European Approaches to Aging

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AMERICAN PARTICIPANTS in the Third International Gerontological Congress in London who took advantage of the opportunity to observe programs for older people in the United Kingdom and in nearby countries came home inspired by the extent and variety of activity they found (*1*).

The appearance of large proportions of older people in the populations of European countries occurred about a generation earlier than in the United States. Hence, it is natural that these countries should have done a good deal of pioneering in meeting their needs. This brief report presents the highlights of activity in the countries with the most advanced approaches.

Financing the Later Years

Most European countries have federally operated contributory, work-connected pension systems similar to our Old-Age and Survivors Insurance, with supplementation through assistance grants. Eligibility is usually based on retirement from gainful employment or survivorship. Pensionable age for men varies from 65 years in Denmark, England, and Switzerland to 67 in Sweden and 70 in Norway.

Cash benefits are normally insufficient to meet all requirements, particularly those of persons with problems of infirmity, illness, living arrangements, or social isolation. Recognizing this circumstance, most countries offer many services and facilities on a community support basis, subsidized by either public or voluntary funds.

Medical Care

All European countries have infirm, long-term ill, and invalided older people who present an increasing demand for health services and custodial care. The United Kingdom, Norway, and Sweden are undertaking to meet medical needs through universal coverage schemes which guarantee the availability of the best the countries can afford. Denmark and Switzerland have health insurance schemes, compulsory for individuals in certain income brackets and administered by local societies, usually under the supervision of state authorities.

Most of the hospitals are community operated and many include special geriatric units. Frequently, especially in the Scandinavian countries, the chronic hospital or geriatric unit is a part of a total housing plan for old people. A special geriatric ward is to be found in Stockholm's Municipal Hospital.

Hospitals for the mentally ill are mainly

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state-operated but are crowded and generally considered understaffed and inadequate in number. Some efforts are being made to make more effective use of present space since there is little construction in this field. In England patients who have become old in mental hospitals, but who no longer need special psychiatric care, are being released to live in special homes for the confused senile. Results thus far indicate that many such old people improve in the homelike, nonrestrictive atmosphere. In Amsterdam, plans are under way for a "transition hospital" for confused patients where treatment for physical and mental disorders will be carried out with the expectation that a significant proportion of the patients will be able to return to their homes instead of being committed. Cities in most countries have begun to establish outpatient health department services for the mentally ill.

Perhaps the most striking feature of medical programs is the emphasis placed on rehabilitation. Most hospitals have extensive facilities for thermal and mechanical therapy. Dictated in part by construction and operating costs, the underlying objective is to enable older people to remain functional and at least partially self-sufficient in their own homes. Accordingly, in addition to the hospital services, such aids as spectacles, hearing aids, dentures, occupational therapy, and chiropody are widely available in Great Britain, Scandinavia, and, to some extent, in Holland and Switzerland.

Home Services

Remaining in one's own home becomes possible for many old people because suitable housing and community services are becoming available. The principle of home living is rooted in several factors: the conviction that most want the dignity and the security it affords; the knowledge that people generally recover more rapidly at home; the costliness of hospital and domiciliary facilities.

Many infirm elderly people are enabled to remain at home, alone or with children, through the close integration of hospital and home medical services, visiting nurse, housekeeping help, night attendants, laundry and bath services, friendly visitors, community kitchens to which older people may go for meals and from which meals are taken to elderly shut-ins. Even in France, where relatively little has been done for older people, these special home helps are available for a limited number of older people through money raised by the National Old People's Day. In Scandinavia, where home helps are being developed on both a paid and a voluntary basis, many people of the middle class are volunteering to go into the homes of older people needing domestic or other services and are ready to accept training for that work.

Community clubs for older people are becoming popular in England, Holland, and Switzerland but not in the Scandinavian countries, Germany, Italy, and France. In some communities vacations are provided, thus taking the old person out of his children's home for a few weeks a year.

Day hospital programs where old people receive treatment and take part in occupational therapy are common in the geriatric hospitals of England. Hostels and halfway houses relieve hospitals of patients who are mending but not yet ready to go home.

Many of these services are coordinated by the district medical officer of health. In the borough of Finsbury, London, the health officer has added an SOS card system. Older people living alone summon help by placing the card in the window. Neighbors notify the health department when such a card appears.

Housing and Living Arrangements

Both independent and group housing for pensioners have been developed in Europe in great variety. The Swedish Government makes it incumbent upon every community to provide housing for its elderly people. Government subsidies are generally available in most countries though, in some cases, communities have built such dwellings on their own initiative.

In all these countries there has been a good deal of experimentation ranging from single detached dwellings to large organized villages containing acute and chronic hospitals, communal dwellings for the frail, and individual modern apartments for the able-bodied. From many experiments a number of useful principles have emerged.

One of these is that the greatest possible degree of privacy should be afforded, preferably in one's own flat or apartment, or, at least, in a private room in a boarding or old age home. Some that have provided dormitory living are now being remodeled to afford individual rooms and apartments.

The second principle is that housing must be located in the city in proximity to friends and institutions and not in remote, rural locations. Most of the countries of northwest Europe are building housing to replace that knocked out during the war. Scattered through these developments, in single units or in blocks, are a good many flats, modern apartment buildings, and row houses built especially for older people.

The third principle, now taking hold, is that housing and medical facilities should be separated. Incorporation of a hospital into a housing development suggests illness, it is believed, and tends to make for expensive multiplication of facilities. Accordingly, new housing facilities are being built as housing, and attention is given to facilitating transfer to medical and custodial institutions if the need arises.

Institutional homes for the aged date back many years in Europe. Many of them are still in use and are heavily endowed by voluntary societies. While the newer homes are generally public facilities, there are still many being built by religious organizations and labor groups, especially in Holland and Germany.

One aspect of housing that strikes the observer is that adult children are expected to provide homes for their aged parents if at all possible. In Great Britain, almoners attached to hospitals and welfare agencies make great effort to achieve this arrangement. In Germany, Switzerland, Italy, and France it is a matter of expectation that the family will care for its older members. There is less emphasis in the Scandinavian countries upon keeping the old person at home, and attempts are made to place the older person under circumstances best for all ages concerned. In Denmark, adult children are legally liable for the support of their parents. Until recently, the pension program accommodated such economic pressure, but present difficulties have increased the need of the aged to depend on their children, with resulting friction and resentment on the part of both generations. But in all countries, the home helps mentioned earlier have been developed, in part, to ease the burden on families trying to accommodate aged parents.

Activity Programs

The prevailing attitude in most European countries has been that older persons are worn out and eager to rest. Relatively little effort has been made to find new roles for retired people or opportunity for creative or recreational pursuits in housing projects or in old age homes.

Yet, there are some outstanding exceptions. One is the Finsbury employment scheme for the elderly, sponsored by the health department, in which older men and women of the community work 2 hours a day testing fountain pens, assembling electric switches, packaging bandages, and on other light work. Beyond the experimental stage, the workshop is now housed in its own modern building where it affords social contacts and income supplement to its workers.

Employment

Primarily to hold down pension costs but also to overcome worker shortages in some occupations, attention is being given to continued employment of older people. Pension systems contain financial incentives to remain at work. In Great Britain, a national commission is trying to correct the factors which make for inadequate utilization of older people's services. Employers are being urged to examine their practices to see whether more older workers can be engaged and retained.

Scandinavian countries have developed practically no recreational activities for older people. Currently, these countries are giving attention to the question of whether gainful employment should be further extended beyond age 65 and to the question of training for artcrafts in which there is already a rich background.

Organization

Public agencies and funds are involved in programs for older people to a much greater extent than in the United States. The princi-

pal reasons probably lie in the actual and relative magnitude of the older population and in the shortage of private funds resulting from the costs of war. There is, however, every evidence of willingness on the part of voluntary groups to contribute funds and personal services to the limit of their capacities.

Striking and unique is the close working relationship between statutory and voluntary agencies. England alone, for example, has more than 1,100 local committees on aging with private and public organizations equally represented. Some of the home services are provided by public bodies, such as health, welfare, and housing agencies; others by voluntary groups such as the tuberculosis society, Red Cross, Women's Voluntary Service. In some instances public agencies supply funds or materials and voluntary groups the personal services.

Many home services are performed by paid or volunteer workers who are, themselves, in the middle or older ages. Finland, Sweden, and Great Britain have developed training programs for women seeking positions as matrons of homes, domestic helpers, and so forth. Swedish training programs are government sponsored. The trainees are employed in homes for the aged which are operated by the local government in cooperation with the federal government.

Medical schools are giving some attention to the practice of geriatrics, and younger physicians are being urged to study the needs of older people. There is growing opinion among medical people for special departments of geriatrics in the medical schools and training hospitals.

Research

Research on aging is going on in all countries. In some places, as in Italy, it appears to be the principal activity. And most of it is directed toward biological and medical problems. Most of the gerontological societies, such as the new one in Switzerland, are composed of medical people and researchers.

There are exceptions, however. England is working on psychological problems and work performance. The monumental works of Rowntree (*2*) and Sheldon (*3*) on health and social circumstances of older persons are being followed by intensive community studies.

REFERENCES

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