

# Active ageing and care homes for older persons

Older persons in care homes are a social resource that society cannot waste, says Marvin Formosa.



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There is no doubt that the term ‘active ageing’ has become a catchphrase of our era, a slogan bandied about in conferences, symposia, and seminars by academics, policy-makers, trade unionists, non-governmental organisations and employers alike.

This is to be welcomed since one does not have to go back many years when the adage ‘you cannot teach old dogs new tricks’ was firmly believed by much of the wider population; thus trusting that physical and intellectual abilities decline with increasing age.

However, most stakeholders still hold an erroneous understanding of the term ‘active ageing’, equating it solely with the accomplishments of older persons who are healthy and mobile.

Many an award, if not all, tends to be bestowed to older persons who are still actively engaged in either the labour market or volunteering enterprises, or who complete non-typical feats in later life such as being highly energetic in sports and outdoor activities.

While this emphasis is understandable from a popular perspective, it runs the risk of elevating a cohort of older persons, the mobile and independent ones, at the expense of vulnerable peers, older persons who cannot perform the activities of daily living to the extent that they are either homebound or reside in care homes for older persons.

Active ageing is not the exclusive prerogative of older persons living in the community, but constitutes a vision to be achieved by all – especially, I would add, by older persons residing in care homes and long-term care facilities. Although the link between active ageing and good health is a slippery one, and may never be unequivocally resolved, older people who continue to engage in physical exercises and cognitively stimulating activities have been found to be

in a better position to prolong a sense of well-being even after their eightieth birthdays.

This warrants that national policies on active ageing, and their practical recommendations, focus more centrally on the needs and interests of older persons who, for various reasons, cannot participate actively in the social sphere.

For example, residential and nursing homes should provide opportunities for their residents to engage in various activities, under the direct supervision of activity coordinators who have an educational background in that interface of gerontology and adult learning.

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Activities may include discussion groups, reading sessions, and social-cultural outings. Residents are to be encouraged to engage in life-history project where they record their past, the present, and most importantly, the future in terms of unfulfilled ambitions, dreams, and aspirations, which they can showcase to their relatives, friends, and formal carers.

Interest-groups ranging from choirs, horticulture therapy, reflexology, keep fit, and sports activities should also be encouraged, with residents being empowered to run their own programmes as many do have a wide range of abilities and expertise. Indeed, older



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Residents experiencing confusion and dementia, together with their carers, are not to be excluded, and instead, inspired to take part in reminiscence activities and memory classes which focus on the personal manner one experiences and remembers events, so as to re-live them in a way that is vivid and engaging.

Through such interpersonal relationships residents will have the opportunity to keep on learning that their personhood is still valued, that they are valued, and that they still have some power over their own lives. The way forward is for care homes employ activity coordinators that facilitate active ageing environments.

This role need not necessarily be a separate occupation but could be a ‘specialism’ taken on by any caring professional who could be spon-

sored to read for a post-secondary or tertiary qualification in social gerontology or adult education. Only so will long-term settings be successful in drawing together the seemingly disparate but ultimately overlapping acts of ‘active ageing’ and ‘caring’.

This is, of course, is not the same as saying that local care homes for older persons are devoid of such a philosophy and active ageing enterprises. The Minimum Standards for Care Homes for Older Persons stipulate that the “licensee shall undertake to promote a culture of Active Ageing [and] go beyond the traditional concept of ‘elderly care’ [to] enable residents to realise their full potential for physical, social, and mental wellbeing”.

To meet this standard, many care homes employ activity coordinators although, one must add, the success of such posts is uneven. However, it is noteworthy that public care

homes for older persons coordinate a vast range of lifelong learning sessions as well as a sports day.

Other activities organised in care homes include crafts and arts sessions, drama-therapy, reading sittings and inter-generational activities. At the St Vincent de Paul Long-Term Facility, activity sessions included movie nights, playing bingo, thematic discussions, reading sessions, board games, drawing sessions, and reminiscence activities.

There is surely a long way to go to achieve optimal levels of active ageing in care homes, but if the advances witnessed in the past two years are an indication of what the coming years will bring, then the future is bright. •

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