage bridging

• Bureaucratic misconnections
  • Example: Australian failures due to Federal government responsibility for residential care and State government responsibility for day services

• Consumer reluctance to integrate
  • Example: California - Centro de Mayores’ users not wanting to have people with disabilities in their Centro

• Untried methods
  • Example: Japan’s Gold Plan for community group homes for adults with dementia – lack of experience with accepting people with life-long disabilities and dementia
Bridging assumptions

• There must be a useful purpose to bridging and that purpose needs to enhance the services provided and not be used solely for bureaucratic or financial efficiencies
  – (the example of Florida’s agency consolidations)

• There exist viable older person services that can be used and valued by older people
  – (the example of the UK effort to inappropriately use aged people’s services for people with intellectual disabilities)

• Bridging applies to well-elderly services and to people who may share common needs due to age-associated pathologies
  – (the example of local social based services applicable to both people who are older and people with dementia)
Harmonization between disability and aging can take place in various sectors…

- Working together to target local services for age older adults with disabilities
- Shared day services, transportation, home health, intake, casework, etc.
- Common older peoples’ or senior center sites
- Shared outreach to locate and help older families and carers
- Shared housing and housing assistance
International models for the ‘charge’ function – aging or disability?

In favor of organizations serving pensioners…

- Organizations serving older people may have a more neutral status in the community
- Older families may perceive less stigma attached to getting aid from an organization serving older people
- Relatives may be less fearful that their relative may be taken away by organizations serving older people
- Organizations serving older people may be better positioned to help, because many carers need older person-related services

In favor of organizations serving people with disabilities…

- Disability organizations may be in a better position to aid families and other carers because their purpose is to address the comprehensive needs of someone with a disability
- Disability organizations may:
  - Be better at diagnostic and behavioral intervention issues
  - Know disability issues and are tied to rehabilitation systems
  - Be more familiar with the barriers that families face when they have a member with a disability
Harmonization in planning

Planning for an aging/disabilities population

- Identifying older adults and people with disabilities
- Locating at geographic commonalities and anomalies
- Determining what they may need
- Looking at demographic trends
- Recognizing that needs are often linked to personal conditions and social expectations
- Considering fiscal impact

What to plan?

- Common housing
- Transportation assistance
- Supporting lifestyle
  - Pensioning
  - Home care supports
  - Financial planning
  - Transition planning
- Providing Alzheimer’s, decline-related, and frailty care
  - Community group home
  - Family support
- Aiding older family carers
  - Respite
  - Financial supports
  - Support groups and counseling
Bridging works when…

From an ‘international perspective’ …

• Locality has a need for cooperative services
• Locality’s key people are in sympathy to the process
• There is ‘goodwill’ among locality’s key people and among service users
• It serves to improve ‘quality of life’ and consumer satisfaction – and is cost-effective
A example of focal bridging – cooperative planning

- **The National Task Group On Intellectual Disabilities And Dementia Practices**
  - Collaborative effort to define a strategic plan for providing more effective services to adults with disabilities affected by dementia
  - Involves US organizations and federal agencies from both the aging and disabilities sectors
  - Final plan/report will feed into the **National Alzheimer’s Project Act** – enacted by the US Congress to establish a strategic national planning process for dealing with the insidious effects of dementia in the population

www.aadmd.org/ntg
A example of localized bridging - ‘cooperative services’

Dementia care can be an example of localized bridging and cooperative services.

Common model of proving small group living housing irrespective of premorbid factors.
A example of systemic bridging – benefiting cross-cutting populations

Creating accessible and navigable cities

- Curb cuts & extended time crossings at road intersections
- Ramps, lifts, and accessible entries to buildings
- Signage for people with cognitive impairments

Promoting “Visitability”

- Adaptations to private homes to permit use by visitors with disabilities:
  - Wider ground floor doorways
  - Bathroom walls to support grab bars
  - Light switches at heights reachable from wheelchairs
  - Entries at one location for wheelchair access

Public transport

- Accessible public transport (buses, trams, metro)
- Accessible stations
Summing Up

• Bridging systems can be driven by population needs, the allocation of resources, and ideology
• Bridging means defining who will do what for whom (older peoples vs. disability services)
• Being “on top” of a problem is helped by anticipating needs, barriers, and solutions
• Addressing needs results from constructive network building, agreement of approaches to services, sharing resources and services, and advocating for funding
• Being ahead of the “age wave” makes good sense and will be more cost-effective
International perspectives

• Bridging ‘internationally’ can be driven by
  – Cultural influences on collaboration and cooperation
  – Bureaucratic territorialism
  – Benefits or mutual interests affected both groups
  – Legal underpinnings and enablements
  – Values of providing social care
  – Learning from one another and from research
  – Financing innovations and ‘best practices’
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