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SOCIAL WORK'S ROLE IN ENSURING ENABLING AND SUPPORTIVE ENVIRONMENTS FOR OLDER PERSONS. A GLOBAL PERSPECTIVE

ABSTRACT

**Social work's role in ensuring enabling and supportive environments for older persons. A Global
perspective**
The rapid growth of the older adult population worldwide, as well as the increasing urbanization
of the world, will impact international trends in living arrangements, family structure, and informal
caregiving options available for older persons. Since the United Nations' Second World Assembly

on Ageing where the Madrid International Plan of Action on Ageing (MIPAA) was adopted in 2002, social workers have been integral to the advancement of goals of ensuring enabling and supportive environments for older persons in micro and macro practice settings, yet many challenges remain. The social work role in achieving supportive environments for older persons is discussed within a global perspective.

Keywords

Older persons, international social work, supportive environments

SAMENVATTING

De rol van het sociaal werk in het waarborgen van een stimulerende en ondersteunende omgeving voor ouderen. Een universeel perspectief
De snelle toename van het aantal ouderen wereldwijd en de toenemende verstedelijking van de wereld zal van invloed zijn op internationale trends in woonvormen, gezinssamenstelling en informele zorgmogelijkheden voor ouderen. Tijdens de Tweede VN-Wereldassemblee over Vergrijzing in 2002 werd het Madrid Internationaal Actieplan over Vergrijzing aangenomen. Sindsdien spelen sociale professionals een belangrijke rol bij de ontwikkeling van een stimulerende en ondersteunende omgeving voor ouderen, zowel op micro- als op macroniveau. We staan echter nog voor veel uitdagingen. De rol van het sociaal werk in het verwezenlijken van een stimulerende en ondersteunende omgeving voor ouderen wordt in dit artikel besproken vanuit een mondiaal perspectief.

Trefwoorden

Ouderen, internationaal sociaal werk, maatschappelijk werk, steunende omgeving

INTRODUCTION

Global trends of industrialization and urbanization are altering family structures and changing the social and physical environments of older persons as the world's population ages rapidly. For the first time in history, older people (60 and above) are expected to outnumber children by 2050 (United Nations, 2006a). Approximately 60% of all older persons live in developing countries, and this number is expected to rise to 80% by 2050 (United Nations, 2007a). Older persons are

often at greater risk of discrimination and poverty after leaving the labour market, as 80% of older adults worldwide do not have pensions and depend on their families for basic needs (United Nations, 2007c). At the same time, the availability of informal caregivers will decrease due to lower fertility rates, the increased participation of women in the labour force, higher divorce rates, and greater geographic migration of family units. Despite these challenges, families continue to be the foremost carers of older adults. In order to improve the social and physical environments of older persons, developing countries are focused on building social supports to reach a larger percentage of the population, whereas most developed countries provide social programs through formal systems of care to supplement care provided by the family.

In developed regions of the world, approximately two thirds of adults 60 years and above live alone or with their spouse. Now there is a trend of increased solitary living among older persons in both developed and developing countries (United Nations, 2005). The majority of older persons in Europe and North America live alone or with a spouse, while most in Latin America, the Caribbean countries, Asia, and Africa still live in multi-generational, familial households. However, in developing countries the migration of younger family members to urban areas for employment creates a challenge to traditional models of family caregiving, and often exacerbates the poor living conditions of elders who to remain in rural areas.

Older adults in most developing countries rely heavily on family carers for basic needs because of a lack of available formal services or social pensions. Through living with relatives, older persons tend to have higher socio-economic status compared to those who live alone (United Nations, 2005). However, as more young men and women migrate to industrial locations, poor living conditions of older persons who remain in rural areas often intensify (Tsuneo & Vassilieva, 2006). The poverty rate in urban areas is higher than rural areas (United Nations, 2007b), thus older adults who decide to move with their families to urban areas continue to be at risk of marginalization if adequate supports are not in place.

Also, of growing importance are the caregiving and economic supports that older persons contribute to their families. For those who reach retirement in developed nations, good health allows for older persons to take an active role in rearing grandchildren or continued employment. In developing countries, such as those in sub-Saharan Africa, older women often become primary caregivers for their adult children with HIV/AIDS and grandchildren.

MIPAA

The Madrid International Plan of Action on Ageing (MIPAA) was adopted at the United Nations Second World Assembly on Ageing in Madrid (2002). It provided a set of recommendations to

improve the health and well-being of older persons. The MIPAA identified three priority directions for action: (1) active participation in society and development; (2) advancing health and well-being into old age; and (3) ensuring enabling and supportive environments (United Nations, 2002a). This article will explore the third priority direction of the MIPAA, ensuring enabling and supportive environments for older persons, through examining trends in housing and the living environment, care and support for caregivers, and elder neglect and abuse. Attention will be given to the role of social workers in this area of action.

THE ROLE OF SOCIAL WORK

Social workers are integral in the process of carrying out the priority directives of the MIPAA, according to the International Federation of Social Workers (IFSW). The IFSW International Policy on Ageing and Older Persons (2009) states, "social workers are in a unique position to create, implement, and advocate for policies, programmes, services, and research benefiting older adults". In the process of putting the priority directives of the MIPAA into action, the United Nations recommends a bottom-up participatory approach that involves elders in the process of implementing, monitoring, and evaluating national policies on ageing (United Nations, 2006b). This participatory approach has been practiced by social workers around the world in their work with older persons. It focuses on community organizing for citizen empowerment.

Social workers are also well-suited to respond to a wide array of needs among diverse groups of older persons. Their holistic view of person in environment provides them with skills and abilities to engage in culturally-sensitive, helping relationships with marginalized groups. Direct work with vulnerable older persons, gives social workers an intimate understanding of the need for supportive environments. Whether social workers are counseling abused elders in their homes or partnering with government officials to develop affordable housing for low-income older persons, they play a key role in the implementation of the Madrid Plan.

HOUSING AND THE LIVING ENVIRONMENT

In recognition of the relationship between housing and living environments and older persons' health and well-being, the MIPAA identified three objectives: (1) promotion of "ageing in place" in the community with due regard to individual preferences and affordable housing options for older persons; (2) improvement in housing and environmental design to promote independent living by taking into account the needs of older persons with disabilities; and (3) improved availability of accessible and affordable transportation to older persons. These guidelines are particularly

important due to the trend among older persons worldwide to live apart from their family. For the 1 in 7 older adults who live alone, additional services are needed to reduce social isolation, provide caregiver support, and enable the older person to remain living at home (United Nations, 2005). In developing countries, older adults who live alone are often left more vulnerable to extreme poverty without formal and informal support systems in place. A recent study in South Korea found that older persons who live with their relatives score higher in emotional health than elders living alone (You & Lee, 2006).

Older persons throughout the world prefer to live in their lifelong homes and "age-in-place". The concept of "ageing in place" for many elders is consistent with their desire to remain living in their home in order to maximize independence and prevent disability. Although institutional services are available in developed countries, the majority of older adults prefer to remain in their own homes unless a need for extensive medical care requires a move to an assisted living or nursing home facility. In order to continue living at home, many older adults rely on community-based services such as personal care, delivered meals, housekeeping and home maintenance services, as well as care management. Community-level supports for frail elders may also encompass senior centers, congregate meal programs, and adult day services.

A number of programs providing community-based interventions to support older adults in their homes are in existence in various parts of the world. For example, the Hammond group in Australia offers Care Packages to help older people with dementia remain in their homes. The Care Package includes support ranging from personal care to respite for caregivers. Need for these supports is assessed by an Aged Care Assessment Team including social workers. Priority is given to flexibility to meet changing needs as they occur (Hokenstad, 2006). Home and community-based services have also been delivered by volunteers, who help with personal care and reduce the social isolation of older persons with physical or cognitive limitations in South Korea and Sri Lanka (Help Age International, 2009). At a community center in Iran, disabled older persons receive personal care and participate in literacy education through the work of an NGO, the Ladies Charitable Society. All of these social supports are designed to keep older people in their own homes.

Among developed countries, an initiative to develop age-friendly housing is growing through the adaptation of services and structures to the needs and preferences of older adults in a manner that fosters social inclusion. Age-friendly cities provide a range of housing options that are affordable with accessible essential services, designed or modified to accommodate physical limitations, and with assistance for home maintenance and with a connection to family and friends in the community (World Health Organization [WHO], 2007). Naturally Occurring Retirement Communities (NORCs), in the United States, provide health care, case management, social services, and education, social, and volunteer activities for older persons as they age-in-place in

their neighbourhood. Social workers with community organizing skills work with neighbourhood residents to facilitate the development of needed services.

Emphasis is placed on the involvement of older residents in both the planning and provision of the neighbourhood programs and social interventions. This required the involvement of professionals who can contribute to community building (Hokenstad, 2006). The AdvantAge Initiative in the U.S. is an example of a community-building initiative in twelve cities that is focused on creating elder-friendly communities through a participatory approach in which older persons serve as key informants to community leaders and policymakers in community planning that addresses their needs and priorities. Components of elder-friendly communities address basic needs, promote social and civic engagement, optimize physical and mental health and well-being, and maximize independence for frail and disabled older persons. Focus groups among participants in the AvantAge Initiative emphasized the importance of continuing active participation in the community, sustaining independence, and reducing the risk of isolation (Feldman & Oberlink, 2003).

Similarly, home design or remodeling to enhance older persons' functional abilities, and assistive technology to improve access to information and communication help older people to remain in their own homes. The term "universal design" has been used in Japan, Scandinavia, and the United States to describe barrier-free designs and policies to accommodate physically challenged people, to allow for equal access, assistive technology, and an improved quality of life for people of all ages and abilities (Audirac, 2008). There are many examples of age friendly housing. In the Netherlands, a Senior Citizen Label is given to housing developments that meet extensive design requirements that support the older person in remaining in the home over his or her entire lifespan, thus reducing the need to move to institutional care. Sweden provides funding for home modifications. The Japanese government is promoting the construction of homes with the principles of universal design suitable for older individuals with physical disabilities. The Aged and Community Services Australia organization supports greater regulation of universal design housing for older persons that is accessible and adaptable to the changing abilities of older persons.

Without accessible and affordable transportation, many older persons are isolated from basic social services. According to Help Age International (2002), many countries have policies that provide for free or reduced cost public transportation services for older adults. However, the larger issue of accessibility continues to be a challenge. In many developing countries, gaps in available transport services exist between urban and rural areas. Particularly in times of conflict or natural disasters, older adults may be left behind and isolated from essential services. Some evidence suggests that transportation systems that are operated by private companies fail to allow older persons or those with disabilities to use their service. In developed countries, transportation for older adults

is also an issue. A UN Economic Commission for Europe report (2009) called for improving the accessibility of trains, busses, and stations for people with disabilities to support the full integration of older persons in society.

CARE AND SUPPORT FOR CAREGIVERS

The MIPAA has also recommended further development programs to support family caregivers, who provide the majority of eldercare around the world. Family caregivers often serve as the exclusive providers of eldercare in developing countries, and work in conjunction with formal systems of care in developed countries to delay institutional placement. Although the caregiving role can be rewarding, family members with more demanding responsibilities may be negatively impacted through declining health, stress, and economic hardship (National Alliance for Caregiving, 2009). In developed countries, family carers are supported through (1) labor market support policies that offer flexible work schedules and family leave policies; (2) economic supports such as salaries and tax credits for caregiving; and (3) social services that provide instrumental and emotional support to reduce the stress of caregiving. Social workers play a key role in carer support programs through care management, counseling and community planning (Hokenstad, 2006).
A continuum of supports is needed for caregivers, who are often women balancing eldercare with employment in the labor market and childrearing. In Singapore, one of the most rapidly ageing countries in Asia, social workers facilitate family mediation to balance the needs of the caregiver with the older loved one, lead educational workshops to help family caregivers manage stress, advocate for community-based long-term care options and supports such as home-delivered meals (Mehta, 2006). As demands such as the one-child policy, geographic distance in living arrangements, and more women in the labor market place more stress on the intergenerational family unit in China, older persons are increasing their acceptance of institutional long-term care (Zahn, Liu & Bai, 2005). Home visits by social workers help older adults and their carers to identify resources in the community. Social workers in Denmark provide home visits to older persons to delay the onset of functional disability and improve self-care behaviors in coping with chronic illness. Annual home visits in Finland are provided by social workers to identify needs and connect frail older adults with available resources.
An older person's spouse or adult daughter often serves as the primary caregiver for elders with dementia or cognitive impairment. An empowerment program in Japan provided education and problem-focused counseling to family caregivers of older adults with early-state dementia that increased their understanding of the symptoms of dementia and reduced behavioral problems

(Nomura *et al.*, 2009). After receiving supportive home care services, family caregivers of older adults with dementia in Japan reduced feelings of burden (Kumamoto, Arai & Zarit, 2006). Without a formal system of support available in developing countries, older persons are even more dependent on family members. Elders in Ghana, for instance, continue to rely on long-distance caregiving from family members who have immigrated to another country for emotional and economic support (Kodwo-Nyameazea & Nguyen, 2008). Most interventions to help older persons in the developing world focus on building social support. Caregiver support programs in developing countries, in comparison to the extent of the needs, are limited (Hokenstad, 2006). Older people in many parts of the world affected by the AIDS pandemic provide care for younger family members with HIV/AIDS. Among adult children who died from HIV/AIDS, approximately 80% received primary care from their older parent in Cambodia (Help Age International, 2008c). From 2003 to 2008, Help Age International led a project in Cambodia that trained volunteers in 30 villages to work with home-based care teams that visited people living with HIV monthly, in which older adult carers improved their personal care skills and knowledge of HIV, reduced economic strain, and participated in older people's associations to build social support. In Vietnam, empathy clubs formed through community-based organizations of older people for carers of HIV infected people have reduced stigma, increased access to treatment, increased their ability to earn an income and influenced policy changes at the national level (Help Age International, 2008a). Social workers again contribute to some of these interventions. In rural Uganda they educate older women caregivers about HIV/AIDS, teach practical medical care skills, and provide counseling and support to alleviate the older caregivers' feelings of burden from medical, social, and economic issues (Kipp *et al.*, 2007).

In developed countries, technology appears to be beneficial in enhancing the independence of frail older people and supporting family caregivers. The "Assisting Carers using Telematics Interventions to meet Older Persons' Needs" (ACTION) program, which allows family caregivers to access education, information, and support online has been piloted in Sweden, England, Northern Ireland, the Republic of Ireland, and Portugal. In addition to increased caregiver competence and improved social interaction among frail older adults with others in the program, this information and technology-based project was also cost-effective (Magnusson & Hanson, 2005).

NEGLECT, ABUSE AND VIOLENCE AGAINST OLDER PERSONS

Elder abuse is a serious problem with limited response in many parts of the world, mostly because it has been regarded as a private matter. The World Health Organization has defined elder abuse

as "any type of action, series of actions, or lack of actions, which produce physical or psychological harm, and which is set within a relationship of trust or dependence" (WHO, 2008). The cultural understanding of elder abuse, however, may vary by country and region. Information about the scope of elder abuse is limited to only a portion of developed countries, but it has been estimated that 1–10% of elders have experienced abuse (WHO, 2010). Risk factors for domestic elder abuse, among either the older person or the perpetrator include alcohol and substance abuse issues, mental health disorders, physical impairment, economic dependency, stress and inability to provide care, and overcrowding of the household (WHO, 2002).

Elder abuse prevention programs commonly aim to raise awareness of the issue and reduce negative views of older persons in society. The Madrid Plan (United Nations, 2002a) directed the international community to "sensitize professionals and educate the general public, using media and other awareness-raising campaigns, on the subject of elder abuse and its various characteristics and causes." Social workers are active in the International Network for the Prevention of Elder Abuse (INPEA). This organization is dedicated to the world-wide prevention of abuse and has embarked on an international study of elder abuse and prevention and response programs. It also sponsors the World Elder Abuse Awareness Day each June.

Once elder abuse has been detected, an effective response requires achieving five goals: (1) to understand the problem and how to address it, (2) to increase awareness about the problem and its established interventions, (3) to facilitate problem detection, (4) to prevent the problem and to treat its consequences, and (5) to promote change to affect better problem resolution (Hokenstad, 2006, p. 24). Victims may be supported through shelters, respite, counseling, emergency funds, legal assistance, case management, witness assistance programs, mental health assessments, support services, and guardianship services (Nerenberg, 2006).

Systems of response to elder abuse vary around the world. In some developed countries, including Argentina, Canada, Sweden, Turkey, the United Kingdom, and the United States, legal and social service systems have been established to report perpetrators of elder abuse and provide treatment to victims. Some countries do not have laws against elder abuse, and many countries do not have programs to reduce elder abuse (Podnieks, Anetzberger & Teaster, 2006). For instance, in Latin America and the Caribbean, 80% of the nations have legislation in place to protect older persons from abuse and neglect, but systems of enforcement should be strengthened (Pelaez, 2006).

Those countries that do have programs of intervention often use social workers in important roles. Social workers at the Hebrew Home in the United States provide counseling for victims, advocate for the victim's rights, and arrange for supportive services for the older adult on a long-term basis, either at the center or at a home in the community (Reingold, 2006). Social workers in Israel are essential to elder abuse prevention training programs and interdisciplinary units that address elder

abuse (Lowenstein & Doron, 2008). Elder abuse programs in Canada also have a multidisciplinary approach to social intervention and provide shelters, support groups, counseling, hotlines, and special legal clinics to victims (Podnieks, 2008).

Several European countries have recently supported policy initiatives to combat elder abuse and neglect through the implementation of educational programs, help-lines, shelters and support groups. A free counseling service for older adults who are victimized or neglected is offered in Portugal; Italy has passed legislation to grant legal protection to cognitively impaired older adults; and Spain has begun a national research agenda to study elder abuse within the family and eliminated the use of physical restraints for older adults in nursing home care. Social workers at Help Age International and the Development Cooperation Ireland led a program in 2006 that increased awareness of elder abuse and human rights and secured the inclusion of older adults' issues in health and poverty legislation (Help Age International, 2007).

Older women in developing countries disproportionately suffer physical abuse, family abandonment, and human rights violations. For instance, inheritance laws in many parts of the world prohibit older women from owning property after their husband dies. In Ghana, the accusation of witchcraft among older women can lead to violent abuse. Human rights interventions in Africa have provided programs to increase literacy, access to entitlements, and understanding of legal rights about property and inheritance for widows (United Nations, 2002b; Help Age International, 2003). In many developing countries, there is a paucity of research, policy, or practice concerning elder abuse. However, progress is being made in some countries. Action on Elder Abuse South Africa, in collaboration with local government, operates a help-line (HEAL: Halt Elder Abuse Line) staffed by trained counselors which counsels victims of abuse and provides interventions to decrease violence in families (Ferreira & Lindgren, 2008).

CONCLUSION

The five year review of the Madrid International Plan of Action report presented at the 48th Session of the United Nations Commission on Social Development in 2008 reported some progress in meeting the action goals. However, implementation shortcomings including limited participation of older people in government planning were also identified. Help Age International (2008b) reviewed the report and called for a renewal effort to engage in a bottom up approach to planning and action. Results from the first five years of the MIPAA suggest that social workers need to intensify their efforts to partner with governments in order to foster the participation of older adults in the planning, implementation and evaluation of ageing policies and programs. The

International Federation of Social Workers has incorporated this recommendation into its Policy on Ageing and Older Persons (2009).

IFSW has also recognized the need to strengthen the social work role in meeting the biopsychosocial needs of the growing older population worldwide in the current and coming decades. This will require the expansion of gerontological education in social work to provide more knowledge and skills in working with older adults. It also will require recruitment and retention of social workers with a commitment to the field of aging. Finally, it will necessitate more research and knowledge building for evidence based practice with older people.

Clearly, a number of challenges remain in ensuring enabling and supportive environments for older people around the globe. The social work role in providing psychosocial and respite support for family caregivers will need to be enhanced and supported. More neighbourhood and community-building programs for senior citizens will require the involvement of social workers with community organizing skills. Action combating elder abuse will necessitate advocacy for preventive legislation and intervention to protect victims.

Social work is an essential profession in meeting the challenges of a graying globe. More attention must be given to preparation for the numerous roles mentioned in this article. Effective social intervention by social workers at both the micro and macro levels of social work practice will depend on increased emphasis of the field of aging in social work training and research.

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