



Express to Connect

COMMON GROUND REPORT

June 2nd, 2010
WorkPackage 1



Contents

- Executive summary
- Point of departure
 - Introduction
 - Project goals
 - Overall idea with the research
 - Focus of the research
 - Frameworks for structuring the way of thinking
- Research Scope
- Research questions
- Appendix
 - Presentations from Malmö meeting, March, 2010
 - Loneliness & coping strategies
 - Glossary
 - Recaps from national user-workshops

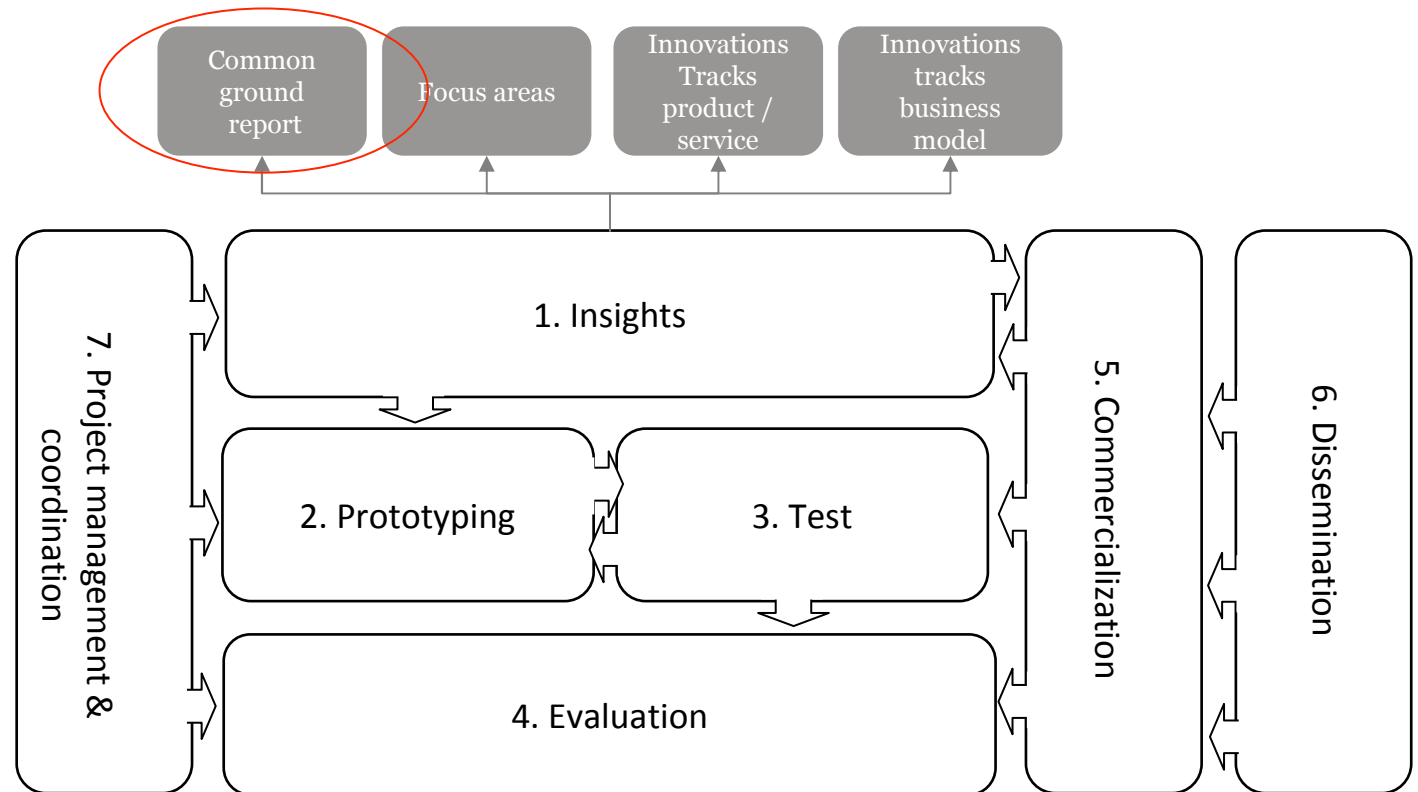
Executive summary

Contribution to the project

The common ground report is the first delivery in WP1.

WP1 shall provide insights that enable a user centred starting point for development.

The common ground has contributed to frame the ethnographic research that are to be carried out in order to formulate focus areas and innovation tracks



What have we done?

The common ground report is a product of a process that has included:

1. Summary and presentations of existing insights from partners, in relation to elderly and loneliness. Presented at a workshop in Malmö Sweden march 2010.
2. A shared reflection on insights was leading to a first draft of a common understanding and 'E2C-definition' of loneliness and segmentations of the very broad group of elderly.
3. User workshop was conducted in Halmstad, Amsterdam, Helsinki and Copenhagen, investigating:
 - How does loneliness occur?, And to whom does it occur?, What do people do to oppose loneliness? And what are the barriers to escape it, when it is there?
Around 40 elderly people from the 4 participating countries participated.
4. An over all research design has be developed by CLL, combining different *perspectives on ageing*, logics of *outcome driven innovation* with an understanding of differences in peoples *Life-Modes*.
5. The input from existing knowledge and workshops have been synthesized by CLL to formulate the key questions for the ethnographic research and a joint research guide.

Key questions

The key research questions are as follows:

1. How are we to understand individual *perceptions* and *experiences* of challenges, expectations and desired outcomes linked to social activities for seniors who have left the job-market?
 - What is important in social relations – what does it take to stay socially connected - and why is it important?
2. What are the jobs (or strategies) that are to be accomplished – and what kind of barriers appear in *practice* when following different strategies for staying socially connected?
 - What is actually going on in everyday-life, how are the activities carried out and what might hinder or inhibit them?



User workshop, Copenhagen



Kick off meeting, Malmö

Point of departure

Introduction

- The common ground report is the E2C partners first mutual opening up the field, and getting a first sense of the many aspects and nuances of our understandings of elderly and loneliness
- The report is a collection of insights from both the E2C partners' previous/present work relating to how loneliness or social wellbeing is being dealt with *individually and at a societal level* and from the national user-workshops held in all 4 E2C-countries during April 2010 (see appendix)
- With this report E2C the partners are beginning the projects definition of loneliness and categorisation or segmentations of the very broad group of elderly
- The report leads to – and includes – the research design for the ethnographic studies that forms the basis for the development-processes in E2C

Project goals

The overall objective for the E2C consortium is to develop, test and deploy **a web service**, which stimulates and facilitates **personal storytelling**, and enable **interest-based connections and communication** among elderly people and thereby empower them and enrich their life.

The E2C proposal focuses on finding a solution to the very challenging issues:

1. **Preventing** the internal **experience of loneliness** as this is strongly associated with dissatisfaction with life.
2. Develop a new innovative **solution** for an **emergent EU market** for “preventive social technology”, consisting of the increasing part of elderly people age 65+.
3. Creating **implementation strategies** that allow the solution a place in the service ecology of elderly care by contributing to a stop in the predicted rise (up by 4 – 8 % of GDP in 2025) in costs of health and long term care.

The overall focus can be described as follows:

		Systemic	
	Consequences		
Need	Preventing elderly internal experiences of loneliness		Solution
		Sustainable: 1. Commercial potential 2. Public sector efficiency	
		Individual	

The project take an understanding of the practice and perceptions of the individual as its starting point.

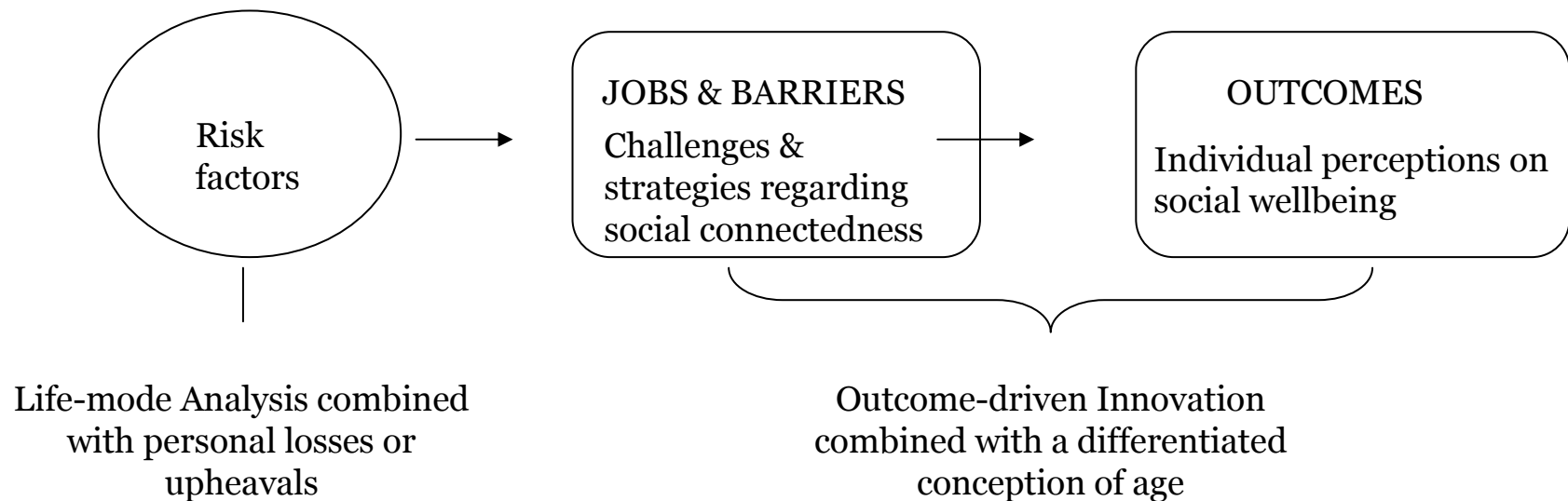
The overall idea with the initial research

- To develop solutions that prevent loneliness, the E2C project has to identify:
- Who might be in risk of becoming lonely?
- What kind of needs they have in relation to carry out the jobs that will prevent them from becoming lonely?
- How a solution that can actually produce the outcomes and effects that people apply to avoid loneliness, is to be designed?
- Going backwards from there the following levels of logic appears:



The focus of the research

- The focus of the research is organized around the following overall themes.
- Underlying this overall structure, is an understanding on how to collect and organize knowledge about users when innovating; *Outcome driven innovation* and how to categorize people facing the transition of retirement; *Life-Mode Analysis*.



Frameworks for structuring the way of thinking

- E2C is focused on developing a solution, that addresses the question:
- What does it take and imply to prevent loneliness for elderly people living independently?
- This overall research question is dealing with three core issues, that frames the qualitative research:
 - preventing
 - loneliness & social connectedness
 - elderly & age
- The frame is set by a scope (the field we are looking at) and a structure for questions of interest (what guides our curiosity).
- Two main theoretical frameworks outlines the scope of the field and the structure for questions of interest:
 - As for the scope we draw on the Life-Mode Analysis based in cultural sciences.
 - With regard to structuring the questions of interest, we apply the idea of Outcome-driven Innovation based in the discipline of business development.
- This framework is combined with a differentiated thinking of the concept of age.



Express to Connect

Scope: How to define the field of preventing loneliness for elderly



Preventing

The preventing of loneliness can be addressed from (at least) two sides – as matters of:

- motivating/supporting social connectedness
- stimulating a person to have a settled mind – being on one's own

For the sake of E2C the primary focus is dedicated to the first mentioned angle.

Since E2C is aiming at preventing loneliness to be a permanent state of mind with all its negative consequences, we will explore the concerns and expectations, prerequisites, challenges and strategies around staying or getting socially connected when looking back upon a fairly recent retirement.

Definitions of loneliness

Lonely old people – myth and taboo

- “Only a minority of elderly end up lonely, and loneliness is therefore not a great quantitative problem, as it is a great qualitative problem for those it affects” (Platz, 2007)
- “You don’t become lonely because you grow old. A common denominator for lonely old people is that they have suffered personal losses.” (Platz, 2007)
- “Loneliness is subjective and by its very nature of loss, meaninglessness and social inactivity it is something not to show” (Hinge, 2007)
- The risk of getting lonely or depressed from losing one’s spouse is equal to socially well networked and active people as to those who are socially weak connected. What impacts the consequences is:
 - If time prior to death has been a burden or traumatising – death may imply a sense of relief.
 - The relationship between the spouses – the closer the relationship the harder to suffer the loss.

Unhappiness and significant someone's

- “Loneliness is when people are alone against their wishes. They are alone despite that they would rather be together with other people. It is not just about spending a lot of time alone, one also has to miss being together with somebody. And it is important who that somebody is. Loneliness derives from missing specific meaningful relations.” (Nielsen & Platz, 2008)
- “We may think of loneliness as the experience of unhappy removal from a life lived in common with others” (Dumm, 2008)
- “Individual differences in happiness appear to be solidly anchored in the invisible threads of connections to others” (The Chicago Aging, Health and Social Relations Study, 2008)

Definitions of loneliness

The Painful experience of loneliness

- “Like the experience of physical pain, it may somehow be beyond words. Indeed loneliness may be a kind of pain.
- Loneliness isolates in the way that it establishes a barrier between the self and the world, leaving the world intact as a torment to the isolated person. Loneliness grows and the world recedes, eventually disappearing over the horizon. And again like pain, loneliness must be thought of as a necessary part of experience” (Dumm, 2008: Loneliness as a way of life).

Belonging and confidence

- Being married, employed and a group member (neighborhood, society, athletic team, political organization, bridge club etc.) can foster feelings of belonging that are effective in staying off loneliness.
- But if the spouse is not a confidant being married is no more protective against loneliness than not being married. The relationships must be of close, committed partners, including willingness to sacrifice for the relationship, trust and interdependence for being effective protection against loneliness. (The Chicago Health, Aging and Social Relations Study.)

Social, emotional and perceived isolation

- “It is important to separate emotional isolation (feeling lonely) from social isolation (absence of social contacts). Social isolation is NOT necessarily equal to being lonely. Loneliness always contains emotional isolation but not necessarily social isolation. Loneliness derives from feelings of loss, respect and understanding and physical capability.”

(Nielsen, 2009 In Gerontologi. Livet som ældre i det moderne samfund)

- “Loneliness is the painful feeling of social isolation that accompanies perceived deficiencies in the number or quality of one’s social relationships.
- Perceptions are critical to this definition: people can live rather solitary lives and not feel lonely, or they can have many social relationships and nevertheless feel lonely. Consequently loneliness is more closely related to the perceived quality than the quantity of social relationships”

(The Chicago Aging, Health and Social Relations Study, 2008)



Loneliness or social connectedness when facing personal losses

E2C takes its point of departure in an understanding of *loneliness* not equal to being socially isolated – but as *a feeling of unhappy removal from or absence of social connectedness*.

What states a common characteristic of elderly living besides the fact of retirement at a certain point, is that there is a stronger probability suffering **personal losses** or great **upheavals** of life in different aspects.

It can be the loss of a dear one (due to sickness, death or divorce) and it can also be the loss of one's physical (or mental) health or mobility in some degree – or the loss of one's home even when changing one's living environment can also be very positive.





Elderly people is not a category – 'lifemodes' as a place to start

- A shared marker for entering elderly life is not determined by Chronological age in it self, instead what is crucial to the transition into 'the third age' in the (Northern) European societies is that the systemic social ordering of people demands retirement at a certain age often around 65 or 67.
- Therefore in trying to understand the strategies and challenges that appear to different people when striving for enjoying the declining years, it becomes interesting to operate with a categorisation of the **types of working lives** – and the balances between work and leisure – that people have been leading.
- For that purpose we look towards Danish professor of European Ethnology Thomas Højrup, who has developed a grand theory for understanding “State, Culture and Life-Modes” and offers a categorisation of types of identities connected to what you do for a living and how you separate between work and being off duty. The categories are the lifemodes, and we will in this project apply the 3 fundamental of them, namely:
 - The Wage-earner
 - The Career-professional
 - The Self-employed
- In the Dutch context also the female specific categories of housewives and the home-front life-modes are taken into account.





Life-mode analysis

- **Self-employed:** there is no distinction between 'working time' and 'free time'. Free time has no meaning: you are never free from work because you are never put to work, instead you put yourself to work. 'free' and work are intimately related to each other. You are responsible for the success as well as the failures.
- **Wage-earner life-mode:** 'work' is the very opposite to 'free time'. For the wage-earner work serves the function of providing an income which will make it possible to live a meaningful life beyond work, during his free time. To be free is the opposite of being at work, one is never free but given free.
- **Career-professional life-mode** idea of free time is basically an absurdity. The division between 'free time' and working hours is fictitious. The 'free time' is used to develop his qualifications and to cultivate personal relationship that can aid his future career.
- **Home-front:** housewives whose home is the end and family life a means – she can have a job, preferable a part time job, where she establish relations to others. She supports and stands by her husband in his career and professional life by participate in and by nursing the professional relations.
- **Housewife:** housewives for whom domesticity is an integrated whole – whose end is family life and who have work in the home just as a means. The work of the husband serves only the function of providing an income and she only 'knows' her husband beyond work - in their free time.
- **Public servant:** The public servant life-mode is contrary to the other life-modes not reliant on the market or managing particular self-interest. The public servant is a servant to the state, and he will always see his job as relevant to the society.



Scope – criteria for recruiting

The criteria for defining the scope of the field and recruiting informants, no longer connected to the labour market, and dealing with staying off loneliness by being socially connected can be summed up in the table beneath.

Retirement within 0-3 years or 3+	Personal losses or upheavals	Loss of spouse /partner due to death or divorce	New living environment	Terminal or mentally illness of spouse/partner	Loss of own physical/bodily function or temporary illness
	Life-modes				
	Self-employed				
	Career-professional				
	Wage-earner				

Research questions: how to identify unmet needs related to loneliness

Short intro to outcome-driven innovation

- To ensure that the qualitative user-research is useful in the innovation process, we take on the **outcome-driven innovation** approach from Anthony Ulwick at Strategyn.
- *“In both new and established markets, customers have jobs that arise regularly and need to get done. To get the job done, customers seek out helpful products and services.”*
Outcome-driven innovation is build around the basic understanding that:
“When it comes to innovation, the job, not the product, must be the unit of analysis.”
(Ulwick, 2009)
- *“Customers are often trying to perform multiple tasks simultaneously. But companies tend to focus their products and services on performing a single task; to address ancillary as well as primary jobs would require them to develop new or different competencies or to cross organizational boundaries.”*
- From a user perspective it is the 'job' which is the stable and long-term focal point, and what the value creation processes should center around, because it is the job's perfect performance that reflects the customer's true definition of value.


Anthony W. Ulwick, 2005: *What customers want. Using Outcome-Driven Innovation to Create Breakthrough products and services.* McGraw-Hill

23 Anthony W. Ulwick, 2009: *What is Outcome-Driven Innovation® (ODI)?*. Strategyn Inc.
ONLY FOR INTERNAL USE IN E2C



Jobs

- **Job:** A task or activity, as individuals try to perform. To cope, they seek useful products and services.
- **Emotional jobs:** Tasks related to achieving personal goals. Emotional tasks are subdivided into personal (how you want to feel in a given circumstance) and social functions (how you want to be perceived by others).
- **Functional jobs:** Non-emotional tasks which individuals seek to resolve. A car help i.e.. people to move passengers and goods from one place to another.



	Functional
Job	Personal
	Social

Desired outcomes & barriers

- **Outcome:** The measure that customers use to determine how well a product or a service assist them in performing a job.

“Outcomes are customers’ fundamental measures of product or service performance, and they are inherent to the execution of a specific job and a key input in the innovation process. Customers have these metrics in their minds, but they seldom articulate them, and companies rarely understand them”.
- **Desired outcome:** Is the client's desired results when performing a job.

- **Barrier:** A barrier prevent customers from being able to solve a problem or achieve the desired outcome.
Poor connection to the mobile phone is such a barrier.
- Barriers often represent excellent growth potential and targets for innovation



Outcome-based segmentation

- The basic idea of outcome-based segmentation is to divide the 'customer' or 'users' into various segments according to the 'desired outcome' they have in relation to a given situation or activity.
- Segments of opportunity:
“The method (...) does uncover groups of costumers with unique, underserved jobs or outcomes; we think of these groups of costumers as 'segments of opportunity'. These segments of opportunity points to new possibilities for value creation as well as to market entry points for disruptive innovation (...)” (Ulwick; 2005:62)
- Outcome-based segmentation differs from traditional segmentation methods as the starting point is 'desired outcomes'.
- Traditional segmentation methods are typically based on demographic or psychographic classifications.
- That means the classification according to age, residence, sex or, for example. compared to how customers or users handle new technologies
- Segmentation in its traditional form is used as a basis to explain trends, target marketing campaigns and understand competitors' services.
- Traditional segmentation is not particularly useful in relation to development and innovation projects. The segments do not provide any specific information about the product or service you are to develop. This in turn does outcome-based segmentation.
- Segmentation is performed in three steps:
 - First, the necessary data are collected.
 - Next, selecting a segmentation criterion.
 - Afterwards analyzing 'factions'



Elderly is not a category – ageing is an individual process

- Chronological age is not an interesting marker for elderly life, since elderly people are just as individually different as young people and other adults.
- Besides retirement as for E2C a more relevant point of intersection, stating the transition from one phase of life to the next, also the idea of age and ageing can be differentiated to form a structure for understanding and conceptualising ‘elderly’ and the processes of ageing.

Ageing can apart from the chronology be differentiated into three dimensions:

1. Biological/bodily
2. Social/cultural age
3. Psychological/mental

Insights from previous projects & user-workshops: risk factors, jobs, outcomes & barriers

At the E2C kick-off meeting in Malmö in March 2010 the project group worked collectively with gathering existing insights on the topic of elderly and loneliness.

During April 2010 there have been user-workshops running in all 4 participant-countries (DK, S, NL, F) with the aim of identifying actual personal experiences regarding social connectedness after retirement.

The following lists of *risk factors*, *jobs*, *desired outcomes* and *barriers* is an ordering in age-dimensions of the findings from the initial knowledge production which leads to the key questions of interest for the ethnographic based fieldwork.

RISK FACTORS:

Biological/bodily:

- Mental and physical disabilities
- Illness (own or close relation)
- Immobility

Socio-cultural:

- Retirement
- Death of spouse/close related person
- Divorces
- Lifelong Singlehood
- New living environment
 - elderly in care homes are more vulnerable in feeling lonely than elderly living in there 'own home'
- Financial issues

Psychological/mental:

- Societal stereotyping (Exclusion & marginalisation)
- Taboos (death, age, sexuality)
- Societal youth-idealization
- Societal Paternalism

Insights from previous projects & user-workshops: risk factors, jobs, outcomes & barriers

JOBS

Socio-cultural:

- Maintaining & redefining social relations
 - Adjusting friendships/family to new circumstances
- Establishing new relations
 - Finding equal, likeminded relationships
 - Relating to home-care staff
- Take up or carry on hobbies/interests
 - Cooking and/or dining
 - Volunteer work
 - ...
- Satisfactory/fulfilling entertainment
 - Not just watching too much television
- Keep up with opportunities, new ICT and finding information

JOBS

Psychological/mental:

- Planning for the future
 - Preparing for the elderly life
 - Having scheduled engagements – something to look forward to
- (re-)Building self-esteem & identity
- Living with the past
 - Keeping the past alive and well
 - Dealing with bad memories or broken dreams

Biological/bodily:

- Staying fit/healthy
 - Physical activities
 - Overcoming physical & mental limitations

Insights from previous projects & user-workshops: risk factors, jobs, outcomes & barriers

DESIRED OUTCOMES

Biological/bodily:

- Living longer
- Free of physical/bodily limitations

Socio-cultural:

- Relations of quality (not necessarily quantity) – matter to somebody
- Achieving status
- Overcoming boredom
- Feeling included
- Being part of society/job market
- Being respected and acknowledged
- Breaking stereotypes and stigmatisation
- Feeling useful and important (making a difference, being a ‘meaningful resource’)

Psychological/mental:

- Living in the moment
- Having ones mind settled
- Feeling in control of life (autonomy)
- Having a reason to get out of bed

BARRIERS:

- ICT access and literacy
- Fixed schedules for activities are not attractive
- Dilemma of being independent and interdependent
- Insecurity – feelings of mis-trust
- Public support – restrictions in support
- Unable to seek information about opportunities
- Immobility
- New, unfamiliar living environment
- Not being expected anything of
- Finding it difficult to take initiatives
- Fear & anxiety for the new and unknown

Key research questions

From this background the E2C key research questions are as follows:

- How are we to understand individual *perceptions* and *experiences* of challenges, expectations and desired outcomes linked to social activities for seniors who have left the job-market?
 - What is important in social relations – what does it take to stay socially connected - and why is it important?
- What are the jobs (or strategies) that are to be accomplished – and what kind of barriers appear in *practice* when following different strategies for staying socially connected?
 - What is actually going on in everyday-life, how are the activities carried out and what might hinder or inhibit them?

Appendix

Presentations on existing knowledge and experiences from the 1st official E2C meeting, Malmö, March 22nd – 23rd, 2010

Denmark

Copenhagen Living Lab

Knowlegde pool



Den gode ældrepleje

Afprøvning af model til kortlægning af plejeborers oplevelse af servicekvalitet.

Plejecentret Hørgaarden, juni 2007



Research: Ethnographic method – observation and qualitative interview. Fieldwork in private and nursing homes. Both independent and dependent elderly of domestic help. All retired and at the age 67+.

Overview of Insights

Challenges for social wellbeing at societal level

(normative socio-cultural constructions or discourses)

1. Age as Cultural Phenomenon
2. The Absence of Death

Challenges for social wellbeing at individual level

1. The Gate to Elderly Life
2. Feeling Incapacitated and Detached
3. Networks & Circles
4. Feeling Bored and Left Out
5. Vigour for Life
6. Homemade Rituals and 'Artificial' Order
7. Personal Decline and Lack of Self-esteem
8. Forgetting, Confused and Fatigue
9. Lonesome Dining
10. Helpful Technology and Tools
11. The Dominating Past
- 36 12. Being Closer to Dying

ONLY FOR INTERNAL USE IN E2C



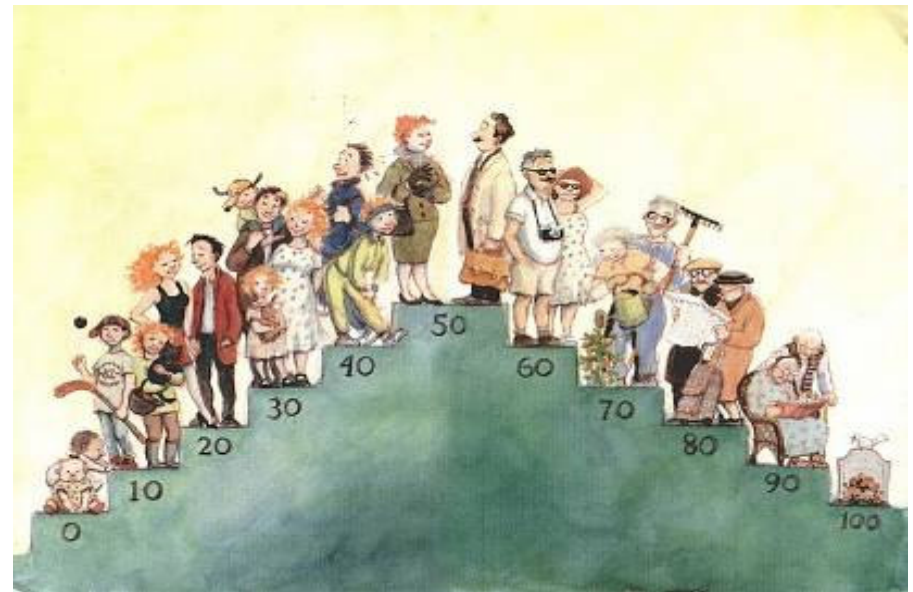
Societal Level

1. Age as a Cultural Phenomenon

The cultural construction of age is linked to the perception of life as a chronological course where age serves as demarcation in relation to both stages and status.

This understanding has consequences for the social structure in society and has implications both for how society perceives and treats elderly, and for the sense of self.

- The ‘age-police’ ensures that we are aware of the do’s and don’ts due to chronological age.
- Media, political values and the everyday use of terms and symbols in the public sphere creates and reproduces stereotypes of elderly as a marginalised group of useless people – a burden.
- At the same time a mantra of youthfulness and activity is alive and well in western cultures – there is no status linked to growing old and wise.



“The most positive thing we can say about aging today is that we accept it, if it is followed by youthful behavior.”
(Blaakilde, 2008)

Macro scale desk research. Data collected from: “Velfærd for ældre – Holdning og handling” (Petersen 2008). Cultural/social science. University of Southern Denmark



2. The Absence of Death

Death is a rarely discussed topic. In fact, several social scientists claim that there is a death-denial in western societies. Trying to escape death is not a new phenomenon, but in the 20th century the quest to immortalise has intensified with the idealisation of staying young.

Death has more or less become a taboo. However, the increasing possibilities and choices concerning aging and death, which individuals are presented to, might have new implications on our relation to death.

Main points:

- We have not been 'taught' how we can talk about the ways we relate to dying or death.
- We don't easily confront death with each other and therefore often miss out on acknowledging the fact that it is just as important as life itself.
- Life and death are twins not opposites.



Individual Level

1. The Gate to Elderly Life

The gate to elderly life is pointing out the **transition** that you go through when life is fundamentally changing due to retirement, illness, loss of spouse, friends or siblings or in other ways feel pressured by getting older.

It is a kind of **mental line** for entering the last phase(s) of one's life and it requires acknowledgement and acceptance to cross the gate. It can be a very difficult step and hinder the satisfaction with life and oneself.

"When I reached 60, I suddenly received a lot of letters about retirement, the third age and offers from the pension fund. That really struck me as strange, cause why would I need that. I was going strong, but all of a sudden, when you are in a meeting with 30 other people exactly your age and thinking: God they're old, no wonder they have to retire, and then you think may be they look at me the same way. But to my own consciousness I wasn't old at all" (Senior woman 64)



2. Feeling Incapacitated & Detached

Retirement from one's job and not earning your own money can implicate **emotions of alienation** and an emerging incapacitation in your own life, which progresses with for instance increasing dependency on others to help sorting out economical questions, housing, practical matters and so forth. This has shown to affect the motivation for engaging in new relations and/or searching for new meaningful activities negatively.

Aspects of incapacitation:

- Lack of personal sovereignty and autonomy
- Loosing sense and control over one's life
- Feeling useless and burdensome
- Break down of personal recognition



"I didn't at all approve the idea of the 'automatic payment-service'. I've only been using it for a year or so. Because first of all I would want to be in charge my self, secondly I wouldn't be incapacitated and thirdly I had something to do - cause when we had the old deposit slips I could go to the bank or post office and pay the bills myself. I had something to do and take care of". (widowed woman, age 96)

3. Networks & Circles - accessibility & maintenance

The opportunity for participation in self-established, well known social activities is crucial to social wellbeing. But when mobility is declining there is a risk of isolation. And there may arise a feeling of being kept outside and not being able to **carry on social activities** as usual. As well as a need for redefining friendships and other relations if they used to be centred around certain (specific) activities.

Communities:

- Old friends (e.g. bridge club)
- Local senior associations
- Family and friends
- Personal dinner clubs

Barriers:

- Getting up and down
- Getting back and forth
- Not feeling comfortable away from home due to for instance problems with incontinence
- Not having a computer – or lack of skills



"I really think I would like to have a computer. Then I could write with my daughters and grandchildren, as I understand it – and maybe play some card games. My daughters have been talking about an old one of theirs for me to have, but if that doesn't happen I wouldn't know how to get started..."
(single woman, age 71)



4. Feeling Bored and Left Out

Boredom occurs in many cases as a result of retirement, lack of daily contact with colleagues, daily activities and being surrounded by people. There is a widespread perception of having **nothing useful to do** anymore and that the day is passed by doing activities or seeking entertainment chosen more or less randomly. Often this connects to a sense of losing motivation and purpose in life.

Expressions of **lacking purpose** in everyday life:

- Doing crosswords, sodukos
- Watching indifferent TV-shows
- Discount hunting
- Reading tabloid magazines
- Staring out the window

"You can't just sit around here staring all day... so I have the Television on usually all the time. There's always movies or nature-programmes and news-show this and that and I don't know what..."
(single woman age 71, retired at 56 due to back-pain).



"I felt horrible quitting my job . Cause I was having a great time! Colleagues and inspiration... and all the kids..." (married woman age 81, had to retire as school secretary at 70).





5. Vigour for Life

The conception of vigour for life relates to elderly peoples physical and mental state, which relates to the ways one tries to keep fit, mobile and **exercising body and mind**.

Central aspects of vigour for life:

1. The extent to which mental resources are actively employed. (e.g. joining interesting conversations, contributing with knowledge and expertise)
 2. The physical mobility and getting around for major as well as smaller purposes.
 3. The connection between the physical and mental dimensions of keeping fit.
- Elderly volunteering (e.g. based on previous career or new interests) can support and motivate the vigour for life.
 - Challenges in the everyday life can contribute to staying alive physically and mentally.
 - A positive or negative approach to the world has influence to one's vigour for life.
 - To get out and have casual conversations with other people facilitates to keeping fit and feeling alive.



"People don't grow old. When they stop growing, they become old" (Chopra, 2008)

6. Forgetting, Confused and Fatigue

Some elderly have a hard time handling the present moment since they may suffer from **poor short term memory** and therefore forget about current experiences or people they have recently met.

Being **confused and fatigue** also influences everyday activities where rather basic things (as washing your hair) can be of great effort.

Aspects of forgetting, confusion and fatigue:

- It is difficult to recall everyday life - e.g. what lately has been served for dinner.
- It is hard to remember the names of people passing by.
- Forgetting about social invitations may cause the feeling of being neglected and ignored.
- Not attending social events because time and place has been forgotten. This may cause feelings of being left out or boredom.





7. Lonesome Dining

Food and the way of having one's meals is something that draws a lot of attention – and take up a lot of time in everyday life. Most of the elderly has been **used to eating and dining as a social activity** – and valued the meaningful aspect to that. To some people cooking and dining has even been a kind of hobby or something of great interest, competences and a symbolic way of stating the coherence of the family or relationship.

Implication of lonesome dining:

- Losing the ability to prepare one's meal may result in a sense of failure (especially to elderly women)
- 'having cold food brought in hot boxes' as an old lady puts it, can be a major source of dissatisfaction.
- Lonesome cooking and dining may implicate a feeling of emptiness in daily life.



"It felt lonely doing the cooking on my own, but it felt just as lonely when I was actually eating and the food tasted very different from when we were two at the table." (widow)

8. Helpful Technology and Tools

Assistive technology or tools e.g. wheelchairs, walkers and so forth can either be acknowledge as something that can give a sense of **personal freedom** and assist one in maintaining daily life or **stigmatise and expose** one's weaknesses.

Aspects of helpful technology and tools:

- Getting a tool is in it self a new task in life that can be linked with anxiety.
- Confrontation with incompetence and being scared of not understanding and applying the tool as well as how is the tool maintained, what happens when it breaks?
- Some elderly are also showing a sense of readiness, hope and expectation for new technology.





9. Homemade Rituals & ‘Artificial’ Order (reasons to get out of bed)

Creating rituals and order can be seen as a way of dealing with boredom and making sense in life-situations where substance and activities are no longer given or determined by external structures or certain social frameworks.

The **redefining and –designing of everyday life** often causes attempts to create new structures for activities to make sense.

Examples of ‘new order’:

- Keeping going to the old workplace even when its only for your own sake – and no one notices if you don’t show up...
- sightseeing the streets of Copenhagen alphabetically
- Walking ‘one lake’ a day
- ...



10. Bodily Decline & Lack of Self-esteem

Physical and mental decline can be a great obstacle for joining social settings. When you do not feel good about yourself or insecure of what might happen when you are among other people where **your weaknesses might be exposed**, it might as well be better to stay at home.

Aspects of decline and losing self-esteem:

- Situations where it is possible to join a gathering or social activity e.g. going to church or lectures without having to be actively involved might be preferred to situations where you can not **hide the decline**
- Getting external help from e.g. caretakers to wash one's body and **feel clean and neat** can be seen as a 'source' of recognition and obtaining self-esteem.
- **Sexuality** is a taboo, but not necessarily non-existing because of a certain age. Staying sexually active plays a part in a healthy social living



"It's because the fingers aren't what they used to be. They can't do what I want them to. It annoys me that I've become such a silly old fool that you can't even button a shirt properly anymore. I feel like an old crock." (single man age 83)

11. The Dominating Past

When you know that you are at the end of your lifespan due to biological and statistical fact the everyday life is more **absorbed in one's past** than in the future.

Some people spend a lot of time dwelling on previous experiences as the good times, connected to specific persons, artefacts, pictures, letters or pure memory. Others are struggling with sad life stories and bad experiences that can make them suffer and feel lonely.

Aspects of the dominating past:

- It is of value to be able to access and enjoy good memories
- Memories can be an occasion for social activity – as in singing old tunes, looking at pictures together etc.
- Coping with bad memories can be very difficult



"Memories becomes increasingly important in everyday lives of elderly. They are like journeys and travelling in time, space, among people of significance, places and things, that has left lasting impressions." (Swane, 2008)

12. Getting Closer to Dying

It is a natural fact of ageing that death becomes more present. But even so it can be **personally difficult to deal with and accept**. On one level there is a silent understanding that death should be worthy and peaceful but on another level anxiety, concerns and fear regarding one's own death – and the sorrow of saying goodbye – are often not spoken openly about. Thoughts and feelings about death is often a taboo between people and therefore not discussed. One is easily left being alone with those considerations and not having anyone close to share these thoughts with.

- There is just as many different wishes and desires connected to death as to the individual life
- A sense of being ready is ideal, but difficult to specify
- There is a higher risk of losing someone close to you when you get older and therefore also emotional fragility as a result of suffering from many losses.



"People usually get the creeps when hearing about death. I sure used to as well" (widowed man)

Sweden

Halmstad Living Lab

Communication and Contact

- *“Loneliness is often a big problem”*
- It needs to be easier to get “connected”
- You want to be able to reach the ones you really want to reach

- Aspects and dimensions of the insight
 - ICT barriers
 - User interface barriers
 - Eyesight, “shaky hands” or hearing problems
 - “Afraid” of technology
 - “Healthy seniors” vs. “Old seniors”

- The context of study
- *Reference: “Silver Technology”, Need finding within the health technology field, Living Lab project, HAU, 2009-2010. “Secure at Home – Smart Locks”. Research and development project, HAU, 2008-2009.*
- *Research: Group interviews with seniors and a series of workshops concerning needs for elderly with two different groups of seniors: 1) 55-85 year olds Living at home without home care. 2) 80+ seniors living at nursing homes.*

The issue concerning “Communication and Contact” was ranked as the second highest by the seniors themselves (3 different groups). The first ranked issue was “being able to take care of oneself”.

Topics from the workshops regarding “C&C”:

- Use existing technologies such as skype, need to modify and make it more simple to use
- It is important that there is not too many options and it need to be easy to “login”. Ease of use and Usability are key aspects!
- *“Videocalls are a good thing, it provides more feedback when you can see how the other person is doing. It also gives the opportunity to make a toast face to face!”*

Computers segregate

- *“You feel segregated if you can not handle a computer”*
- Aspects and dimensions of the insight
 - ICT barriers
 - “Afraid” of technology
 - “Healthy seniors” vs. “Old seniors”
- The context of study
- *Reference: “Silver Technology”, Need finding within the health technology field, Living Lab project, HAU, 2009-2010.*
- *Research: Group interviews with seniors and next of kin and a series of workshops concerning needs for elderly with two different groups of seniors: 1) 55-85 year olds Living at home without home care. 2) 80+ seniors living at nursing homes.*
- Both seniors and next of kin identifies this as an important problem to handle.
- The next of kin and the “younger” seniors are enthusiastic about computers and sees ICT as an asset and an important right for seniors
- Several “older” seniors think that it is too late to start using computers
- More and more services are offered exclusively online, like ordering tickets online, paying bills online. It is more or less taken for granted that everyone can use these services.

Language barriers – First generation of immigrants

- First generation of immigrants might be highly dependant on their own ethnic networks, otherwise there is a risk for isolation.
- Individuals with lacking social networks and/or family living close by, risk isolation.
- Aspects and dimensions of the insight
 - Language barriers hard to handle when dependant of home-care
 - Language barriers and isolation risks in nursing homes
 - When dementia is progressing, the second language is failing.
- The context of study
- *Reference: “Secure at Home – Living Lab”, Living Lab pilot project, HAU, 2007-2009. “Secure at Home – Smart Locks”. Research and development project, HAU, 2008-2009.*
- *Research: Interviews with both next of kin to first generation of immigrants as well as care providers. The problem arised in several workshops identifying needs for ICT health technology innovations.*
- *“We are using pictures to communicate with the seniors, I have been communicating with the help of pictures on the back of the breakfast cereal cardbox.” – Home care provider, Halmstad Municipality*
- *“I am the communication channel that my mom uses to communicate with the authorites and the home care providers.” – Next of kin to a first generation immigrant*

Next of kin vs. Seniors perspective

- Quite different viewpoints on problems depending on who you talk to
 - Next of kin more worried about isolation than seniors
 - Some cases seniors been quite content, either they are involved in different networks or they actively choose to be “alone”
 - Aspects and dimensions of the insight
 - How to “measure” loneliness: Percieved loneliness vs. Expected loneliness
 - Different perspectives (Next of kin vs. Seniors)
 - The context of study
 - “*Silver Technology*”, Need finding within the health technology field, Living Lab project, HAU, 2009-2010.
 - Research: Interviews and workshops with “healthy seniors” and next of kin, discussing problems and needs in their context.
- This issue is based on a observation from one researcher in the Silver Technology project.

Seniors are not stupid...

- Sometimes the tone against seniors is the same as to kids, making the seniors feel incompetent and stupid
- People are not respecting the knowledge and experience seniors are possessing
- Aspects and dimensions of the insight
 - Communication between different generations of people
 - How to address the “seniors of today” – do not “talk over their head”!
 - How to motivate and engage seniors to be involved in ICT development
- The context of study
- “Secure at Home – Smart Locks”. Research and development project, HAU, 2008-2009.
- Research: Interviews and workshops with “healthy seniors” discussing problems and needs in their context.

Segmentation of seniors used:

- Early Adopters – Lead Users – Expert Users
 - Domain knowledge
 - Product knowledge
 - Both (Lead users)
- “Healthy and active seniors”
- “Care dependant seniors”
- Seniors Living at home
 - With / Without home care
- Seniors Living at Nursing homes

Diffusion of information

- There is a problem with diffusion of information especially within nursing homes
- The seniors find it hard to get information about for example bus times etc. This is especially hard for those with limited eyesight
- Hard to find relevant information due to a lot of it only available online.

- Aspects and dimensions of the insight
 - Social networks as a way to diffuse information

- The context of study
- *Reference: “Silver Technology”*, Need finding within the health technology field, Living Lab project, HAU, 2009-2010.
- *Research:* Group interviews with seniors and a series of workshops concerning needs for elderly with two different groups of seniors: 1) 55-85 year olds Living at home without home care. 2) 80+ seniors living at nursing homes.



The Netherlands

Waag Society



General info

Loneliness and social wellbeing for elderly

- Loneliness, elderly people (NIZW, 2002). When people are young, loneliness is related with personal characteristics. Elderly people have different reasons of being alone: loss of partner, social network decreases, physical condition decreases. In general, the cause of loneliness are:
 - intra individual (personal level);
 - inter individual (contact with others);
 - society.

In the Netherlands 4 - 22% of the seniors has a feeling of loneliness. (1977, RMO).
Different types of interventions possible.

Healthier through social support

• **Social support has its effect on health outcomes of elderly. A large social support is associated with: a lower bloodpressure, lower heartrate, less stress, better immune system and less serum cholesterol.**

- Aspects and dimensions of the insight
 - Social integration → lower risks of heart diseases
 - Social support seems to have a larger impact on healthcare than social integration

• The context of study

• Reference: Hemingway H, Marmot M. Evidence based cardiology. Psychosocial factors in the aetiology and prognosis of coronary heart disease: a systematic review of prospective cohort studies. BMJ 1999;318:1460-7.

Social support is seen as receiving emotional support (talking with others about the issues, understanding etc)

Social integration = having social relationships

Lonely but not alone

- **Loneliness can be seen as a feeling of shortage of social support. Dutch research shows that an decrease of loneliness, more emotional support and less practical support relates with a decrease of death rate.**

- Aspects and dimensions of the insight

- Social support increases the psychological wellbeing
- Loneliness can be considered as a shortage of social support.

- The context of study

-Reference Seeman TE. Health promoting effects of friends and family on health outcomes in older adults. American Journal of Health Promotion 2000; 14: 362-70.

Reference: Penninx BWJH, Tilburg TG van, Kriegsman DMW, Deeg DJH, Boeke AJP, Eijk JTHM. Effects of social support and personal coping resources on mortality in older age: the Longitudinal Aging Study Amsterdam. Am J Epidemiol 1997; 146(6): 510-9.



What do they want?

• **When developing new services for elderly people, what do they actually want and need in daily life? To answer this question it is of great importance to indicate the needs of the users, and their caregivers.**

• Aspects and dimensions of the insight

Insights:

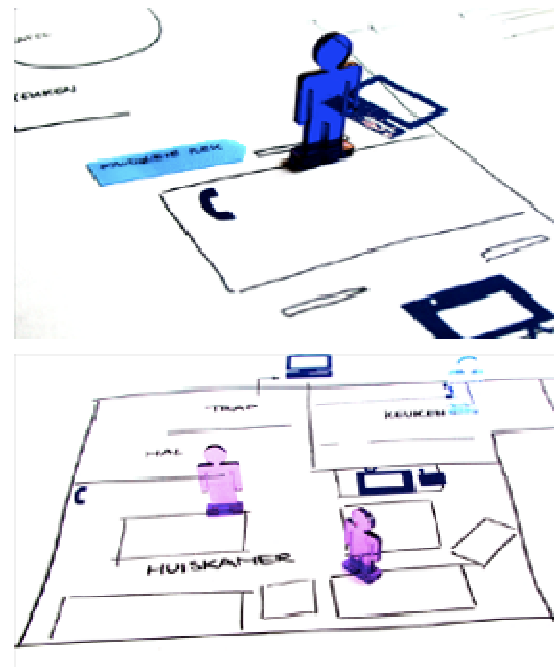
- Seniors want to stay in charge; (take direction);
- Senior want to be seen in the light of their expertise, want to share this expertise and do not want to be judge by what they cannot do anymore.
- They are looking for information on essential matters, not just practical info;
- Seniors want to be part of a (social) network;
- ICT is looked upon as a social tool;
- Seniors are looking for straight forward communication, no paternalism

• The context of study

Reference:

Working together on the future: The development of services for senior people and their caregivers
Report on the cocreation process by STBY, Waag Society, May-July 2009

Ethnographic field study among senior people (73+) and their next in kin or caregiver in the South of the Netherlands. Interviews were held at their homes and information was gathered regarding their needs for future services. In cocreation workshops these insights are translated into the needs of the users which laid the foundation for the generation of ideas for the development of services.



Everyone has a story to tell

- **Listen to stories and sharing them via an interface such as the Story Table helps to reduce feelings of depression etc among elderly people in caring homes.**
- Aspects and dimensions of the insight
 - *Less feelings of isolation, loneliness and depression;*
 - *Increased self control and growing self esteem;*
 - *Increase in social interaction.*
- The context of study
 - *Reference:*
Trimbos-Institute, 'Verhalen in Beeld. Handleiding en draaiboek: Een preventieve methodiek voor verzorgingshuisbewoners met depressieve klachten aan de hand van de Verhalentafel', C. Smits (2007)

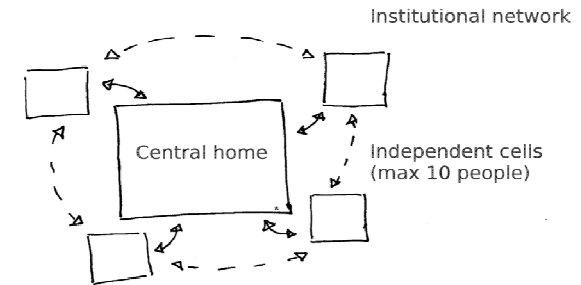


Share stories

- **Reminisce, using memories to activate elderly people is of benefit.**
- Aspects and dimensions of the insight
 - *People with dementia difficult target group;*
 - *There is a need to share memories, based on general content and personalized content. National and Local. Historical material en more recent as well.*
 - *There is a need to **share**.*
- The context of study

. Reference:
Interviews held with elderly people and their caregivers, 09/10.
Hogeschool Windesheim

1. CONTEXT MAPPING



Contact on a personal level

- **Every time elderly people underline the importance of staying in touch, especially with their beloved ones on the essential things of life (not only practical issues)**
- Aspects and dimensions of the insight
 - Important that the person stays in control and can decide themselves if they want to be in touch;
 - Feeling of belonging to a certain group of people
 - It is desirable to find a way in which people can find each other easily, without being forced from a higher level
- The context of study
 - Field study and cocreation workshops with the users. From chances to concepts. Sept-Dec 2009. STBY/Waag Society



Finland: Healthy Helsinki

Living Lab of Wellbeing in Helsinki

Forum Virium Helsinki – the Forum of the Forces

- Established in 2006
- Not-for-profit company owned by the City of Helsinki
- Starts and manages projects created by partner companies and public bodies



Express to Connect

elisa

NOKIA

TeliaSonera



YLE



Helsingin kaupunki



SITRA



DESTIA



Digita



logica

MTV MEDIA

SOK



ConnectedDay

idean

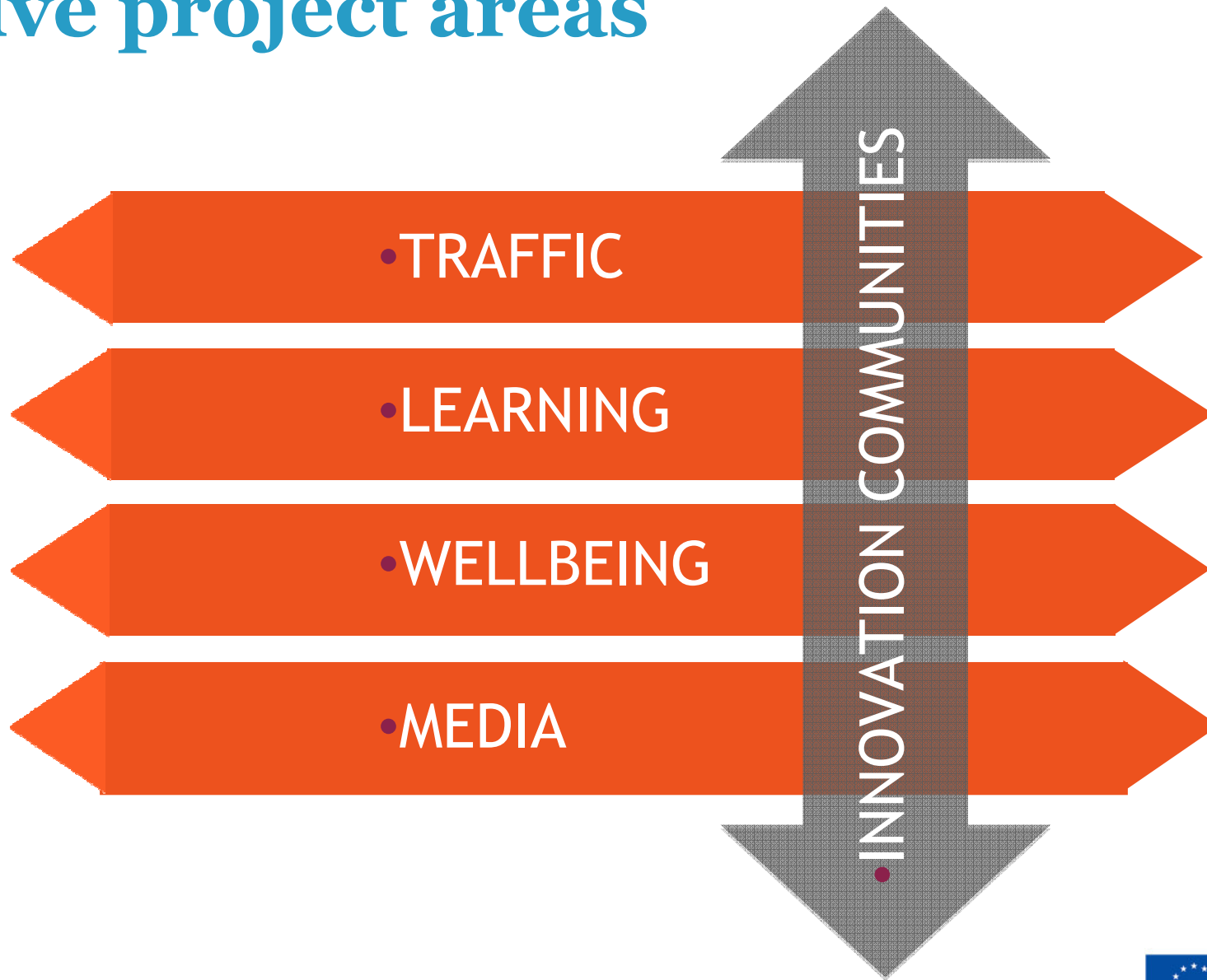
Adage



Futurice



Five project areas



Healthy Helsinki – an innovative health promoting residential and business environment initiative in progress



”Healthy Helsinki” -initiative is a large-scale Living Lab project in Helsinki. It offers a comprehensive approach to the challenges in disease prevention and health promotion. Instead of managing several narrowly focused projects, it offers one, holistic, market and customer oriented approach to this area.



The Healthy Helsinki Project is entwined with the Helsinki City Strategy

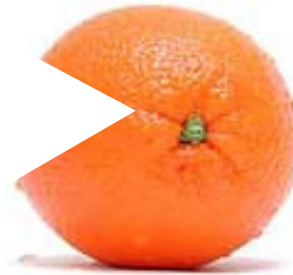
- Three major drivers describe the Helsinki Health Centre organization's present and future:
 - Aging population, which increases the demand for services.
 - Increasing lack of human resources and difficulties in recruiting young professionals.
 - Polarization of the health among the population.
- The integral part of Helsinki City Strategy is to find new approaches to control and redirect the health service demand.
- The city has already decided to support inter-departmental cooperation in order to create customer driven processes and services.
- Helsinki has also decided on finding a new kind of cooperation with private companies.



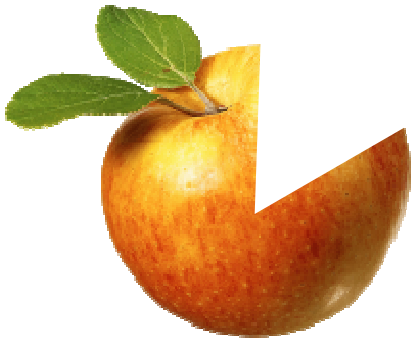
The project has three basic orientations on which there is a strong common understanding



1. Focusing on health promotion



2. Increasing personal responsibility and offering new possibilities for individual activity



3. Implementing digital services and well-being technologies efficiently in large scale

The effectiveness of the objectives will become reality through concrete goals 1)



1. Diminishing diseases in different age cohorts
2. Increasing the subjective perceptions of health and well-being
3. Narrowing the gap in health between different segments
4. Cutting the growth of health care costs

1. Changes in exercise, nutrition and risk behaviour
2. Changes in subjective perceptions of health and well-being, in trust to environment and social bonding
3. Proactive health behaviour
4. Increased use of digital services
5. Increased use of well-being technologies

- Prioritized and scheduled activities (programmes):
 - City organisations
 - Companies
 - 3rd sector
 - Joint ventures

Participants

**City of Helsinki: Health, Social,
Education, Sports**

**Inhabitants
of
Herttoniem
i-area**



Companies

- **Elisa**
- **Logica**
- **Medineuvo**
- **Medixine**
- **Nokia**
- **Palmia**
- **Tieto**
- **VTT**

Third sector

Research institutions

Solutions are needed in three substance areas and in one enabling area



1. Improving the cooperation between the city organisations



2. Creating new service concepts



3. Improving the availability of service



4. Creating the shared development platforms (e.g. the personal health record)

The four stages of the development



- Expansion 1/2011–
- Helsinki
 - Finland
 - International markets



Implementation 10/2009–
12/2010



Development 12/2007–12/2009



Preparation 2–11/2007

Examples of the projects

- Personal Health Record
 - Personal web-based service which enables collecting and monitoring your own health information
- Mobile Health
 - The effect of positive feedback on your exercise habits by using a mobile phone
- Mobile dental care
 - To provide dental care for high risk groups
- Sport equipment from the library
 - Residents can loan free of charge

Contact information

Marianne Dannbom

- +358 40 502 6158
- Marianne.dannbom@forumvirium.fi

Finland

Laurea University of Applied Sciences
Anne Äyväri & Tiina Wikström

- This presentation includes the following themes:
- Characteristics associated with loneliness of older people
- CaringTV as an example of loneliness reducing IT solutions
- Promoting living at home
- Retirement – well earned time off or time wasted in loneliness?



Lonely or Socially Isolated?

CHARACTERISTICS ASSOCIATED WITH LONELINESS OF OLDER PEOPLE

• **Demographic factors**

- older age
- female gender
- widowhood
- living alone
- living in residential home
- low level of education
- former job: heavy physical work

- Reference: Niina Savikko, LONELINESS OF OLDER PEOPLE AND ELEMENTS OF AN INTERVENTION FOR ITS ALLEVIATION Department of Nursing Science, Faculty of Medicine, University of Turku, Annales Universitatis Turkuensis D 808, Painosalama Oy, Turku, 2008 . N = 4 113, with the response rate for community-dwelling older people of 72%. The respondents' mean age was 81 years and 69% were women.

• **Health-related factors**

- poor subjective health
- poor functional status
- poor vision
- impaired hearing
- few outdoors activities
- need for daily help
- handle seldom day-to-day matter





Lonely or Socially Isolated?

CHARACTERISTICS ASSOCIATED WITH LONELINESS OF OLDER PEOPLE

• **Psychological well-being**

- feeling of being needed by someone
- having plans for the future
- having zest for life
- depression
- life satisfaction
- global feeling of insecurity
- happiness

- Reference: Niina Savikko, LONELINESS OF OLDER PEOPLE AND ELEMENTS OF AN INTERVENTION FOR ITS ALLEVIATION Department of Nursing Science, Faculty of Medicine, University of Turku, Annales Universitatis Turkuensis D 808, Painosalama Oy, Turku, 2008 . N = 4 113, with the response rate for community-dwelling older people of 72%. The respondents' mean age was 81 years and 69% were women.

• **Social contacts and expectations**

- Unfulfilled expectations of contacts with children
- unfulfilled expectations of contacts with grandchildren
- unfulfilled expectations of contacts with friends
- low number of contacts with grandchildren
- less than 5 friends
- felt poor understanding by the close people
- poor knowledge what happens in close people's life
- not satisfied with the relationship with close people

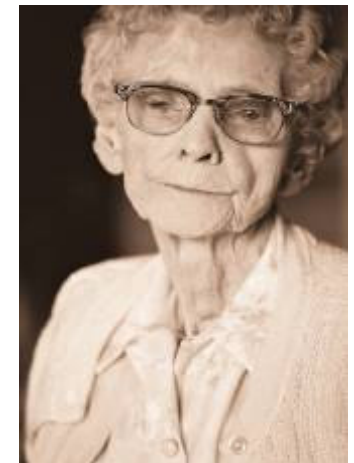
Lonely or Socially Isolated?

CHARACTERISTICS ASSOCIATED WITH LONELINESS OF OLDER PEOPLE

- **Self-reported causes of loneliness**
- own illnesses, illness of spouse
- death of spouse, death of a family member
- lack of friends
- meaningless life
- absence of relatives
- living conditions, new living environment
- family matters
- ageing, retirement
- children's pressing life
- Reference: Niina Savikko, LONELINESS OF OLDER PEOPLE AND ELEMENTS OF AN INTERVENTION FOR ITS ALLEVIATION Department of Nursing Science, Faculty of Medicine, University of Turku, Annales Universitatis Turkuensis D 808, Painosalama Oy, Turku, 2008 . N = 4 113, with the response rate for community-dwelling older people of 72%. The respondents' mean age was 81 years and 69% were women

CHARACTERISTICS NOT ASSOCIATED WITH LONELINESS OF OLDER PEOPLE

- use of a hearing aid
- parental loss
- number of contacts with children
- number of contacts with friends



Lonely or Socially Isolated?

- **Internal expectations and the perceived quality of relationships** are more powerful associates of loneliness than certain external characteristics
- It is important to recognize the harmful consequences of loneliness, such as **depression and an increased need for help**
- It is useless to aim merely at increasing the number of social contacts of lonely older people; instead it is important **to reach the emotional component and inner expectations at the same time.**
- Reference: Niina Savikko, LONELINESS OF OLDER PEOPLE AND ELEMENTS OF AN INTERVENTION FOR ITS ALLEVIATION Department of Nursing Science, Faculty of Medicine, University of Turku, Annales Universitatis Turkuensis D 808, Painosalama Oy, Turku, 2008 . N = 4 113, with the response rate for community-dwelling older people of 72%. The respondents' mean age was 81 years and 69% were women.
- **Future research: CHALLENGE** -> To create a **common understanding** about the difference between emotional and social loneliness and to hear what are **the causes for loneliness presented by the elderly themselves**



Lonely or Socially Isolated?

CONCLUSIONS:

Loneliness is common among community-dwelling older people since almost two out of five experience it. Nurses should be aware of this common problem.

Several characteristics are related to older people's loneliness and the findings are supported by previous studies. Such characteristics of older people as female gender, widowhood, living alone or in a residential home, poor income, poor subjective health and functional status or depression may help nurses to identify those at risk of suffering from loneliness.

Reference: Niina Savikko, LONELINESS OF OLDER PEOPLE AND ELEMENTS OF AN INTERVENTION FOR ITS ALLEVIATION Department of Nursing Science, Faculty of Medicine, University of Turku, Annales Universitatis Turkuensis D 808, Painosalama Oy, Turku, 2008 . N = 4 113, with the response rate for community-dwelling older people of 72%. The respondents' mean age was 81 years and 69% were women.

- Loneliness and social isolation are distinct concepts. This means that older people may feel lonely even when surrounded by other people, and living alone or having few visits does not necessarily indicate that older people feel lonely.
- Those experiencing a global feeling of insecurity were often socially isolated and/or lonely. There are few older people who do not have any of these three risk factors.



Sick Immigrant Widow?

Factors related to loneliness:

- Immigrant
 - Health status
 - Social loneliness
 - Widowed
 - Lifelong singlehood
- Older single, unhappy single (lack of care, intimacy, and social support)
 - Widowed (less social participation or support, women as caregivers might have lost contacts with their own social network when caring for their husband)
 - Immigrant (relocation, cultural differences, ethnic attachment)
 - Health status (chronic illnesses, disabilities)
- Reference: Laurea Thesis, Desk research
 - Loneliness among elderly women: A literature review by Karki, Anita (2009). All 60+



Care for some CaringTV?

- The purpose of the thesis is to describe how, based on nursing documentation, CaringTV has promoted the quality of life of the elderly within homecare in Vantaa.
- The thesis was carried out in co-operation with the GOING HOME project which is a part of InnoElli Senior 2006-2007 programme. The data was collected from RAI (Resident Assessment Instrument) by using the MDS (Minimum Data Set) assessment tool.
- The selected target group were the elderly patients within Vantaa homecare. The average age within the target group was 83 years.
- Reference: Laurea Thesis, Field research
- HyvinvointiTV Vantaan kotihoidon asiakkaiden elämänlaadun edistäjänä by Saksi, Anna and Nupponen, Sirpa (2008)



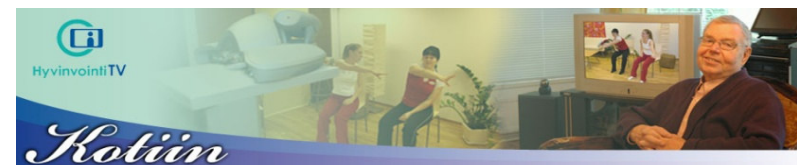
Care for some CaringTV?

- CaringTV is a pioneer in producing fresh and increasingly more versatile services. With CaringTV it is possible to bring different programmes and services directly to homes through television.
 - CaringTV maintains and supports cognition and communicational skills and social relations of the elderly. It also provides stimulating activity and therefore reduces feelings of loneliness within the elderly.
 - In the future it is important to develop CaringTV to be even more individualized and versatile to serve the needs of different target groups.
- Reference: Laurea Thesis, Field research
- HyvinvointiTV Vantaan kotihoidon asiakkaiden elämänlaadun edistäjänä by Saksi, Anna and Nupponen, Sirpa (2008)



Care for some CaringTV?

- The thesis refers to the Elämää vuosiin project by the city of Espoo and was part of the project Kokemuksellinen yksinäisyys
 - In this applied thesis, the focus was on the feeling of loneliness and the physical and psychological problems caused by it as well as means for surviving loneliness.
 - The objective of this applied thesis was to meet a group of elderly living at home via HyvinvointiTV / Caring TV transmissions.
 - **CONCLUSION:** HyvinvointiTV / Caring TV transmission is a good way to meet interactively with elderly people who live at home or in service houses and, for example, to peer talk about the difficult subject of loneliness in everyday life of the elderly and how to cope with it.
-
- Reference: Laurea Thesis, Field research
 - The context of loneliness among elderly in HyvinvointiTV by Högstrom, Piia Särkiniemi, Pirjo (2009)



Care for some CaringTV?

- Some ways of coping with loneliness
 - swimming
 - computers
 - clubs
 - visiting neighbors and friends
 - spreading news and ideas via CaringTV, networking
 - positive routines
 - positive weather, spring feeling...
 - nature related activities
 - humor
 - spiritual aspects of life
- Reference: Laurea Thesis, Field research
- The context of loneliness among elderly in HyvinvointiTV by Högstrom, Piia Särkiniemi, Pirjo (2009)





Promoting Living at Home

Things that make living at home easier

- significant home including many memories
 - relatives and closest persons
 - maintaining operational capability
 - feeling of safety
 - active days which keep up one's condition
 - religion
 - nature
 - accepting oneself and one's own situation
- Reference: Seinäjoki University of Applied Sciences Thesis, Field research
- Kauemmin kotona : Ähtäriäisten ikääntyneiden ajatuksia kotona asumista edistävistä ja hankaloittavista tekijöistä sekä tulevaisuuden näkemyksistä by Karppinen, Sari (2009)

- Things that make living at home difficult
- impossibility to influence things
- weakening
- the state of health and operational capability
- lack of safety
- unawareness of services
- lack of aid devices
- insufficient travel services
- lack of social relations



Retired and (Un)Happy?

Retirement – well earned time off or time wasted in loneliness?

- Preparing in advance, personal perception of the changing status and social networks are key issues in adapting in the new situation
- The increase in spare time and how to use it beneficially are the most important and challenging tasks for the individuals

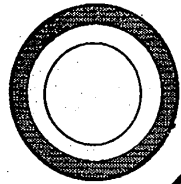
- Reference: Laurea Thesis , Field research
- Retirement – well earned time off or time wasted in loneliness by Luomala Jaana and Tuuri Carita (2009)

- The transition from active work life into retirement is affected by many circumstances and outside influences
- The lack of social contacts and activities can lead to loneliness and mental health problems



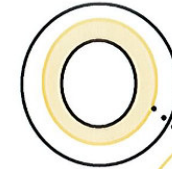
Sverige

Halmstad Municipality



Structural level

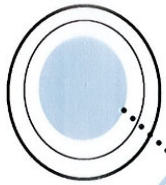
- General views of society on the elderly
- Urban planning/cooperation
 - Communications / / transportation system
 - Shopping accessibility
 - Service fields – medical, social, information
- Standards of houses/apartments (elevators, surface etc)
- Good general medical care



Group level

- Different types of housing
 - service apartments, group dwellings, collective housing
- Meeting places
- Information and service in fields of special knowledge, such as: money, health, rebuilding apartments
 - Meals on wheels
- Support to "clubs" and voluntary organizations
 - Technical aid equipment – easy to obtain
 - Accessible medical care
 - Good education and training of staff taking care of the elderly
 - Alarm and security systems
 - use and development





Individual level

- Care given on the basis of individual needs – not based on routine system
- Individual planning – cooperation social/medical care
- Help and care given from a rehabilitation point of view, independence as far as possible
- Staff attitudes important
- Planning and evaluation of the care given, at regular intervals
- Offer of a good every-day life and cultural and leisure-time activities
- Terminal care at home, in cooperation with medical care

Self-determination, security and freedom of choice

Three main principles apply in Swedish care for the elderly:

- Self-determination and integrity. The elderly should have the right to decide how they wish to live, and care must be developed so that people are able to continue living in their own homes.
- Security. This concerns nearness to relatives and neighbours, staff continuity, availability of round-the-clock help and so on.
- Freedom of choice. People must be able to influence the service and care that society provides, and municipalities should seek to offer as varied a choice as possible.





AIMS for special types of housing:

To offer people in need of much care secure housing.

To offer every day care, round the clock and qualified medical service/treatment at need.

To offer a good every-day life and cultural-leisure time activities for a good quality of life.

Working methods on the basis of contact persons in cooperation between staff and the individual

To offer individually adapted care/services: individual demands should be respected and be subordinate to staff routines.

Staff should be able to understand the importance of a welcoming attitude towards relatives/friends. To guide and help relatives when they want to take part in complicated care-giving, but also respect if these contacts should not lead to any cooperation

To further cooperation with voluntary organization and other association activities.

To evaluate the activities at regular intervals and to offer staff new knowledge and support in their professional work.



Input on Coping with Loneliness

Loneliness & Coping Strategies

(Seepersad, 2001, building on the Revised UCLA Loneliness Scale, 1980)

3 coping categories

- **Rumination and passive-avoidant coping**
 - Suffering
 - Withdrawal and protection
 - Acceptance
 - Sit and think/Do nothing
 - Use Internet
 - Take drugs/alcohol
 - Daydream
 - Sleep more
 - Power and revenge
 - Being alone
 - Eat more
 - Watch TV/go to movies
- **Emotion expression and social coping**
 - Emotional social support
 - Venting
 - Instrumental social support
 - Start to cry
 - Love and closeness
 - Admiration of self
 - Spend money
 - Use of god
- **Constructive active coping**
 - Work on hobby
 - Exercise/walk
 - Listen to music
 - Work/study
 - Positive reinterpretation
 - Active coping and planning
 - Competition
 - Aesthetics

Loneliness & Coping strategies

(Seepersad, 2001, building on the Revised UCLA Loneliness Scale, 1980)

- Causes of loneliness
 - **No social network** (lack of friendships and being understood by other people)
 - **Abuse or rejection** (feeling mistreated)
 - **Broken heart** (rejected by a loved one)
 - **Missing** a significant someone
 - **Misfit**/unable to fit in (feeling different)
- Descriptions of loneliness
 - **Pain**
 - **No direction** or purpose (feeling lost, confused or not knowing)
 - **Nothingness** (feeling of emptiness)
 - **Trait loneliness** (an ever-present sense of feeling lonely)
 - **Being overwhelmed** (a sense of reaching ones limit in dealing with an emotion)
 - **No control** (of emotions, wishes or desires)
 - **No emotion** (not feeling anything)
 - **Scared or afraid**
 - **Anger/hatred**
- Coping with loneliness
 - **Desire for someone** (believed to be the cure)
 - **Crying**
 - **Hiding feelings**
 - **Inactivity** (low physical activity)
 - **Withdrawal** (a pulling away from reality, having or living in a dream)
 - **Death** (descriptions of death – or wanting to die)
 - **Religion**
 - **Sleep**

Glossary - or the E2C encyclopedia

Terms & keywords in E2C understanding

- Active
- Age
- Alone: A physical situation that is not interlinked with being lonely.
- Belonging
- Being connected
- Communication
- Confidence
- Degree of loneliness
- Elderly
- Experience
- Friends
- Home
- ICT literacy
- Insecurity
- Isolation
- Distinction between social and emotional isolation
- Loneliness; A subjective feeling and perception of unwanted lack of social relations or poor quality in the ones that are present.
- Lonely
- Memories (good & bad)
- Old
- Perceptions
- Preventive
- Relations (quality of / meaningful)
- Relatives
- Reminisces
- Retirement
- Risk factor
- Seniors
- Sharing
- Social isolated
- Social support
- Social Wellbeing
- A question of how a person feel good about being together with others and how well one feels about *not* being together with others.
- ...
- Solitude
- Spare time
- Stigmatising
- Story
- Widow
- Wisdom



Recapitulation of the initial, national user-workshops (Lego)



Copenhagen, 13th of April, 2010

Participants



Torben
Age: 84
Kastrup



Wita
Age: 68
Tårnby



Merete
Age:
Taastrup



Søren
Age: 67
Sydhavn



Helle
Age:



Else
Age: 82
Rødovre



Kirsten
Age: 67



Hans Erik
Age: 69
Nørrebro

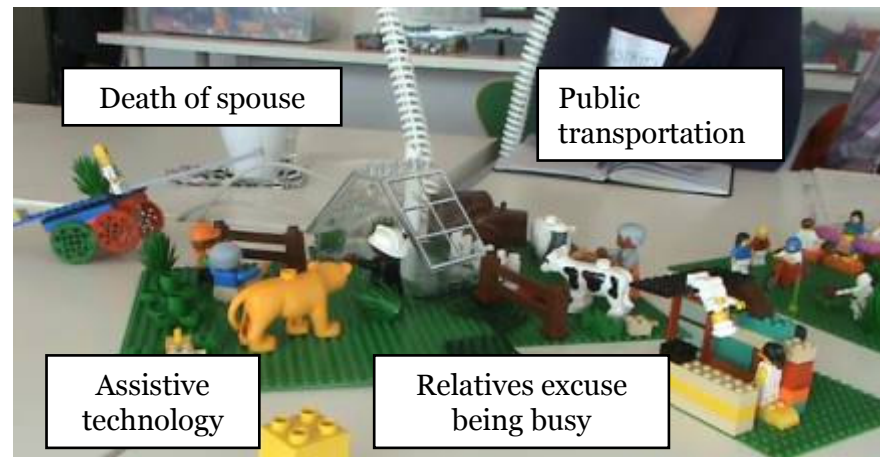
BARRIERS TO ESCAPE LONELINESS

- Loneliness in twosomeness
- Bullying and groups also exist among elderly people. It can be a challenge to become a part of the community – cloth, age, opinions, etc.
- Being single where activities are 'composed' to couples – travelling as a couple, dinner parties etc.
- Elderly people is not seen as of value to society. This is a consequence of the organisation in society (the system and structure).
- Physical disabilities. Assistive technology is seen as a symbol of being 'old'.
- Relatives (next of kind) who has busy weekdays.
- Afraid to ask for help
- Death of spouse results in confusion and loss of security net. To be able to process the sorrow.
- Public transportation.
- When the home ties one down maybe due to illness of spouse.
- Friends that stops "just stopping by".
- Too many options of activities.
- Anxiety of going outside.
- Realisation of one's life-situation. To process grief.

Maintain and create social relations

- To reach out for help. To have the courage to ask for help but also to offer help to somebody.
- It is important to have a safety net outside the home. One's safety net should not only be the marriage. The safety net should also be linked to things outside the home.
- Pets is a way to escape loneliness
- Rehearse for the future. To practice getting old while being young
- It is not only about 'us' but also about 'me'. To do things that I like even though we are still two.
- It is essential that one has something meaningful to do. It doesn't necessarily have to involve other people it can just as well be by oneself.
- The social relations must be sincere and genuine (qualitative), one can not be friends with everybody or enjoy all activities.
- The whole world is not suppose to adapt to the need of elderly people.
- Society changes and one has to keep up eg. IT-literacy.
- "If one deviates from the norm" – it is important that one can do it together with others and create a community on the basis of an activity.
- "A Queen Ingrid Walker". Assistive technology as a positive symbol
- To live life completely – to challenge oneself and learn new things. Just because you are getting older doesn't imply that you know everything. Learn new things your whole life.
- The home is the social fundament. It is where your friends visit.
- Activities are secondary, it is just an excuse to meet up.
- To have a "guide dog" to help one get started.

Shared model

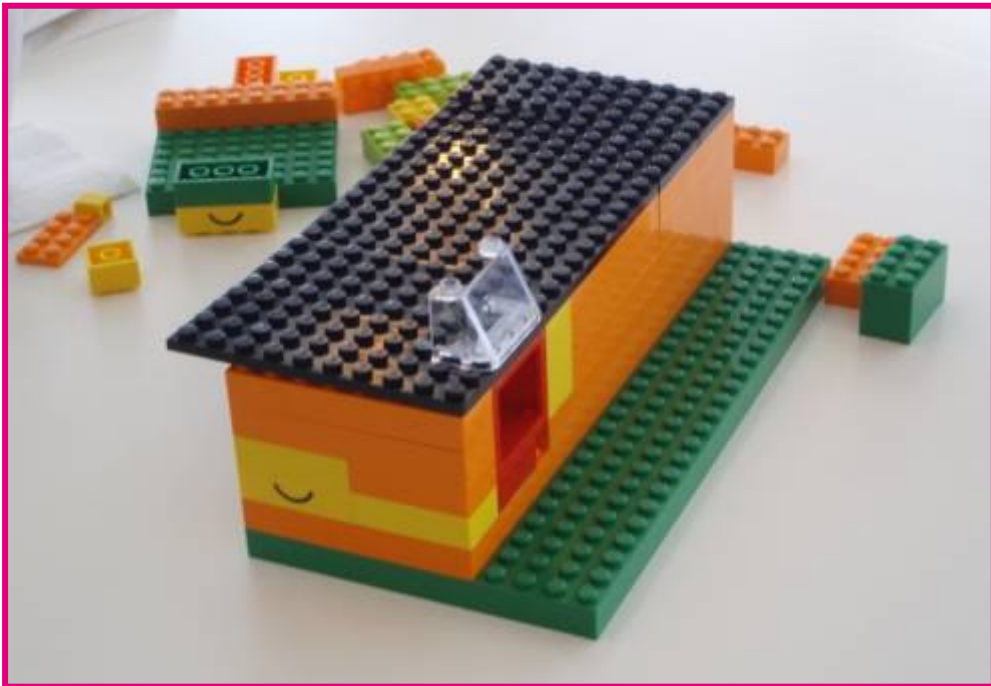




1. RUNDE

**Jeres opgave er nu at bygge en model, der fortæller
noget om, hvad der ødelægger eller udfordrer
seniorers sociale relationer**





SYGDOM, HJEMMET

Hjemmet er det sociale. Det er her man skaber sin tilværelse.

- Have skal passes
- Handles ind
- Klare alle de daglige gøremål selv

Sygdom kan 'binde' den raske til hjemmet

- Manden skal passes
- Venner holder enten ved eller falder fra
- Svært at omgås sygdom og se den i øjnene.

“Lære at være alene” (skubbe på fra enten sygeplejersker, hjemmehjælpere el. øvrige pårørende)

- Gå en tur alene
- Gå ud og spise alene

MERETE



FORTIDEN, FYSISK MOBILITET, HJÆLPEMIDLER

- Fællesskab er godt, men det kan også medføre sladder, som skaber distance og eksklusion.
- Flere hænger sig i fortiden, fordi det er nemmere. Det medfører dog, at det kan være svært at være til stede i nuet. Leve livet her og nu og ikke i går.
- Der er flere perspektiver på samme historie. Tolerance og anerkende menneskers forskellighed.
- Manglende fysisk mobilitet er hæmmende for relationsopbygningen. Der findes mange hjælpemidler, som kan gøre én mobil. Men hjælpemidler er også symbol på, at man er 'gammel', og dermed skaber de barrierer.

KIRSTEN

SLADDER, TRAVLHED HOS PÅRØRENDE SOM UNDSKYLDNING

Selvom man bor tæt kan man være dybt isoleret.

- Ældre er ikke søde ved hinanden. Det er meget nemt at komme udenfor fællesskabet – står og kigger ud på de andre og er ikke en aktiv del af det. Det kan være svært at komme ind i en gruppe.
- Samvær kommer til at blive en praktisk konstellation
 - Økonomi
 - Pensionsudbetaling
- Relationen til de pårørende kan blive påvirket af den fysiske afstand.
 - Pårørende bruger travlhed som ”undskyldning”

De ældre føler, at de trænger sig på og er til besvær, hvis de beder om at ”blive hentet”.





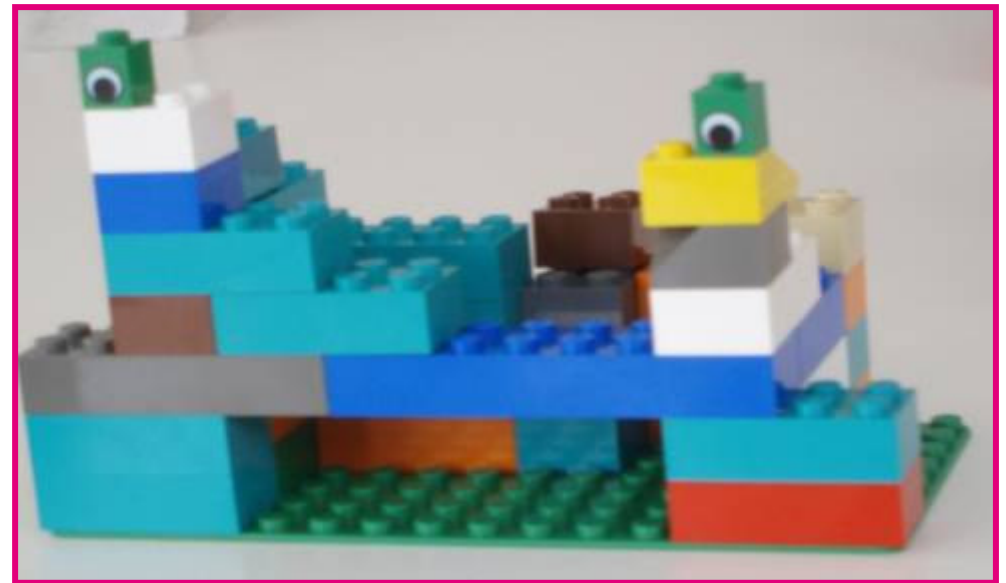
TORBEN

DØDSFALD, MANGEL PÅ ERKENDELSE

Tabet af en ægtefælle skaber ”**total forvirring**”

- Ikke kun sorg, men lige så meget alt andet. ALT forandres i hverdagen. Lære at gøre daglige gøremål, som man ikke tidligere har gjort.
- Arbejdet som arkitekt er et udadvendt arbejde, derfor mange relationer. Det er som sådan ligegyldigt hvilket netværk, man tilhører eller hvilken forening/ klub man går i. Det er påskuddet for at mødes, der giver værdi.
- En bogklub hvor de ikke taler om bøger længere, men spiser god mad og har hyggeligt samvær.
- ”De vanskelige ældre” skaber flere problemer for sig selv end nødvendigt. ”Jeg vil sidde på DEN plads, ellers vil jeg ikke med bussen”.

- Erkendelsen, af at man har brug for hjælp og er blevet gammel, er svær. Eks. brug af rollator er forbundet med at være gammel, men med rollemodeller som Dronning Ingrid, så bliver det lige pludseligt lovligt. Med rollatoren associeres noget andet end det at være gammel.
- ”*En Dronning Ingrid rollator*”





FORVENTNING OM HJÆLP, IKKE KUNNE SPØRGE OM HJÆLP

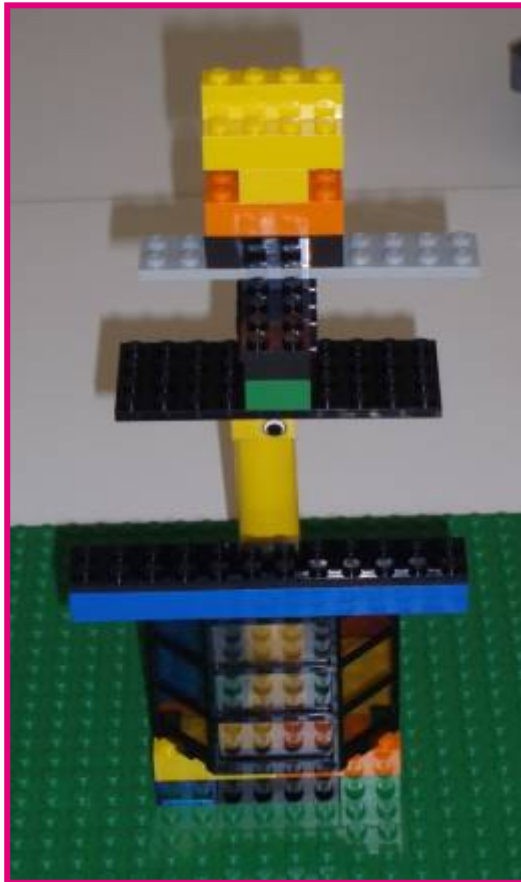
- Passet på sin syge mand igennem mange år, og valgte bevidst at melde sig ind i Ældre Sagen før manden døde for at forberede sig på at blive alene.
- Har prioriteret at fortsætte sit liv som 'normalt', på trods af at "være bundet til hjemmet". Muliggjort ved hjælp fra pårørende der støtter op om valgene og aflaster med pasningen.
 - Svømning
 - Gå til middage ("ignorere" hvad andre måtte tænke i den forbindelse)
- Mange forventer at hjælp og kontakt kommer af sig selv – "man skal øve sig i at blive ældre, mens man er yngre"
- Valgt at være åben og italesætte de "problemer" der kunne opstå med at være alene – hvilket synes at have medført en lettere hverdag.



DØDSFALD, FOR MANGE TILBUD, TRANSPORTMIDLER

- Ægteskabet giver både et sikkerhedsnet og skaber også isolation i symbiosen (Man har nok i ægteskabet). Ved dødsfald så forsvinder sikkerhedsnettet.
- Netværk og relationerne dør fra én.
- Der er masser af tilbud om aktivitet, men de benyttes ikke. De magter ikke, de tør ikke... ”Siddet bare og venter på døden”
- Besøgsvennetjenesterne: Der er kun få ældre, der aktivt benytter sig af en besøgsven. I Ældre Sagen Tårnby er der 16 (værter) ud af 5000 (medlemmer).
- Angsten for at falde er en barriere for at bevæge sig udenfor og derved gøre noget aktivt.
- Transportmuligheder er en barriere. Det offentlige transportmiddel fremstår for mange ældre som usikkert.
- Tiltag: Lions Klub forsøger sig med morgenopkald kl. 09:00 hver dag.

SØREN



“LÆRE AT LEVE MED SIG SELV OG GØRE TING SELV”

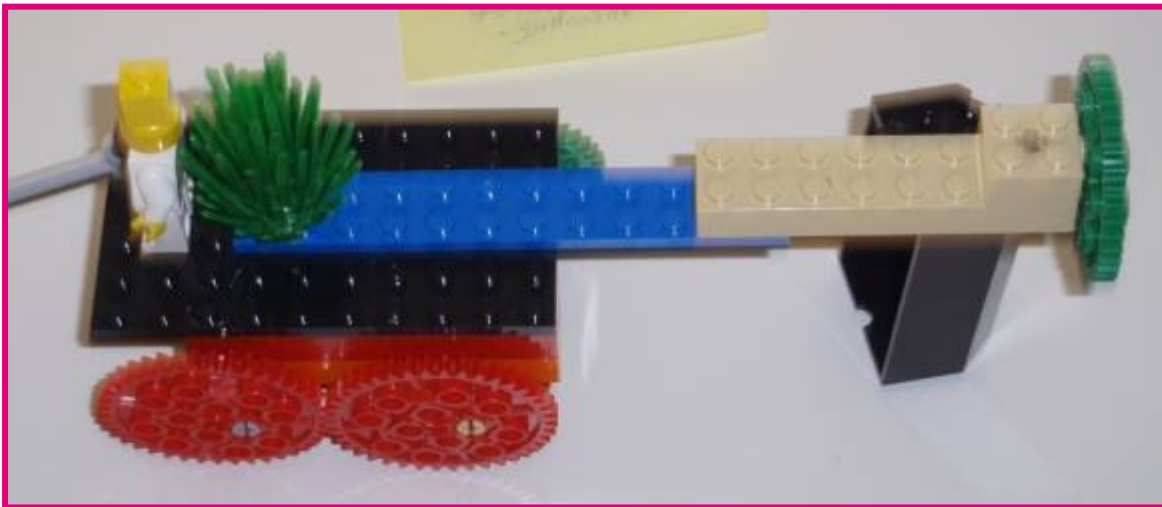
- Det kan være befriende at stoppe på arbejdsmarkedet. Bevidst valg ikke at have relationer knyttet til arbejdspladsen.
- Tiden som pensionist går meget hurtigt - der er mange ting at give sig til.
- Har mange familierelationer, stor familie med mange aktiviteter. Savner ikke flere relationer, der er grænser for hvor mange nære relationer, man kan rumme.
- Holder af, at nogle aktiviteter foregår alene
- ”Lære at leve med sig selv og gøre ting selv”.
- Som menneske skal man lære at sige ”farvel”. Lukker man folk ind (i sine følelser), vil man blive såret på et tidspunkt.

HANS ERIK

REGLER I SAMFUNDET SOM GØR ÉN GAMMEL

Man bliver ensom, fordi man vælger at være gammel. Med at være gammel følger bestemte ”regler”, som medfører, at man har en idé om, at man ikke kan det samme. Reglerne bestemmes af samfundet.

- ”Holde sig i gang”
- Træffe aktive valg om ikke at blive ensom
- Sætter initiativer op for sig selv og for andre
- ”Have en masse hjul i gang hele tiden”



2. RUNDE

Jeres opgave er nu at bygge en model, der fortæller noget om, hvad seniorer gør for at vedligeholde sociale relationer og skabe nye relationer



STØTTENETVÆRK

- Jo ældre man bliver jo flere skal man sige farvel til, fordi de dør. Det er vigtigt, at man har nære relationer – et støttenetværk – som kan hjælpe én til at bearbejde sorgen.
- Det er vigtigt, at netværk og relationer bliver opbygget løbende. Det er for sent at begynde at opbygge relationerne “når det er sket (det dårlige)”. Netværket skal give kræfter til at komme videre.
- Er kvinderne stærkere end mændene? Mændene har måske sværere ved følelsesmæssigt at bearbejde sorgen og risikerer derfor nemmere at gå i opløsning. Man skal derfor sørge for ikke at mure sig inde, prøve at komme videre, snakke om sorgen med kammerater.



KÆLEDYR, JEGET I VIET

- Kæledyr kan være en hjælp til ikke at føle sig alene. Kæledyr kan være med til at skabe kontakt til andre mennesker. Kæledyr tvinger én ud af døren og derved komme i kontakt med andre mennesker.
- Ved ægteskab er det vigtigt at begge parter holder deres respektive netværk vedlige så det ikke kun bliver “VI”, men også nogle gange “JEG”.

KIRSTEN

FØRERHUND

- “Ensomhed i tosamhed er den værste ensomhed”. Det er en tragedie.
- Jeg skal hjælpes i gang, jeg er ikke som sådan genert, men jeg gør det ikke på egen hånd første gang. Jeg skal have en “førerhund”. Efterfølgende kan jeg godt blive ved, men skal lige igang først. Det er svært at tage det første skridt.
- Der er mange ressourcer og kompetencer (pensionister), som kan bruges i samfundet.



INDIVIDUELLE AKTIVITETER, LÆRE NYE TING HELE LIVET

- Det er vigtigt at have individuelle aktiviteter og hobbyer og gøre ting uden den anden (ægtefælle).
- Det er vigtigt at blive ved med at udvikle sig og lære nye ting.
- Rejser er en god måde at være sammen på.
- Man oplever en stor forvirring efter at være blevet enke. Lige pludselig skal man lære sig nye gøremål, som man skal tilegne sig i en sen alder. "Jeg vil helst klare det hele selv"
- Serviceeftersyn på bilen
- Fremmedgjort overfor ting, der skal gøres, fordi man ikke ved, hvordan man skal løse opgaven.

- Derfor vigtigt at lære sig tingene før behovet indtræffer.



TORBEN

PLEJE SINE RELATIONER

- Man skal holde sig igang og bruge tid på at pleje sine relationer.
- Selvom der sker nogle drastige ting (dødsfald) så er det vigtigt at blive i sine vante spor så meget man kan. Vigtigt stadig at have et liv.
 - Dog skal man huske at have sig selv med, erkendelsesprocessen er vigtig og bearbejde sin sorg, give sig tid til det, men også aktivt gøre noget for at komme ud af sorgen.
- Der er ikke plads til *bare* at hjælpe, som man har lyst
 - Regler og strukturer i samfundet virker nogle gange som barrierer for at kunne hjælpe andre (fx hjælpe til i en børnehave). Den ældre ses ikke af samfundet som en ressource. Der er ikke behov for én.





MERETE

AT VÆRE AKTIV HELE TIDEN

- Det er vigtigt at holde sig igang og komme ud.
 - Cykle
 - Have en have, så man kan dele erfaringer med andre.
 - “Det gode ved brige-klubben er, at der er turneringer, så man er *nødt* til at møde op.”





ELSE

AT TURDE SPØRGE OM HJÆLP

- Det er godt at have faste aftaler i kalenderen
 - Eks. Min søn, hans veninde og jeg vi planlægger på skift noget for hinanden. Så har man noget at se frem til.
- Det er svært at spørge om hjælp, men det er vigtigt at turde spørge om hjælp. “Andre ved jo ikke, at jeg har brug for hjælp.”
 - Eks. Min pære var gået. Dem der kom på besøg så det ikke eller ville ikke sige noget. Jeg kunne jo heller ikke lide at spørge naboerne for dem kendte jeg ikke.





HANS ERIK

AT TILBYDE HJÆLP OG TAGE IMOD HJÆLP

- Man skal ikke kun bede om hjælp, men også huske at tilbyde den. Det er godt have en “undskyldning” for at gøre noget sammen.
- “Der er så mange muligheder og tilbud, at det kun er ens egne interesser og økonomi, der er en hindring.” Eks. man kan ønske sig oplevelser i fødselsdagsgave



Halmstad, 16th of April 2010

E2C

REALplay Workshop – Halmstad

16th of April 2010



Participants

Ingegerd

Currently takes care of her husband who's got Parkinson's disease. She describes herself as a critical reviewing relative.

Kenneth

Is a former economist. He has previously worked a lot abroad, for instance in Africa. Nowadays he is retired and actively participates in the association of "Alla Hjärtans Vänner".

Eva

Works as an administrator in "hemvårdsförvaltningen" in the local municipality. She has been working there for the last 20 years.

Birgitta L

She has had many different occupations, ranging from cleaning to work at a retirement home. She took care of her husband for ten years before he passed away and have moved from Stockholm to Halmstad.

Britt

Britt is 77 years old and has formerly worked at a pharmacy. Previously she lived in Stockholm, but for the past seven years she has been living in Halmstad in BoVivas senior apartments. She visits "Alla Hjärtans Hus" almost every day.

Ole

Ole has been working in social services for the last decade. Earlier on he worked as a chef in a school cantina.

Niklas

Is 33 years old and works at "hemvårdsförvaltningen" with IT and health technology. He has a degree in sociology.

Elvy

Is 67 years old. She is a former teacher. Nowadays she takes care of her husband who's got Parkinson's disease.

Birgitta Y

In the age group of 70+ and widowed. Birgitta was one of the founders of FAV. She started her career as a dentist but changed her profession to work in institutional care. These days she is retired and has also participated in previous projects with Halmstad University.

Lillemor

Is 68 years old and widowed. Before her retirement she worked with human resources and in an economics department. She is a member of FAV (Föreningen för AnhörigVårdare).

Marie-Louise

Marie-Louise is 63 years old. Previously she lived and worked in Ystad but moved to Halmstad where her son lives. She realized that her retirement and aging in general would decrease her personal network in Ystad. Before her retirement she worked at a post office but later she changed to work at a hospital.

1. ASSIGNMENT

The assignment is now to build a model that tells something about what spoils or challenges the social relations in a senior's life.

Ingegerd

Sickness, and Isolation in the home

The black walls symbolize walls that are built up around a family when one of the family members becomes ill. The walls (=The sickness) isolate the family from some of their previous social occupations. Both spouses are treated as sick even though it is only one of them who is actually sick and the other is perfectly fine. People are afraid to confront sickness and do not know what to say to the well spouse.

The yellow door symbolizes that we actually can open the door and head out to meet the world on our own. It is all about taking the first step, which not everybody knows that they are capable of.

If we dare to venture out, there are many possibilities. We can get more out of our lives and meet even more people.

“...my son said ”Mom, it is really cool you have started talking [to other people]””

When you become isolated and friends stop to contact you, you become disappointed, but you have to realize that you yourself must take hold of your own situation.

“You have to take initiative yourself...do things yourself. Only you can change the circumstances”

One of the participants pointed out that the same phenomena regarding friends turning away also can occur after a divorce.



Kenneth

Need for integrity, family ties, restrictedness among senior organizations

Feeling need for privacy is not always healthy, even if experienced so by the individual. In other words, there may just be a fear of openness and an exaggerated need for privacy and Integrity that can generate unwanted personal isolation.

This can also relate to building up a facade towards friends where you focus too much on material things to uphold a surface and status towards a community.

Another informant adds that it can be a big challenge to your sense of integrity to let caregivers into your home. The model also symbolizes family ties or lack of ditto, either real or just perceived. Nowadays it has become more common that families are spread globally.

The model also symbolizes that senior organizations are closed for seniors who are members of another senior organization. In some cases, this system actually divides seniors instead of uniting them.



Eva

The home and retirement

The own home can be a problem for some people. After retirement a huge amount of ones social life disappears, and the home can almost become a prison. When you retire, you naturally don't meet as many people as before, and then you have to go out in order to meet new people.

Nowadays seniors are encouraged to stay in their own homes for as long as possible. Many seniors feel secure to live on their own, but some become happier once they move to a service house. The choice of living in the own home for a long time may have to do with an apprehension of meeting new acquaintances and experiencing physical insecurity. There can also be a feeling of loneliness, even if the senior leaves the home. This may be due to handicaps of various kinds, such as speech difficulties and thereby being ashamed of exposing it.

Seniors may also experience a stronger sense of loneliness if they on their own visit the cinema, restaurant, go to a lecture or similar. Loneliness itself can be inhibited and meeting new friends may be more difficult, the older you get. There may occur feelings telling you that you are the only lonesome one.



Birgitta

Openness, Solidity vs. Loneliness

You do not necessarily feel lonely when you are alone but on the other hand, you can feel lonely even though you are surrounded by other people.

Whilst changing environment, you have to build a new social network. A good idea is to just sit on a bench in a square, and eventually, people will come and sit with you. But the success rate depends on your personality.

One of the participants objected that it can also be a strength to be alone, and being satisfied in your own company.

The individuals who would like to be alone also have the right to be so.

Another participant adds that people can be lonely even in their marriage.

There is a big difference between self chosen “loneliness” and unwanted loneliness.



Niklas

Loss of identity, retirement, gender differences

The model symbolizes loss of identity after retirement. As an example in this model, a person worked as a mariner and actually had a social personality, but went asocial when not working.

After retirement, some seniors feel they lose their purpose. They feel that they don't have a specific task, which they formerly were good at solving. This can lead to feelings of losing their own identity and feelings of not having a place in society. For some people it can be hard to be social if they can't see any specific purpose. This might be a higher risk for people who strongly identify themselves with their jobs. It is important to be able to bring out the social competence when you need it.

The builder of the model thought that women might be better than men in socializing with others. For example at "Alla Hjärtans Hus", there are much more women than men getting together.



Marie-louise

Authoritarian barriers, self confidence, relationship with the servicepersonel

- This model symbolizes individuals struggling to reach their goals in society for instance in politics or by having their own needs fulfilled. On the top of the ladder, on the right side sits a politician and on the left side sits a person who judges seniors needs.
- When you have needs which for example the municipality are set out to help with, this is about passing the political and bureaucratic barriers and to have the right self confidence to make changes.
- Only few people dare to go to the commune by themselves and to stand up and question things in service houses for example. Service houses do not make room for individual needs.
- When you're a senior it is important to at least have one permanent social relation.
- Several seniors only have the service personnel that visit them.
- Therefore it is important that these people don't circulate too much so that the seniors at least have one permanent visitor to recognize and to get to know.



Britt

Retirement, declining finances, seniors as a public resource.

The economical situation changes after retirement. Some seniors have to give up some things they previously could afford.

One example is expensive travels to places far away.

As an alternative there are a lot of books to read about foreign countries and cultures. It can also be interesting to listen to other people's travel stories.

As the home-help services raise their prices, more seniors get worse economical situations.

A suggestion is to let seniors who are healthy work as long as they desire. There are a lot of seniors who would like to continue to work after their retirement.



Ole

Handicaps, ethnic minorities, isolation

Different types of handicaps can make a person inhibited from social activities.

Seniors of ethnical minority background can experience language as a barrier for creating social relations.



Birgitta

Death of spouse, emptiness, isolation, stigma

When a spouse passes away there can be huge emptiness. The dialogue that always has been there suddenly disappears. Moreover you feel a loss of a best friend, loss of having someone to share experiences with and not feeling to belong anymore.

“...grandchildren do not understand.”

It can also be hard to find solace from friends or relatives, either because they are afraid to initiate contact or because you yourself don't want to be contacted.

This model symbolizes the imagined wall that rises up around you in these situations - But there is always an opening in the wall; you only need to find it.

When people want to be alone they have the right to be so. Social activities and social relations are normalized which leads to a stigma for those who is alone and those who chose to be by them selves.

In Sweden we have the same word for loneliness and solitude which always gives the word a negative connotation.



Elvy

Parking license

Parking license for disabled people are worth much. This can affect the social life because of the increased accessibility is, so that a couple are able to get out and go shopping together. It would create problems if the license should be connected to one specific car or to one specific person.

People asking for handicap-parking license are met with negative comments.



2. ASSIGNMENT

The assignment is now to build a model that tells something about which actions seniors take to maintain and create social relations.

Elvy

Loneliness for next of kin and caregivers

This model concerns the loneliness that a next of kin or a caregiver can feel in her role. It is important to find people in the same situation to be able to share knowledge and feelings that occur as a next of kin caregiver.



Birgitta

Wheel spokes of social connections

This model represents a wheel connecting a senior to different communities and activities through the spokes in the wheel. The central hub constitutes the “crown” of your social relations, your own family, your children and grandchildren who are the most important in your life and in your social life. Even though you might not meet them often, due to for example that you live in different parts of the world, they still make up the crown. One example could be a sister living apart from you that you only meet twice a year, but the meeting is of high quality due to your common background and your close family relation. Without the crown, i.e. people not having any relations to family or do not have children, one could assume that there is a risk of “getting lonely”.

One or several spokes in the wheel might disappear during your senior life due to for example illness.

Illness or physical declinement might lead to that you are not longer able to go out dancing and therefore the spoke to this community is removed from your wheel.

Another example is that spokes to your working community get lost when you retire. The challenge is to create new spokes to new communities when you constantly lose spokes in your wheel, otherwise you risk getting lonely when you lose social relations.



Ole

Relations to home-care personel, acceptance of seniors' wishes.

For some seniors, home-care service can be their only social relation.

Some seniors have the feeling that it just is not fun anymore to socialize with other people. For instance some seniors want to be alone on Christmas Eve. Traditional events often create disharmony between the seniors wish of being by them selves and the relatives' expectations of being together.

The seniors wishes for being by themselves are not respected.

.



Britt

Taking care of the friends you've got.

You need to be quite active to withhold social relations, you have to call and send mail each other continuously. Otherwise the friendship may soon fade away.



Marie-louise

Openess and places for socialization

When you are new to a town, it can be a good idea to just sit down and take an ice cream at the town square and try to meet new people.

At bovivas senior apartments, they have a meeting place where seniors can socialize with others. If a person prefers to be alone that has to be respected.



Ingegerd

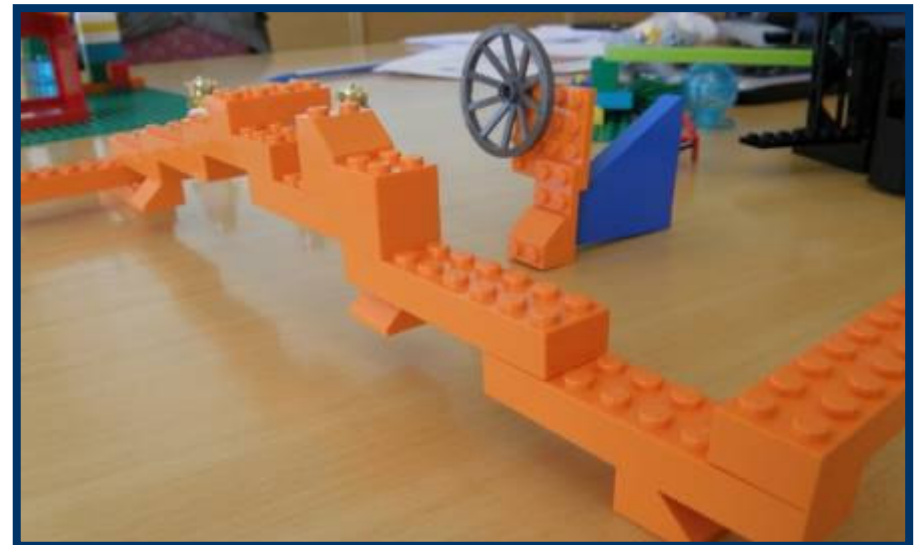
”The stairs of life and the wheel of fortune in life.”

As seen in the model, you can compare life with a stair with different paths as well as a wheel of fortune. you can choose your own path and change directions if needed. People should not be afraid to fall a few steps or go in a specific direction because you can always find your way back on track.

It is important to plan and have events and activities continuously. It could for instance be a trip to the cinema, theatres or invite friends to a party. You need to take your own initiatives. Another good thing to do is to get active in politics or something else, depending on your interests. You always need to put goal for your life, look forward and be curious.

*“you have to take initiative yourself...do things yourself...only you can change the circumstances”
(Ingegerd)*

When you get older it is important to try to keep up with new technical equipment. This can for example open effective ways to communicate with others.



Kenneth

”My personal mediaboard”, Quality in communication.

”This is where I get in contact with my family who are spread out all over the world. I have a little camera on the computer where I can talk to them.

However, a lot of people in this generation are excluded from society because of the technological development. Not all in this generation have neither the computer nor the knowhow to support the social relations

The quality in social relations can also be lost in the high speed of society because we live in a society that is focused on measurable things....Before we used letters and phones. If I write a 12 pages long letter to one of my relatives, I receive a text message in return. I refuse to open text messages”.

New technology can be a barriers for socializing for some seniors. There must be alternatives to the new communication channels. Not all senior are able (or willing) to handle new media (e-mail, SMS etc.) so the traditional forms of communication must be optional as well.





Eva

Keep having interests.

A way to meet other seniors can be to join some organization which could lead to a feeling of community.

It is all a question of giving something and receiving something in return.



Birgitta

Nature

You can go for a walk in the forest if you want to be alone without really feeling lonely.

It is hard work to create and maintain social relations.



Niklas

Hobbies (vintage cars), likeminded people

To have hobbies and go to meetings with likeminded people is a good way to keep contact with old friends as well as meeting new ones.

To be together with people whom you connect well with, will create a sense of unity and commonness.



Conclusions

Barriers for seniors social relations:

- Lack of social relations may lead to a higher risk of loneliness
- There is a crucial difference between self-chosen loneliness (solitude) and unwanted loneliness (where one doesn't have the choice of being social). It should be respected when a person wants to be alone. In Swedish the word for loneliness and solitude is the same and has a negative connotation.
- New circumstances (e.g. retirement, moving to a new home (geographically))
- Physical handicaps
- Economical issues (retirement can challenge one's economical situation)
- Illness: Both are treated as ill. The one who is healthy is
- Death of a spouse or divorcé
- Afraid of leaving the home or not having an open mind (meet new people, new situation)
- Competing senior-organizations separates seniors instead of uniting
- Political bureaucracy – afraid of contacting the authorities
- Individual needs are not considered by the public sector
- New technology or not being IT-literate
- Retirement can resolve in loss of identity
- Family members being distant (mentally and/or physically)

Conclusions

To create and maintain social relations

- Having a lot of different relationship where the family is the most important
- Nurturing friendships continuously
- Plan events and activities (cinema, the theatre, party)
- Take your own initiatives
- Having a personal interest e.g. within travelling, veteran car, politics or where you want to change things –
“To chose your own path in life”
- Join organizations



ONLY FOR INTERNAL USE IN E2C



Amsterdam, 15th of April, 2010

Participants



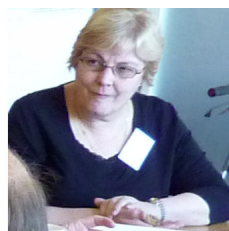
Roos, age: 61
maatschappelijk
medewerkster
Den Haag



Willie, age: 70
Amersfoort



Ineke, age: 69
Amsterdam



Corry, age: 65
Tilburg



Harriette, age:
64
verpleegkundige
, ouderen
adviseuse, baan
verzorging,
Almere

Copenhagen Living Lab
Mie Bjerre, Thomas Hammer-Jakobsen

Waag Society
Taco van Dijk, Dick van Dijk,
Sabine Wildevuur



Ynske, age: 67
weduwe.
zonnebloemwerk
, vrijwilligerswerk
Amsterdam



Letty, age: 86
VUT
Badhoevedorp



Bob, age: 76
uit onderwijs,
vrijwilliger
seniorweb. Gilde
Amsterdam



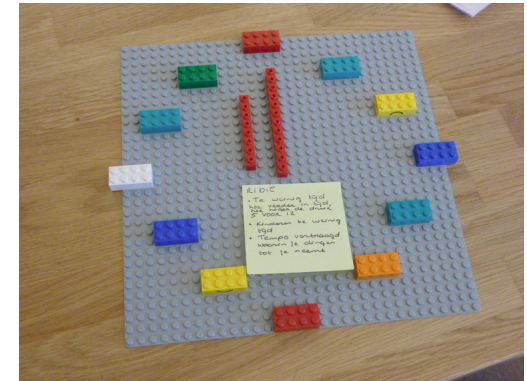
Ridie, age: 68
Gezondheidszorg.
Vrijwilligerswerk
Hoogland

Assignment I) Challenges

Build a model that tells something about what spoils or challenges the social relations in a senior's life? (15 minutes)

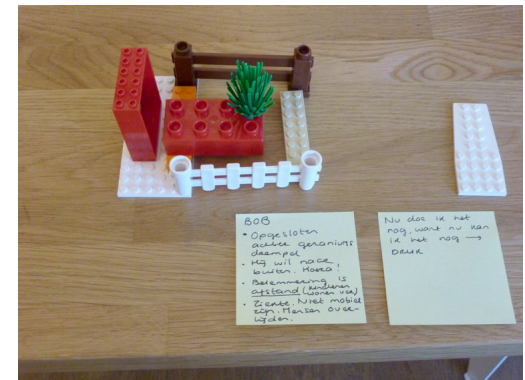
Ridie (TIME, RESPECT)

It's a clock that gets more out of balance, as time passes by. The older I get, the more pressure I feel to do what I want to do. I feel it is five to twelve. I still want to do a lot of things. I blame my children for being too busy and not having enough time for me. The kids just don't have a notion of the concept of getting older. The pace in which you do and execute everything and absorb things, is slowing down.



Bob (DISTANCE, MOBILITY, HEALTH)

The barrier is the house. You are stuck behind a closed door. You could sit behind 'the geraniums' in front of the window. However, the life you really want is outside. The obstruction is distance. My kids live abroad for example. You used to live close together, not anymore. Illness is a barrier, just as not being mobile anymore. People you know are passing away. Things like Skype are only a substitute. People are used to say when you are growing old that you should do what you want, now that you still can. That feels like a pressure to me. It means that I should do everything now while I still can.



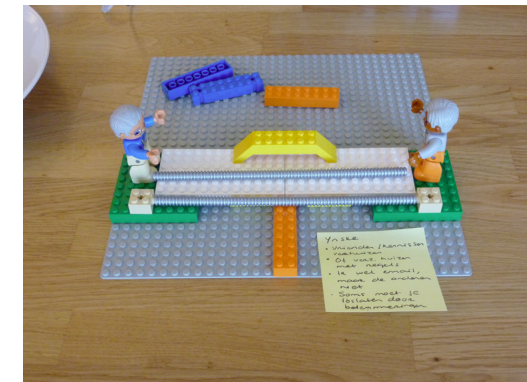
Letty (SOCIAL PRESSURE / DOMINANCE OTHERS)

I live in a residential community. We used to be a nice, open and friendly community with a good chairman. The minutes of every meeting were taking care of. A new chairman joined in, and it all changed. ‘Don’t nag’, is what they are telling me. No more minutes, nobody is allowed to know anything; it all went down. I can't change that anymore. You want everybody to be able to take part. Now that I'm outside I can live with it. I am now focusing on other things: the garden, the cat, playing bridge.



Ynskje (DISTANCE, ISOLATION OTHERS) Friends and relatives are moving. Because of the move, you don't get together so often. It is a barrier to stay in touch. Friends move to nursing homes, with rules and regulations, which makes it more difficult to visit them.

Maybe you stay in touch on the phone, but it does get less. You have to drop former contacts by influence of the outside. I use a computer and email, but not all of my contacts do; that's difficult.



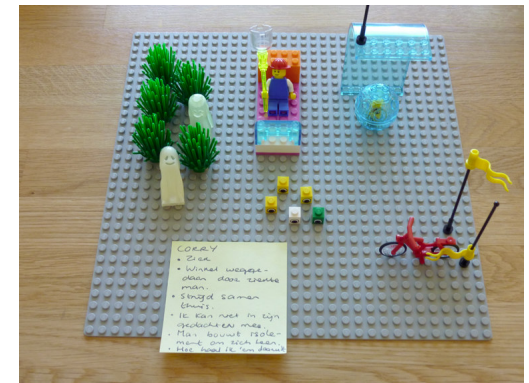
Harriette (FINANCES, RULES, GOVERNMENT)

Financial problems are an issue. If you are in a nursing home or if you would like to go to day care to take part in the activities or do other things together, you need resources. However, the fundings available for those kind of activities are shrinking, some are allowed to go only once a week now. I don't have much money to go out. Activities are organized through senioren.net for example, not to be lonely you should go out, but you'll always need money to do so. The crisis makes it worse. I have people I correspond with on paper, but if you organize something in real life, it costs money. Do today what you might not be able to do tomorrow; I have a lot of physical symptoms, you want to go out but then you can't because of the lack of money. I used to work, and didn't have the time to go out. Now I do have the time to go out, but I don't have the resources. I can't work anymore and get a salary since I am declared unfit medically. If I want to work as a 'stay over grandma', you need to be certified nowadays. The government is getting it all wrong these days.



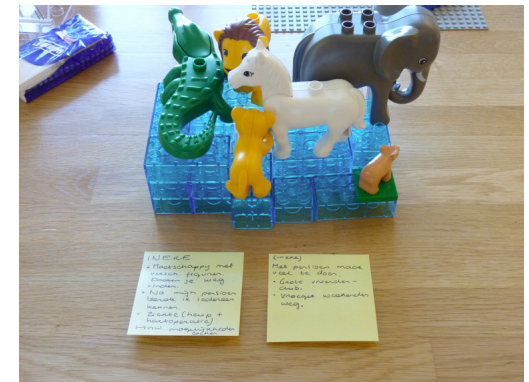
Corry (ISOLATION/IRRITATIONS, HEALTH/ILLNESS)

I don't want to sit behind the geraniums. I became very ill, the same goes for my husband. He got a couple of strokes. We had to sell our business and are now at home together, which is a struggle. My husband forgets things, I have to follow him around the whole day. I can't read his mind. It's hard to get through to him, because of his isolation. He watches television all day. I put a lot of eyes in the model to indicate that I keep a close watch on him. I want to put him in a box, to protect him. I go out a lot, also with the (grand) children, but he doesn't want to join and come with us. I don't want to send him to day care: he is too good for that. He doesn't want to do anything with the computer. He is enthusiastic about soccer, regularly goes to Willem II games with his cousin.



Ineke (SOCIETY, ILLNESS, CHANGING CIRCUMSTANCES)

Nine years ago I retired from a busy job. I never knew anyone in the street, now I know them all, that's nice! Because of physical limitations - I got a new hip, a year later I had to undergo a heart surgery – I had to look for new possibilities. When I was lying on the IC, and recovered from the operation, the first question that came to my mind was: Is my brain still functioning properly? I tried to remember names in the hospital to check. Going to the bridge club in the evening (weekends) wasn't an option anymore, because I was too tired at 10 PM. Normally I stayed until after midnight. I searched for other possibilities. The bridge club in the afternoon was a possibility. That works out. I have a big group of friends, we do a lot of things together: play bridge, go to the market. I also invest on the computer.



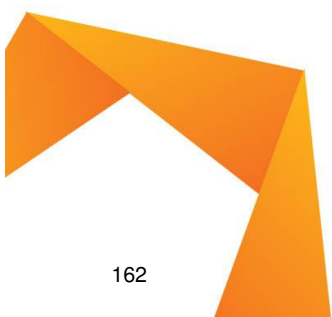
Explanation Willy (LIMITED INTERESTS/COMPLAINING MOBILITY)

We lived abroad for a long time. We returned to the Netherlands to see our (grand)children more. The best friends tend to be the people you meet early on in life. In our apartment we have a shared garden. There's a lot of talk about it, everybody has a different opinion. When elderly people get other, they start to talk about hips, pills, etc, and not about the nice things in life. People 40 years of age don't talk about their problems all the time, older people do.



Explanation Roos (LOSING CONTROL, GENERATION GAP, APATHY, COMPLEX TECHNOLOGY)

I built a futuristic scene. Technology is going so fast, you almost can't keep track. Even phones and televisions are becoming more complicated. While you are getting older, it gets too complicated. At a certain moment, you find yourself on an island with only other old people. The subjects of conversations get limited. The gap with the younger people becomes bigger. They want to help you, but I want to stay in charge as long as I can. People in nursing homes are being pampered and told what to do.





[Remark: Maybe you'll never be in a nursing home, so then you won't have to think about it either..

There's not a lot that's created specifically for the elderly.

It's subtle but the kids are going to be making decisions for you, even though you don't want them to. Remark: But you do deliberate with them, right?

I see it often, people becoming deeply unhappy because people are deciding for them... You are being limited, generally speaking.

Bob: I find when I teach computer classes, seniors have the attitude of 'that's not for me anymore', that negative aspect is in a lot of seniors. Computers have two sides, it's just not fit for some people anymore. especially men don't try anymore. For example automatic payment for parking gets more complicated too.

Young people don't think about what it's like to become older, and are impatient. Learning is more difficult for us. Sometimes computers meant for use by seniors are placed in a public space, and then they are only used by kids.]

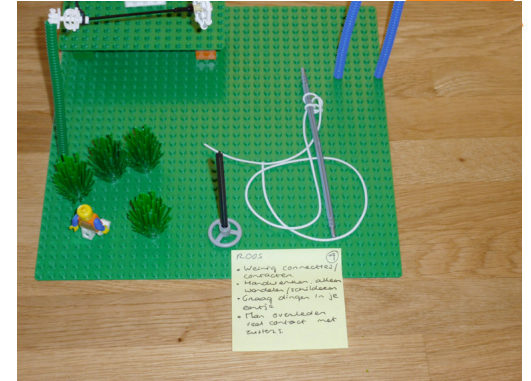


Assignment 2) Approaches

Build a model that tells something about which actions seniors take to maintain and create social relations?

Roos (HOBBIES, FAMILY)

I don't have many social relationships. I was always busy working, making money. I love to do needlework, to hike (alone) and to paint. I'm not building up any social relations with those activities. Sometimes I miss that. But the urge to create new social relationships is not very strong. My husband passed away, so mostly I socialize with my sisters.



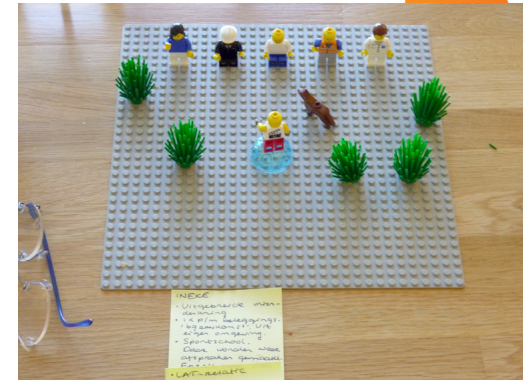
Willy (HOBBIES, EMAIL, COMMON INTERESTS (ART/READING), VOLUNTEER WORK)

Hobbies: Gymnastics, culture, modern painting, I like to go to exhibitions with friends or alone. Television programs also connect you to a community. I like programs about sustainability, such as 'Tegenlicht'. I use the computer a lot for my work as volunteer for a global trust that pays tuition for school kids in Indonesia. That type of work is only possible with the use of computers and email. I like to go on city trips with friends, without my husband. I love to read. Reading is the window to imagination. You do read alone, but you can talk about it with others.



Ineke (SPORTS/CLUBS, PETS, RELATIONSHIP)

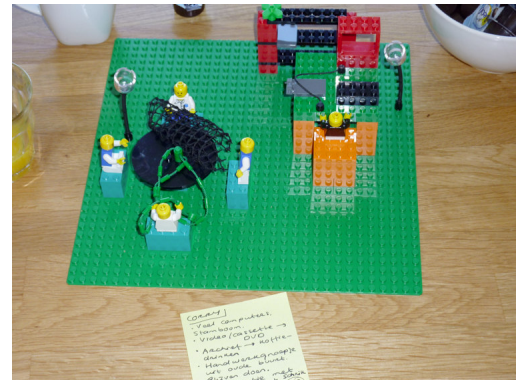
I have an extensive group of friends and I am very busy socially. Once a month I have a meeting with friends on investments. I am a member of a gym. Activities are also organized outside the gym. Sometimes I join in. I can't always say 'No', since I see those people several times a week. I go to the city, have a drink with friends on a terrace. I also have a living-apart-together relationship.



Corrie (COMPUTER, HANDIWORK/CLUBS, HOLIDAYS/TRAVEL, READING, FLOWERS)

I work a lot with computers, also on the family tree. I go to the archive to do research, and meet up with other people. We have a cup of coffee. I am also member of a needlework group, still from my previous neighbourhood. We are still in touch.

I used to go on holidays with my husband, but not anymore. My husband got really ill while we were in France, which was a bad experience. I should try to go abroad again, but I don't dare to.



Harriette (SIGHTSEEING, ZOO, THEATRE)

I like to drive with my car. I go to the community center, or sightseeing. I try to go to the zoo with my grandchildren. Go to matinees in the theatre with friends. Go on bike rides with other people; who knows who you meet there? Some of the best things are for free, you should make use of it.



Ynskje (SIGHTSEEING/GOING OUTSIDE)

I live in Amsterdam. A lot of activities are on, which are for free with the Stadspas. The door is open. I like to do things with others, but also alone. I build a wide road; I can go any direction I want, and I make use of it.

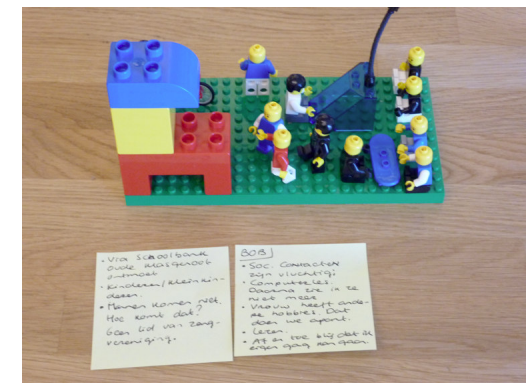
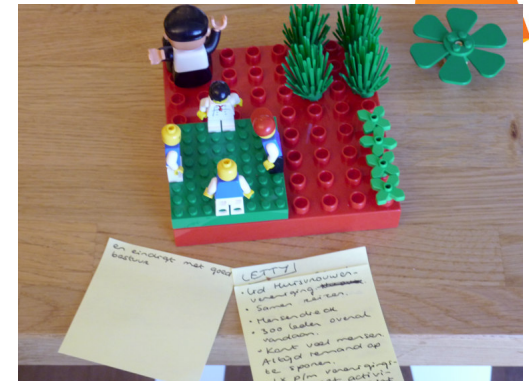


Letty (CLUBS/FAMILY/GARDENING)

I have a car. I only use it in my hometown Badhoevedorp. Every Sunday, I am having dinner at my daughter's place with her family. I arrive at 5 and leave at nine. I have a small garden. I learned 'nature's will',; everything that grows is allowed except for weeds. I am a member of the housewife association Netherlands. They organize all kinds of activities, clubs for museums, dances, reading books, meetings, Christmas.. I am part of their bridge club. I became a member when I was 30, now the youngest member is 60. In such a big group you can always find somebody to do something with, but it's never an obligation.

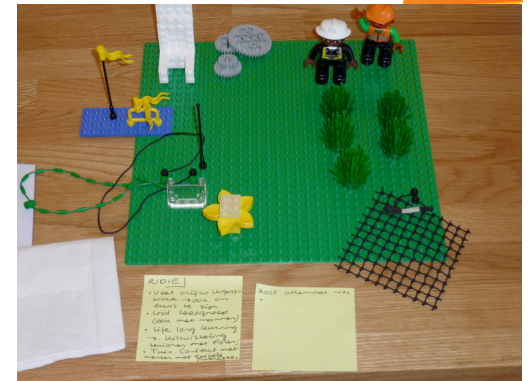
Bob (GUIDING/TEACHING/FAMILY/CLUBS)

I made a platform of things to do. My social relations have a transient character. I give guided tours; you meet a group of eight new people, with whom you spend two to three hours. After that you never see them again. The same goes for the computer classes I teach. They're a real social experience, especially during the coffee breaks. But I'm also happy when the season ends in September, I like to do things for myself, I enjoy reading books. My wife and I have different hobbies, I don't like to play bridge. Couples always get in to fights at the bridge table. But I do like to go on walks with my wife, to the market, drink something in a café. Through schoolbank.nl I found an old school friend from Belgium, we meet once a year. Also kids, grandchildren. I have a lot of acquaintances, not so many friends. I don't want to go to a club like a choir. Choirs have many women, almost no men. I think there is a surplus of women in the Netherlands.



Ridie (VOLUNTEER WORK/SKYPE/FAMILY/GARDENING/READING)

I do a lot of volunteer work, also to get out of the house. I'm a member of a literature group. We always drink something afterwards. I'm part of a European exchange project for senior volunteers. At home I use Skype to communicate with my children. I am into gardening, when I'm outside I meet people passing by with a common interest in gardening. I exercise my brain by reading books. Most things are for free!



Group Reflection

First you have to really want to do it, and then you still have to take action. In this particular group we really want to do things ourselves (take action). Some people might not want to, or not be able to. If you're not stimulated year after year, you might give up, then it gets hard to be motivated, (self-pity).

Ridie: Our generation is a proud generation, we think we should be able to do everything ourselves. Sometimes that gets in the way of using the (national) facilities. We should be encouraged to make use of things like tax breaks (for seniors).

Assignment 3) Barriers-Individual

Build a model that tells something about the barriers to escape loneliness, once it is there? (20 min.)

Letty (LACK OF) SELF DETERMINATION

I never wanted to grow old, now I am. I love every day. However, I don't want to live in a nursing home, I want to skip that entirely. That's why I became a member of the euthanasia association. To be able to decide for yourself when you don't want to continue anymore.



Bob (MOBILITY, FINANCES, MENTAL HEALTH, CHANGE)

I build a house. What are the barriers? If you're not so mobile anymore it gets hard to go upstairs or downstairs. The neighbourhood changes, flat buildings appear. Getting in and out of the public transportation gets harder. Finances play a role also. Brains function less. You become a bit scared. You would like to move to an easier situation, but finances can become problematic.



Ridie (MENTAL HEALTH, MOBILITY, FINANCES)

Your mental capacity decreases. Your mobility decreases. You're not able to take care of yourself and others in the same way as before. Finances are a big obstacle, not enough pension facilities.

People are passing away, or turn their backs on you. I have to anticipate on those things so I can continue on.



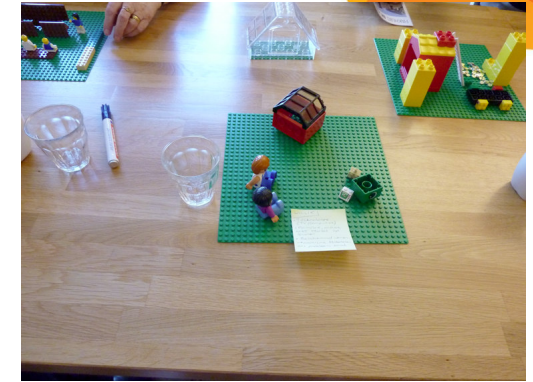
Roos (SECURITY/FEAR)

Inside your home you feel safe. The outside world is hostile. You have to motivate people to go outside, or you could try to bring the world inside. (The feeling) of security is really an issue.



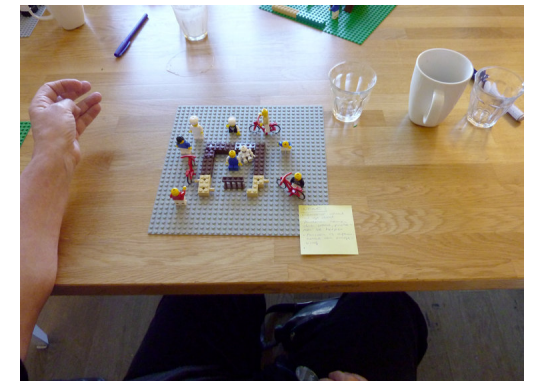
Willie (PREPARE FOR AGING)

How can you conquer the loneliness? Television and telephone could be of help. Also the family, but you cannot rely too much on them. I am considering living in a protected home and to try to deal with problems before they appear.



Ineke (FINANCES / MENTAL HEALTH)

People are already expecting you to die. Other people are trying to help you. You are dependent on your surrounding. Finances could be an issue. Every step you take outside costs money. Mental illness.



Corry (DISTANCE, MOBILITY, FINANCE)

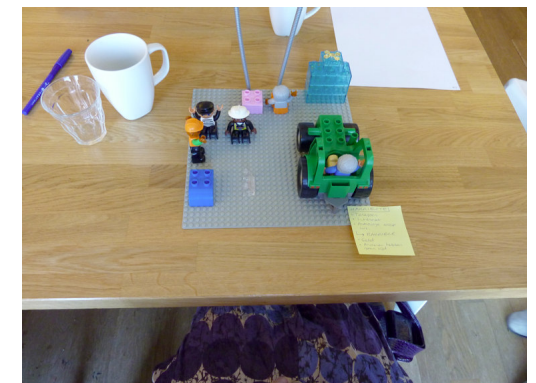
If your partner gets sick, there is a change you are separated and can't stay in the same home anymore. Finances play a role in this as well. Alienation (from each other) because of distance. Increasing dependence on others.

Harriette (FINANCE, TIME)

Possibilities to break through: Computer 50+ net, pick up the telephone, drive to the city. But everything costs money.

I like to sit on the waterside in Almere, with a thermos flask of coffee and a book, you meet new people a lot of the time. Or see my grandchildren, that's also a possibility.

Hindrances: Money, time available of kids.

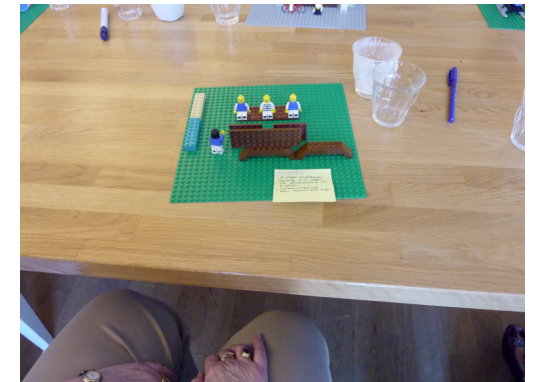




Ynskje (MOBILITY, MENTAL HEALTH)

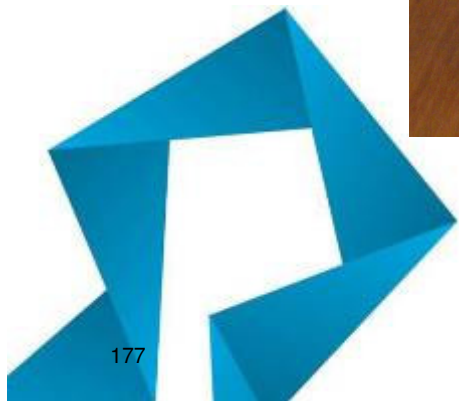
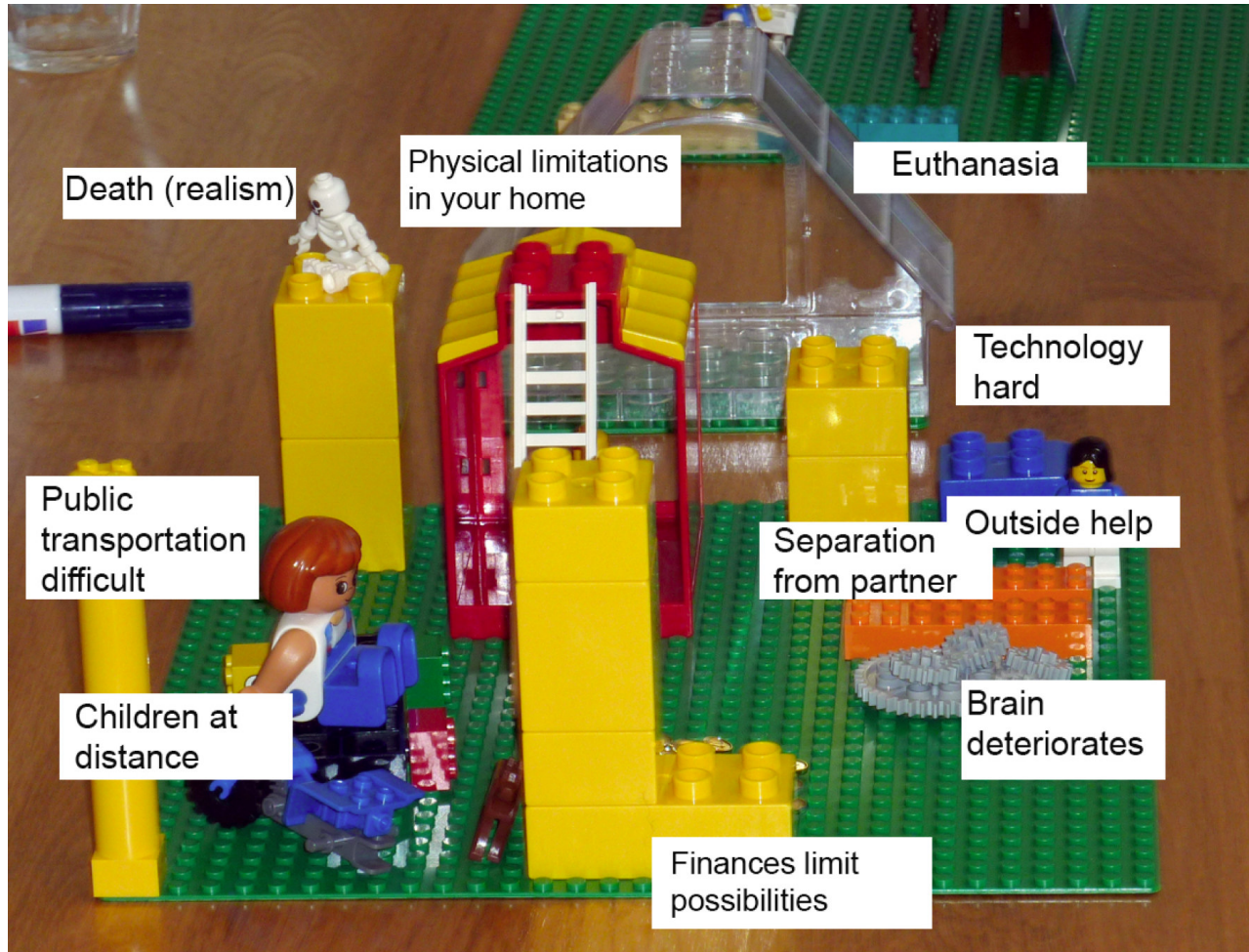
I'm not very mobile anymore. I build a big wall; you can't leave.

Dementia is a serious threat; I hope I never have to deal with that. You always depend on others to break through that barrier if you're physically limited.



Assignment: Shared Model

Build all the different models together into one coherent model. You are allowed to only apply some of the models, or to take parts out of the individual models – only rule is that everyone around the table should agree on the selection. (30 min.)



Conclusions

- Mobility, physical limitations in your home. So you can't stay in your own home anymore.
- Public transportation that isn't adapted to your limitations can be an obstacle.
- The brain function and your memory deteriorate.
- If you would like to live in an adapted home, finances can be an obstacle.
- If you need care, you can't live together, with your spouse anymore. You are separated because of outside circumstances.
- You want to see your kids, but distance could be a problem
- Daily activities such as going to a shop could be difficult since you are less mobile
- You are dependant on others for solutions.
- Technology should be a solution, but sometimes it is too hard to use a lot of the times.
- Death is around the corner. (realism)
- There should be a possibility to choose euthanasia

Discussion points (not part of the shared conclusion)

Government is or isn't an obstacle?

Lot of homeless people and addicts, that can't help themselves.

Euthanasia should be an option made possible by the government.

It's much worse elsewhere, e.g. in the United States.

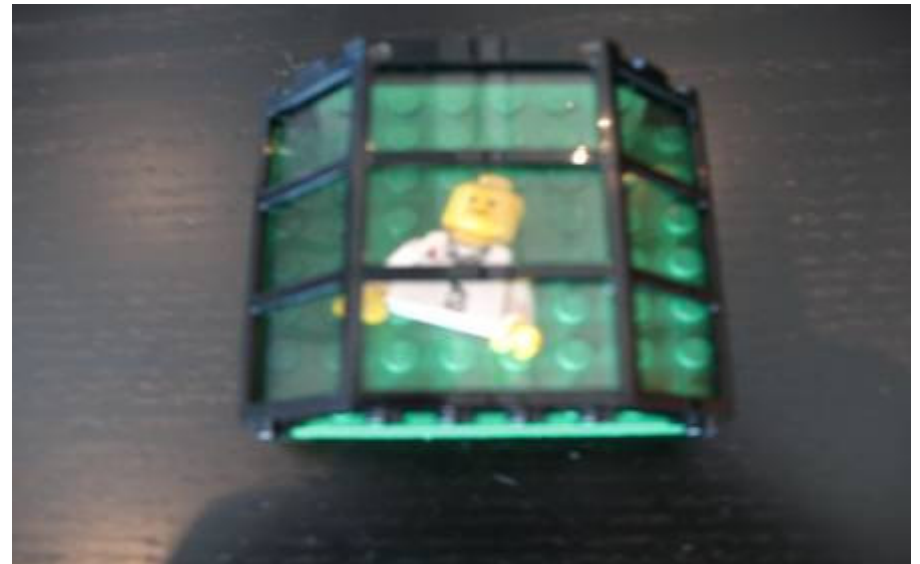
Helsinki, 28th of April, 2010

Barriers

WS1, 28.4.2010, Finland

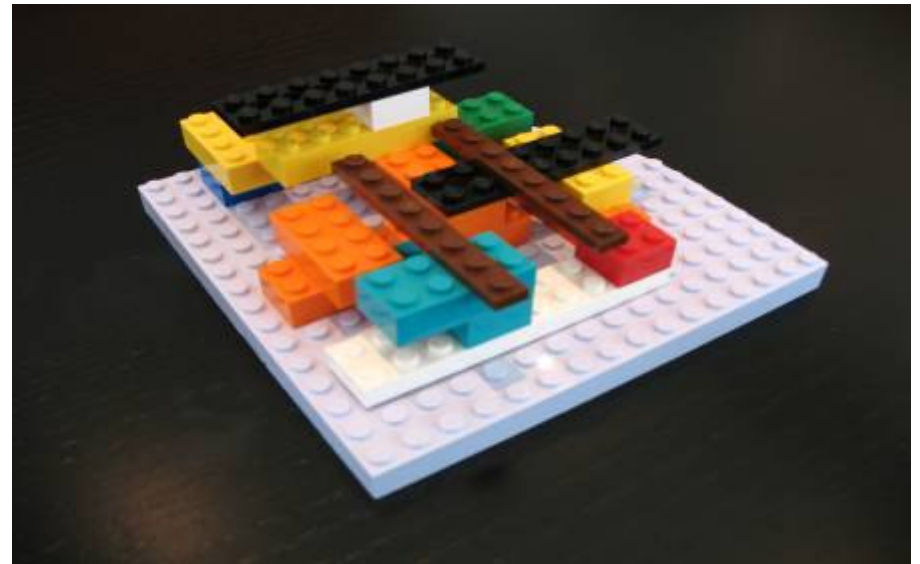
Tiina (service provider)

- disabled person at home; unable to move (not a coffin but a house)
- mobility barriers
- nobody informs about day center activities and transportation facilities
- lonely when living at a service home; "gangs" who control; not easy to mingle



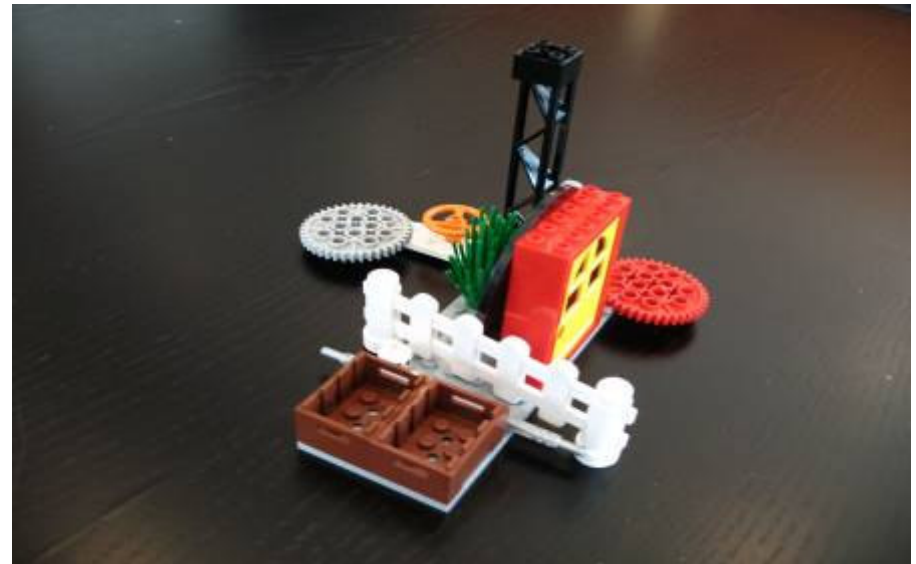
Kirsi (service provider)

- health problems, illnesses
- mental health problems
- financial problems; one doesn't have any extra money to spend
- thus it is very difficult to leave home, to go anywhere



Annika (service provider)

- illnesses
- fears; anticipations: I'll be the next one to die; I'll catch yet another illness
- many friends have died: there is nobody to call
- nobody gives advice and support in contact seeking



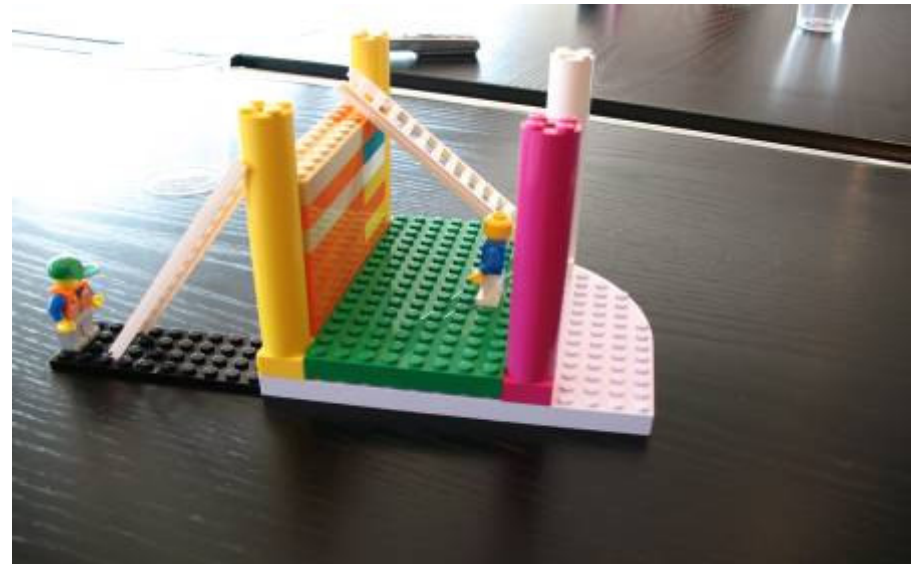
Simo

- Blocks of flats full of selfish people who do not care for others
- 85 % of the elderly are not active; not members in any associations, not active in the societal issues
- Attitudes should be changed.
- We should care for each other.



Markku

- the wall: language barrier, prejudices, fears, etc.
- we build the walls or the society builds them
- ladders: somebody tries to overcome the wall, the grass is greener...
- towers: there are always people who think that they are above the others; they are not interested in any walls or barriers in other peoples' lives
- fear of being or becoming old; younger people do not want to look into the old age
- mobility barriers, immigrants



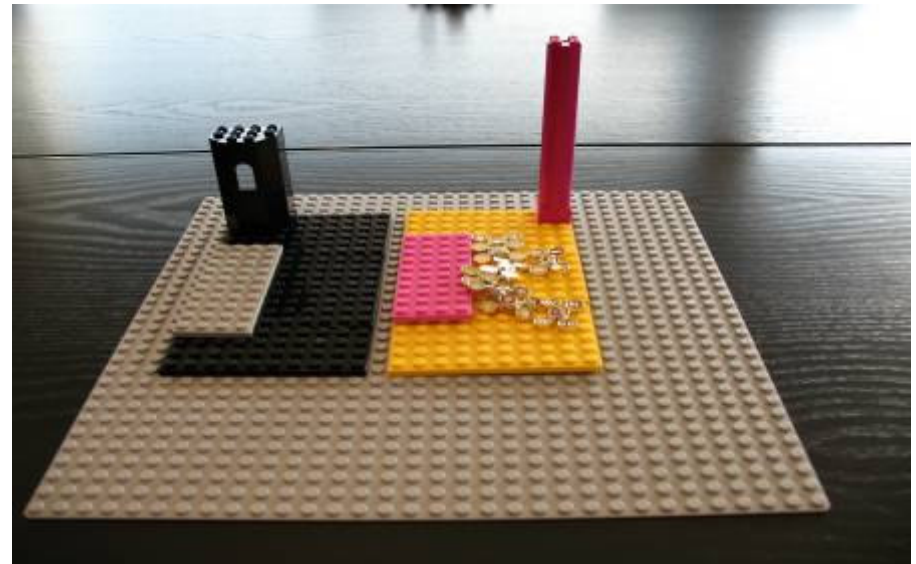
Raimo M.

- There is no wall but the fence has fallen down
- There are tools (a dog, a small boy, a tyre) for re-constructing social relationships
- *“My home is broken as my female friend died six months ago”*
- *“The tools are there to be utilised when the time is right to re-build my home”*



Leena (service provider)

- In our society, there are two types of life: superficial with a lot of "bling", and the one where elderly are alone
- Issues related to elderly people are not discussed properly enough; there is not enough respect for the elderly



Anne-Mari (next of kin)

- mental barriers = the wall, fear of failures; there is only a very small hole in the wall where to find your way into the otherside where you'd find lots of social relationships and great possibilities
- fear of new people and new things = ghosts
- fear of not being able to learn (e.g. how to use the computer); fear of being the most incapable person in the group
- too much emphasis on security; security-oriented, risk avoiding; not enough courage to throw herself into new situations, or visit new events unless she has somebody she knows to take her there.



Pirkko

- feelings of being different; the problem of otherness; when different kinds of people meet for the first time, they are uncertain
- if someone in the family has died, or friends have died, fear of death; and others feel uncertain how to contact and cope with those who have lost their closest
- sometimes a family is such a tight community that it is impossible to get in – or out.
- there are no spaces where to gather e.g. in the block of flats; no space for voluntary group activities
- feelings of "being nothing"



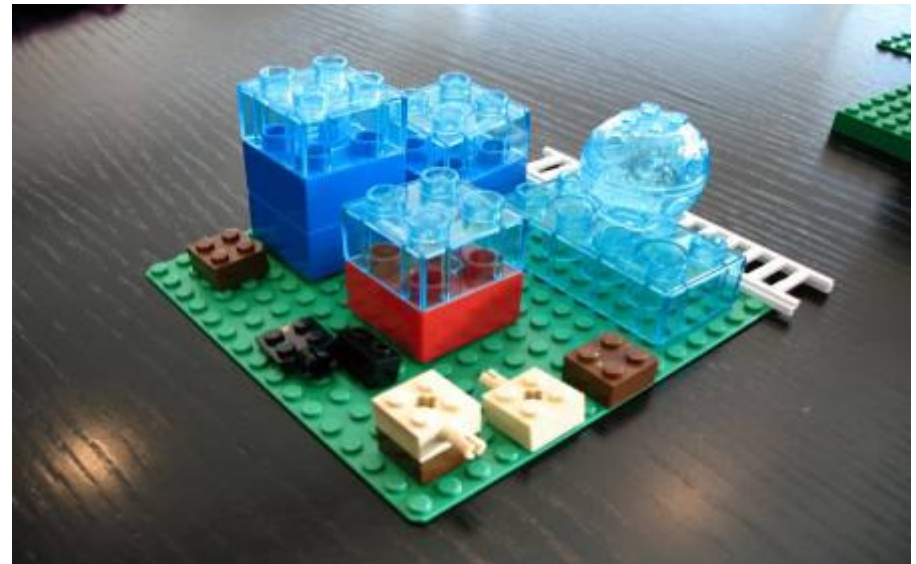
Raimo L.

- when two persons meet, and they don't know each other, there might be an alligator on one side and an elephant on the other side threatening and hindering the beginning of a social relationship
- the baby-boomers have been raised so that they have not learnt how to build relationships; the less civilized person the more difficult it is to network



Taimi

- A residential area with one-family houses; lived in the same house for 50 years; nice people around; and yet when her husband died, and neighbours asked her to pop in any time, she did not dare to go; the timing seemed never to be proper
- If you say: pop in any time, it means nothing, it is not taken as an invitation.
- It might be difficult to contact a person who has lost his or her spouse – one doesn't know what to say.
- It is very hard to accept that you are in the need of help, if you have been raised to think: Take care of yourself.
- If somebody doesn't any longer have the strength to participate in joint activities, we should call and ask how are you doing, and not to accept the answer "Fine, just feeling tired", not leave alone. Quite often we do not have the courage to take further actions.



Maila

- A person living in a cottage (= “mökki” in Finnish), staying there alone most of the time => “a cottaged person” (“mökkiytynyt” in Finnish)
- Physical, mental, and financial barriers
- Mobility barriers, the so called dangerous places in the city of Vantaa + stairs + houses without a lift + no bus transportation + no taxi vouchers from the city + bus tickets too expensive
- Others in the model are active persons with lots of hobbies.



Tuula

- A retired person staying at home; “it is nice to stay at home, I’m feeling comfortable with all my ‘bling’; I’m too old to do anything; I don’t have the strength to leave home” (no physical barriers related to mobility, only mental barriers)
- There is the window where she could peep out but she has not yet climbed up to peep, maybe someday.
- Now she doesn’t have the guts to leave home, she is just pondering what to do.



Enablers

Laurea Finland
E2C workshop 28.4.2010

Markku

- people of all ages living together
- close community
- no mobility barriers of any kind



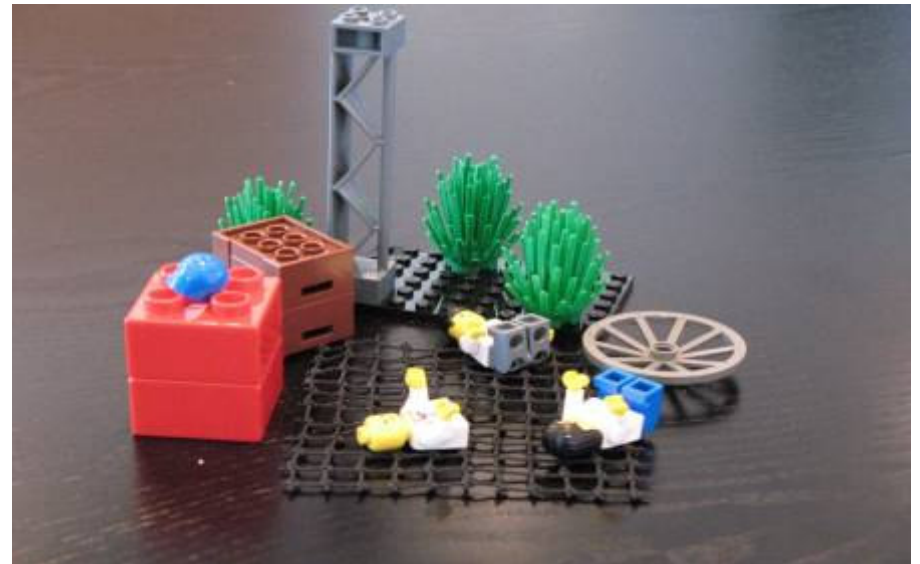
Simo

- a society where it is easy to deal or cope with public sector
- lots of different kind of people; civil servants, police, immigrants
- lots of opportunities to be active in the societal issues; to be able to take part and influence on the decisions made in the society



Annika (service provider)

- peer-to-peer support
- discussions with other people
- preventive activities
- there are not enough services for the depressed
- easy-to-access help



Kirsi (service provider)

- peer-to-peer support groups, especially for family caregivers
- a yard of the block of flats
- everybody pays attention to others and is active in contact seeking, asking "Do you need any milk, I'm going to the grocery store?"
- helping each other



Tiina (service provider)

- psysical activities, motion
- nature, taking care of the garden, riding on a horse = being active, doing something
- opportunities for being active, taking part in different kind of activities



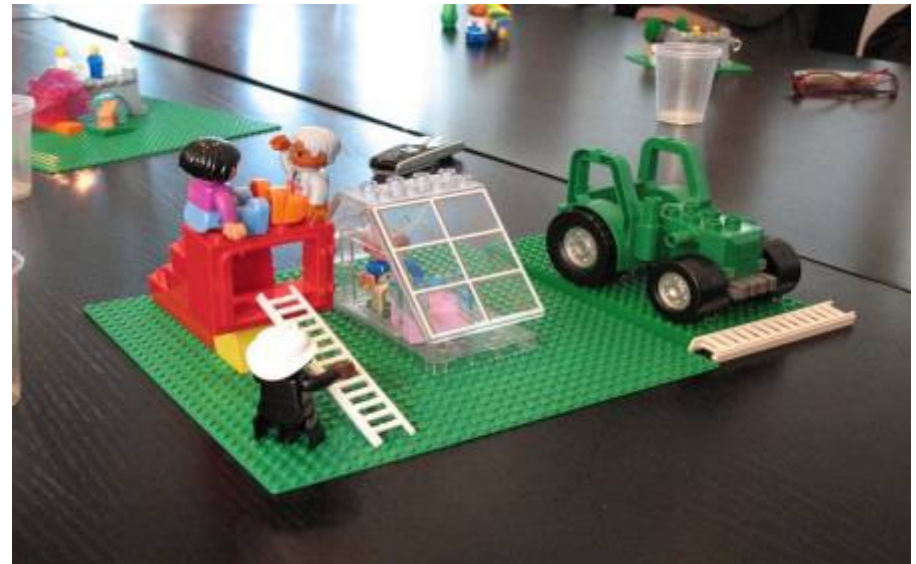
Tuula

- The same model but the person has been able to leave his or her home – he or she has now a friend who has come and asked him or her to go out, maybe for some physical activities.
- There is some bling-bling – it is a reward, a mental reward for being able to overcome all the barriers.



Maila

- The one captured in his or her cottage, is now using a computer.
- Nearby there is the library where you can get help with computers.
- There is a lift, public transportation services are ok, there are no mobility barriers around the cottage.
- People meet at associations, hobbies...



Taimi

- The lion is a dog. She used to have a dog who helped her to get to know everybody in the neighbourhood.
- We should remember to say some beautiful words to each other instead of being (kind of secretly) depressive. We should be positive ,and love each other.
- We should support each other more - and not let people to try to cope with all alone.
- It might be frightening to speak to somebody you don't know.
- The association gives support, it is a resource.



Raimo

- We are often afraid to talk to each other.
- The skeleton: you might be able to find new friends in the end of your life but it might turn out to be too late.
- We should have more courage NOW, and thus to escape the skeleton period. It takes a lot of courage to try to climb on the bridge. It might be a bumpy road.



Pirkko

- All the problems will be solved in one's own community with the help of peers and some visiting professionals with their advice and lecturers.
- Doing things together; identifying mutual interests
- There is still the feeling/experience of otherness: I don't belong to "us". We should be active in contact seeking with those who are passive or disabled.



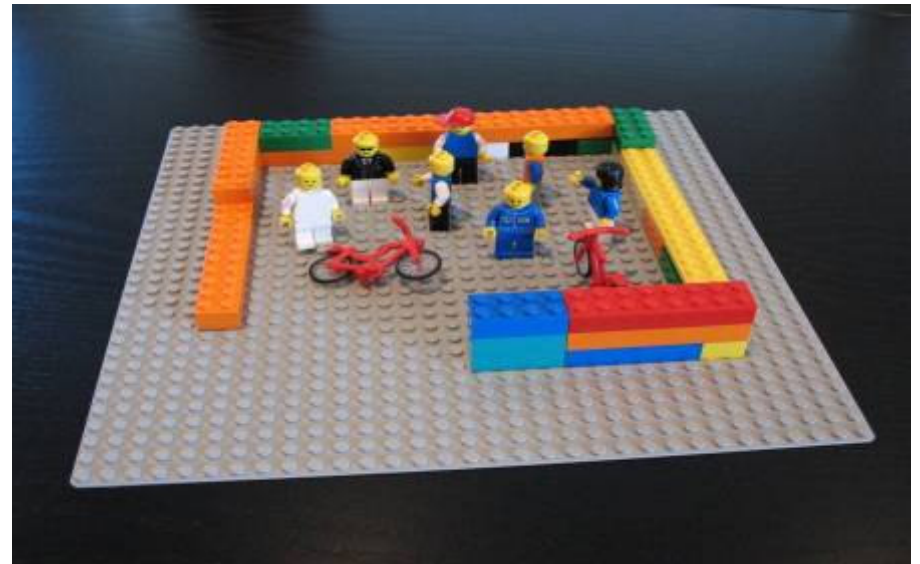
Anne-Mari

- This is a ferry which helps you to pass all the troubles.
- Meaningful social relationships, healthy food, cultural activities, nature, walking in the nature, grandchildren, physical activities



Leena (service provider)

- A place where people of all ages will meet each other.
- We should not have places for different age groups – we should be “we, human beings”
- Now we seem to have “silos” for different age groups; we have different professionals for different age groups.



Raimo

- My first model was a mess. Now everything is nicely in its proper place, and all the rubbish has been taken away.
- The are antennas pointing outwards, looking for the future, not looking into the past any longer. It is time to start establishing new social relationships.
- The dog and the little boy from the school are there, too.



Shared model, group A



Minna: Could you start telling about your shared vision of those forces which help to continue social relationships

Simo:

- In practice our model is very complex. We could look at it clock-wise or the other way round. If we start looking at it "anti-clockwise" (ANNE: Sorry I do not know the word in English.). Here you can see Brussels. Brussels has an impact on the activities of the municipalities, it has an impact on the level of the whole nation. It has an impact on the city where we are at the moment. It has an impact on the individual level, too.
- This piece should be other way around. The smile should be on this side. The Brussels has an impact on the city or city part level. There you can see the family like in Eden.
- Here are the individuals. And now we can say that the individual has an impact on the Brussels level. We as individuals have the right to make suggestions to the local administration. We can put some pressure on them.
- The individual and the goals of the wellbeing and happiness of the individual have impact on the local – village – level. Communities in the villages are ideal models for the cities. If you think about the old agrarian society; it has been said that the small village communities are better places to live – people living in villages are happier than those living in the cities.
- The ideal concept of village communities will be understood by the local administrators, and the message will be heard at the parliament, too. The decision makers will understand: there is the goal where we should be striving at.
- Then the wheel starts moving, and finally, the individual will be happier than ever before.

Shared Model, group A



Shared Model, group B



- ... mobility... transportation services
- Taimi's rucksack... she bikes because there is no bus service in the residential area where she lives alone in a one-family-house --- where she has lived for the last 50 years.

Shared Model, group B



Maila:

- This is a very democratic creation, we have combined our ideas.
- However, we sort of based this on the individual, how to engage people in activities, how to promote sense of community. And we thought it is really important to have these kinds of activity centres for people of all ages, so that you can meet there both the young and the old and all kinds of people. And they would be easily reached and accessible with a transport possibility even for those who have physical challenges.
- So they would be engaged in this kind of independent activity but also have supervised activities.

- We found that developing these kinds of centres for the elderly, like we have a couple in Vantaa and more are coming, as a good example, I mean to develop them so that they really serve their surroundings and people could experience there shared activities with people of all ages.
- And then personally, I consider this IT society as a very important thing. And it is also very important for the sake of the elderly to have computers, a library, newspapers and so on. These are highly important.
- And then to my pet subject, this transportation issue, which is also a very important theme. I mean, if you are physically challenged and have difficulties to move, you really feel like in a prison and you might say "I cannot move freely". So this is important. And this might, of course, depend on the lack of money as well.

Tuula adds:

- And I also find that it is very important that if people want to be alone, they are allowed to be alone.

Pirkko adds:

- I would like to add one aspect which we did not have time to discuss. That is, the global, international aspect. These activity centers should have contacts with similar kinds of centers in other countries, and they should collaborate, organize trips etc. together to meet each others. It is important to perceive that similar kinds of people live elsewhere, too.

Shared Model, group B

Minna sums up with her comments:

- This model perhaps introduces the concept of a hub which was discussed earlier. The concept of a hub includes the idea that there should be special spaces where people could go and engage themselves in different kind of activities. Quite often these hubs have been build around the idea of social entrepreneurship but they could be constructed along other themes as well. It is also essential in the concept of hubs that hubs from different countries should discuss with each other to share ideas and thoughts. The model seems to include the idea of the so called third place/space.
- So both the groups have presented their shared models. You have taken a slightly different perspectives but I think that both the models present the idea of the multi-layerness of the social relationships in an extremely elegant way. And both models share the idea that different kinds of social encounters increase the number of different kinds of social encounters. In a way the issues of tolerating the otherness and other such issues are already build in your models.





Mie Bjerre
Copenhagen Living Lab
May 2010



Express to Connect