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Mihai Corneliu DRIŞCU, Ana Cristina TUDORA, Gabriel TUDORA

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Solidarity between Generations- Designing Age-Friendly

Mihai Corneliu DRIȘCU¹, Ana Cristina TUDORA², Gabriel TUDORA³

Abstract: In the global political context, a new voice is making itself heard - the third age voice, highlighting the necessity of changing the common perception related to actual aspirations and needs of this category of age. The concern in this direction has been materialized with the recommendation, made by the World Health Organization (W.H.O.), on an alternative policy framework. This new approach is founded on the concept of active ageing and proposes a breach between age and dependency. A healthy society must offer the same level of freedom and control of everyday life, to all its members. Therefore, barriers must be overcome, both regarding the institutional, the infrastructure and last but not least, the educational ones. Architecture has the task of providing a built environment that can sustain this philosophy of life. But a legitimate question arises: what kind of space is suitable for this goal? So far, Romanian authorities have not sufficiently analysed the problem of decreasing negative consequences of aging process and even less of an active, healthy ageing. Sociological studies carried out in recent years in our country, on samples of relevant age in this matter, concluded that the elderly shows an increased interest in terms of social reintegration. In order to encourage a national strategy in this direction, this article briefly reviews the major aspects of current civic perception of what it means to be older. Conclusions are then drawn toward overcoming the general level of superficial thinking, and taking into account the new profile of the senior citizens.

Keywords: Active ageing, third age, friendly architecture;

1. Introduction

Presently, according to the WHO (World Health Organization) statistics on the evolution of the world’s demographics, the “demographic ageing” is one of the first five global health problems, together with: heart diseases, cancer, AIDS and the alcohol abuse (National Council for the

¹ Associate professor, arch. MA. PhD, ”Gh. Asachi” Technical University, Iasi, Romania, mihai.driscu@gmail.com.
² Assistant professor, arch. MA. PhD., ”Gh. Asachi” Technical University, Iasi, Romania, tudora_cristina@yahoo.com.
³ Assistant professor, arch. MA. PhD, ”Gh. Asachi” Technical University, Iasi, Romania, tudora_gabriel@yahoo.com.
Elderly, 2014). This reality was acknowledged in 2005, on the launch of the Green Paper “Confronting demographic change: a new solidarity between the generations” (European Commission, 2005), by the European Community. This paper analyses the EU demographic situation in progress and the European policies on the demographic ageing.

Although the present level of medical sciences represents a crucial factor regarding the life quality improvement and the life expectancy increase, using an approach exclusively based on this perspective of the third age group fails to cover their entire array of needs and specific problems. The present actions cover new topics, such as the changes in the relations between elderly people and society, their psychic and physical effects.

In Romania, the discussed topic has reached a critical level. Decreased birth rates, but especially massive emigration of active people in the U.E. zone, creates an unprecedented situation: more and more elderly people are lonely, being separated from relatives, friends and children.

The phenomenon is not an isolated one, on the contrary it is manifested on a wide area of Europe (we refer here to Bulgaria, Poland, etc.). But in Romania the situation is worrying: according to the recent UN Report, Romania had the second highest increase of the diaspora between 2000 – 2015 (with an annual increase of 7.3%), after Syria with an average annual growth of 13.1%, followed by Poland (5.1%) (The Department of Economic and Social Affairs of the U.N., 2016).

One of the viable solutions regarding this matter is to create a supportive environment for an active aging.

1.1. International Context

In the context of the overall efforts made to reduce the impact suffered by the elderly people at any level, the architecture widens its cross-disciplinary area, by including other fields, such as the medical sciences, economics, arts, engineering and politics. All these fields work together to prevent the social discrimination and to encourage a healthy lifestyle and an active ageing.

The active ageing is closely correlated to the solidarity between generations and to the shared efforts made to create proper conditions for an autonomous lifestyle, at any age. The city, by its civic institutions, must focus more on supporting the positive aspects of ageing, instead of the negative ones (diseases, morbidity).

Therefore, we have to mention the Guidelines created by WHO within the WHO-EHCN Project (World Health Organization European
Healthy Cities Network), (age-friendly cities), that identifies eight major topics that should be considered:

- Dwelling programme;
- Social inclusion;
- Communication and information;
- Built environment;
- Transport;
- Social participation;
- Civic involvement;
- Community support and health services.

The project involved 35 cities, among which: New York, London, Moscow, Mexico City, New Delhi, Rio de Janeiro, Tokyo, Istanbul and Shanghai. The project goal was to tackle the negative perspectives of ageing at world level by promoting the “active” or healthy ageing concept (fig.1). Therefore, in 2002, on the occasion of the Second World Assembly of UN in Madrid, WHO published the “Active Ageing” paper, that proposed an alternative policy based on the elimination of the connection between age and dependence (W.H.O., 2002).

![Fig. 1. The lifelong approach that states that the early and middle stages of life and the interventions made may reduce the handicap level at an advanced age (W.H.O., 2002)](image)

The involvement of the participant countries was signed at Stockholm in 2005, during the opening assembly of the Healthy Ageing Sub-Network and focused on changing the present profile of elderly people in the city into a ”positive and dynamic” one (Ritsatakis, 2005).

This assembly discussed 3 major topics:

- Who and where are the elderly people?
- Health and social care,
• The elderly in a developing city.

If the analysis of the first two topics was based on more traditional, statistical methods, that included the demographics analysis, morbidity, mortality and the access of social services/care, the third topic was more dynamic, as it involved the "social image" (income and social position, life environment), and also the lifestyle.

1.2. National Context

At the moment, Romania has not started yet any programme designed for social reinsertion and maintaining an active life, with a significant social participation of elderly people (National Council for the Elderly, 2010).

As we speak, we confront the impressive figure of approximately 3,4 million people (aged between 20 and 45 years) who had left the country temporarily or definitively. The great challenge is the implementation of a coherent strategy concerning the social reintegration and support of the remaining families in the country.

Being a member of the U.E., it is imperative to approach a strategy in line with European standards and programs, however, this strategy must be adapted to the current situation in our country and our behavioural profile.

Looking back, our country faced a decline in terms of elder care (except for the inter-war period, when the Health and Social Work Laws was adopted, together with the establishment of “Princess Ileana”, the first Social Work Upper School). During communist period (1945-1989), the social care activities in Romania faced a downfall. The change of the political regime in December 1989 triggered the evolution of all the fields. The first important official analysis of the social policies of the 90’s was performed by the two “White Papers”, produced with the contribution of several Western experts, and published by the Romanian Government in 1993. The Romanian society was shocked to discover the tough reality and the inconceivable decay of the social care institutions throughout the country.

The social work education was also established in 1990, at the beginning as colleges within the universities of Bucharest, Cluj and Iasi (1990-1991), and then as full academic speciality (1992), first post-communist classes of social workers graduated in 1994. Since then, the network of specialised academic department has never stopped growing (Stănescu & Constante, 1938).
2. The Meaning of Place for Elderly People

“There is a link between environment and identity; like anyone else, older people manage their sense of self through and in places. People adjust as their capacities decline. They may not adapt their environment, but they will adapt their sense of self.” (Best & Porteus, 2012).

The architecture is actively changing the image of the dwelling for elderly people. The topic of transforming spaces into places, i.e. the passing over from anonymous spaces to meaningful places, is recurring (the profoundness of the home meaning – a familiar area, full of memories and meanings). A review of the literature, once the environmental gerontology segment appeared, emphasises the importance of “being in place” (Rowles, 1991; Rowles, 2000). Moreover, there are clear arguments about the critical importance of the forced abandonment of their home and the relocation into an anonymous space. Nevertheless, the theoretical knowledge is not followed by the current practices of the social work, the political environment and the physical environment or the built area.

In order to find a practical solution to this challenge, we have to answer some natural questions, such as (Rowles & Bernard, 2013):

- What do we know about how people shape and experience the private space?
- How can we turn spaces into places?
- How does the personal experience of space changes in elderly people?
- How does the change of environment threaten our feeling of being at home, our belonging to something?
- Is this change unavoidable with the age?
- Is this incompatible with the preservation of wellbeing at an older age?
- How does the environment influences, by its physical elements (contained objects), and other aspects, the identity and the feeling of belonging to a certain place?

2.1. The Actual Perception of Ageing

“How hard it is to escape from places. However carefully one goes they hold you—you leave little bits of yourself fluttering on the fences—like rags and shreds of your very life.” —Katherine Mansfield (Holland, 2010).

Obviously, the perception of people on what does it mean to be old has dramatically changed over the last 150 years. According to the
professional literature, being old means that you reached to the age of personal accomplishment and independence after the official retirement, but you didn’t reach the starting period of "dependence and decay", which characterises the fourth age (fig. 2). (Laslett, 1989)

![Fig. 2 Ages and the course of life (Laslett, 1989)]

With regard to the last 2 periods of life, we can notice a set of subcategories (Killock, 2014):

- Between 60 and 69 – young old
- Between 70 and 79 – middle old
- Over 80 – very old

In terms of architecture, we can talk about the ageing on multiple directions, that can affect us both physically and mentally. Therefore, it is extremely important to design, in each project we develop, a built environment that may support and stimulate the integration of elderly residents, both physically and socially.

2.2. Psychological Theories on Human Ageing

There are several theories about how personal circumstances affect the way we age:

- The disengagement theory stating that ageing people tend to withdraw from their social roles and from their interpersonal relations.
- The activity theory states that the elderly people tend to replace their lost roles with some new ones, in order to preserve their activity level.
- The continuity theory states that once we grow old, we keep on preserving our habits and routines, but we still want to adjust to the changes in our psychological capabilities, to new situations and life experiences.
The environment pressure and the Theory of competence show us that elderly people may adjust to changes, but on various levels. If the environment is not stimulating, it has a negative effect. If it is over stimulating, the elderly individual cannot adjust. Both geriatrics and gerontology demonstrate that ageing is strongly influenced by the physical and social environment. Therefore, it is important to recognise the impact of the involvement in an active community, that is open to support the presence of elderly people (fig. 3) (Killock, 2014).

As we previously mentioned, Europe’s population is massively ageing. From the perspective of those involved in the field of architecture, this observation leads us to one clear conclusion: the obligation to correlate the building process, since its design phases, with the needs of the elderly people. But to answer this challenge, we have to emphasise its crucial aspects, and, more detailed, we have to ask the right questions (The American Institute of Architects, 1985):

- Who are the elderly people?
- How specialised is their market?
- What are the needs of their built environment?
- How much do we know about satisfying these needs?

3. Available Options Now

What type of living conditions are suitable for elder people? We can inspire from case studies that cover a wide area of situations, from villages to central urban areas and a variety of social options: from charity houses, co-
housing, as well as various care levels, including the over-specialised medical care for elderly people with severe health issues, provided in a comfortable housing.

This subchapter aims at emphasizing the major options for the living conditions available for elderly people, nowadays, in Europe.

It is almost impossible to make a clear distinction between each type of environment an elderly person interacts with, as they are interrelated. It is impossible to identify all the alterations and combinations of all the existing types of facilities. However, we can identify 4 major types of facilities, by extracting the major aspects (fig. 4,5,6,7) (The American Institute of Architects, 1985):

1. Elderly housing

![Fig. 4 Necessary services scheme for elderly housing](image)

2. Residential care facilities

![Fig. 5 Necessary services scheme for residential care facilities](image)
3. Nursing homes

**Fig. 6** Necessary services scheme for nursing homes

4. Continuing care retirement communities

**Fig. 7** Necessary services scheme for continuing care retirement communities

4. Conclusions

To conclude, in the context of this social drama that crosses our country, we can identify two key messages:

- Firstly, to encourage the city officials to promote and support the healthy ageing and to focus less on their diseases and dependence;
- Secondly, to apply healthy ageing strategies that lead to the compression of the potential fourth age (accompanied by decay and dependence) and to extend the third age by supporting their independence and the active participation to the social and economic life of the city.

There is only one thing we are sure of: space counts, but places count more, because places capture the sense of life. In the present society, many people face the separation from their home, to the end of their life – and this is a big loss for every people involved.

References:


