



Ageing and Disability: 'International Perspectives'

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- Interdependency and dependency notions

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- Universal notions re: aging and disability

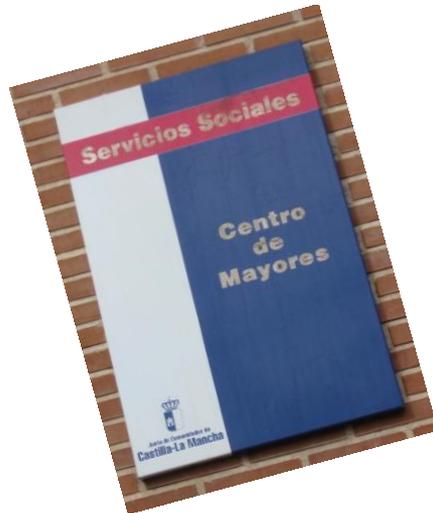
Key
notions

- 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 life style

- 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

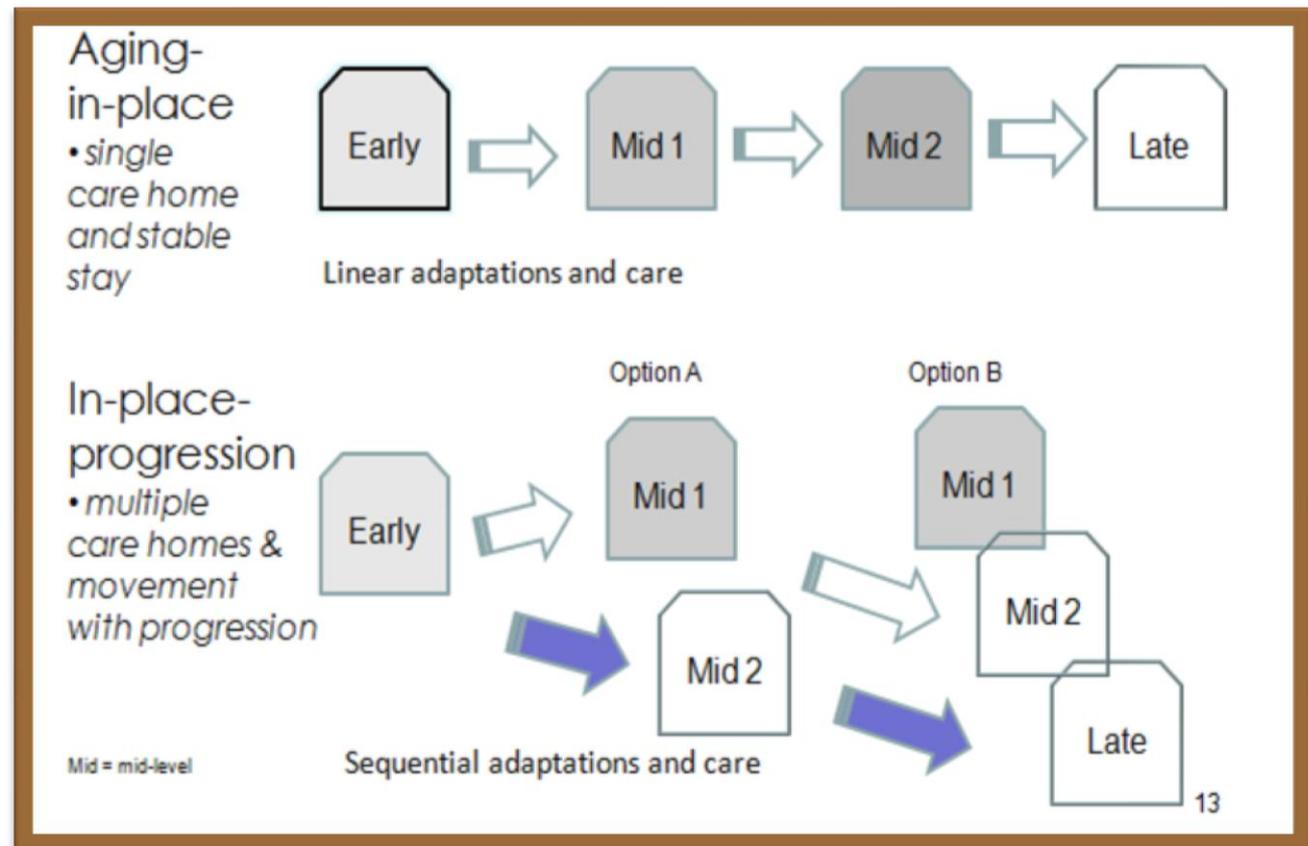




A example of localized bridging - 'cooperative services'

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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