A MULTIDISCIPLINARY APPROACH TO THE AGING FIELD: SELECTED TERMS AND DEFINITIONS

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A Multi-Disciplinary Approach to the Aging Field

Selected Terms and Definitions

(Standardizing terms and definitions in gerontology)

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STANDARDIZATION OF TERMS AND DEFINITIONS IN GERONTOLOGY

PREFACE

Gerontology is frequently analyzed from three points of view: as a scientific area; as an area of teaching and education; and as an area of practice.

The interrelationship between the three dimensions has repeatedly been stressed. Growth in gerontology as a body of knowledge concerned with the process of aging and with the state of being old has invariably led to development in the area of teaching and education targeted on those engaged in professional study and preparation for gerontological practice. This included in the first place those of human care and services professions. Increasingly, however, gerontology turned its attention not only to those involved in direct interaction with the elderly as service recipients, but also to those involved in decision making at political level and those concerned with planning and administering the ever growing array of societal investments in the field of aging and old age.

The rapidly growing "internationalization" of gerontology and the mounting practical concern of increasing numbers of societies and states the world over with the issues of elderly in their own countries have created a felt need for cross-national and cross-disciplinary communication exchange and mutual understanding of the accumulating knowledge, experiences, and achievements or failures.

Human knowledge may be the result of universal quests for answers to many basic uncertainties and needs. However, knowledge speaks many languages often incomprehensible, even in their own cultural and social environments, and even more so across nations, cultures, and a variety of developmental

levels and achievements. Gerontology in all its three dimentsions (knowledge, education, and practice) had moved into this process years ago. Gerontological publications, congresses, cross-national exchanges, and many other forms of encounters and dissemination have been but an initial step in the direction of cross-national communication limited primarily to professionals sharing knowledge of language and common scientific, disciplinary, or educational backgrounds. It was to a large extent limited to already "gerontologized" societies and countries with a common denominator of activity, of the aging phenomenon, and of the ensuing problems. As other areas of the world began to be increasingly concerned with the "outbreak" of aging and with the need for societal reorganization to cope with the growing demand for knowledge, education, and development of practice in servicing the needs of the elderly - the pressure for sharing and cooperation between the "maturing" or "aging" countries with those already "aged" and "experienced" - if to put it this way - has become even more timely, topical, and urgent.

One of the major problems was that of the "gerontological lingo" developed over the years by the gerontological scientists, educators, and practitioners to describe concepts, theories, educational methods, and most of all, the every growing variety of "social inventions" in the form of services in health, welfare, and other aspects of human well being of the elderly.

Already in 1968, at the CNRO (Bagnolet, France) sponsored International Work Sessions in Social Gerontology (which led two years later to the emergence of CIGS - Centre Internationale de Gerontologie Sociale) the "creation of an international glossary (in gerontology)" and the "standardization of statistical methods" was urgently stressed and approved among objectives "immediately realizable and useful" (CNRO, 1969, p. 69).

An international working group was established, chaired by Prof. R. Van Zonneveld. Some initial, preparatory work was undertaken. However, no definite results were obtained although the matter came up several times as an important project of CIGS to be implemented (CIGS, 1970, p. 127).

The fact is that many of the technical terms used (in gerontology) have simply been taken over from everyday usage or from vocabularies of medicine, sociology, or psychiatry. However, "new terms are being coined, and these have (as yet) no equivalent in other languages - in many cases, the expression (usually English) has simply been "naturalized." This often causes confusion which can hamper communication. This consideration lay behind the publication of "Common Gerontological Terms in four languages" (Herrero, Junod, Lehr, Thomae, Zay, 1981) - a total of some 500 terms covering a broad range of disciplines and areas of practice. It was a helpful step in the direction of facilitating cross-language communication - an avoidance of what J. Last pointed out in his introduction to "A dictionary of epidemiology" ("Sciences, especially those rapidly expanding, are often confounded by the proliferation of words and phrases to describe its concepts, methods, and proceedings. Creation of new terms and disagreement about the meaning of the old ones confuses beginners and experienced professionals").

The awareness of the danger of such confusion and resulting obstacles in communication has become stronger at national and international levels in the last 15-20 years, and numerous attempts have been made to overcome it. At the national level, in the area of aging, one may mention the nomenclature of services to the elderly in Germany (Schellhorn, 1979); the glossary of terms in Canada (Hapworth, 1975); a glossary on health and aging in the United States (now in print, 1984); the very comprehensive (over 2000 terms and definitions) "Dictionaire - manuel de Gerontologie Sociale" of N. Zay

in Canada; glossaries of terms included in some gerontological textbooks in the United States (Watson, 1982; Hendricks, 1977); the list of gerontological terms (about 200) now being analyzed by a working group of the Gerontological Societies in France; a preliminary book of definitions of community services for the aged in Israel, etc. One may not even be aware of other such resources in use in various countries, another aspect and obstacle in creating cross-national communication opportunities for comparative purposes. However, it is at the "across national frontiers" level that the major problems arise in composing any international glossary.

In G. Logie's words (G. Logie, 1978):

> "any contribution to overcome obstacles in the exchange of ideas across national frontiers through linguistic barriers deserves a whole-hearted support. We all know too well the frustration arising not only from linguistic diversity, but also from international confusion in professional terminologies. It is the hope of any glossary to become an efficient tool to remedy this situation."

A few such attempts have been made, and their connection to aging may be of one of the following two models:

(1) A categorical, specific international glossary of social gerontology as is now being published by the International Federation on Ageing.

(2) A broader-issue international glossary in which aging as a specific dimension is included.

Here, the following examples could be given:

(a) Logie, G.: Glossary of Population and Housing

(b) Walle, van de, E.: Multilingual Demographic Dictionary

(c) Hogarth, J.: Glossary of Health Care Terminology (WHO)

(d) Last, J.: A Dictionary of Epidemiology

(e) UNESCO: Terminology of Adult Education

(f) European Parliament: Terminology of Social Security

(g) Rasa, J.: The World Crisis in Social Security (glossary of terms used - included)

All the above-mentioned sources have been studied and analyzed as possible reference sources for the assignment given to the author of this paper.

The building up of an international glossary should lead to an objective, unbiased comparison of terms already in use and assembled from different countries or languages as equivalent terms for one and the same concept. Moreover, it should, if possible, lead to the formulation of synthesizing definitions in the hope that, if successfully done, it might be adopted with the time by the groups/professions/or concerned groups as the agreed-upon international definition (something along the lines of the WHO definition of health).

To achieve the compilation and completion of an international glossary is, in all cases, an undertaking of more than one person, and by nature it is time consuming and time demanding. As Logie (1978) points out "the compilation of an international glossary is an exercise in international cooperation and of the contribution by each participant in the undertaking."

There are several important stages and components in the process of the compilation of an international glossary:

(1) the decision on and definition of the target population - who are the exclusive, or primary and secondary "users" of the glossary (researchers, professionals, lay people, decision makers, or a mixture thereof).

(2) The scope of the glossary (complete, selective, abbreviated, or limited selection of terms: uni or poly-dimensional, etc.)

(3) The method of selection of terms (items, values) to be included (individual decision; group decision; content analysis of existing sources, using a theoretical model, etc.)

(4) The structure (anatomy) of the definitions (uniform, or varied); theoretical (analytical); normative (ideological); and descriptive (technical definiton).

THE ASSIGNMENT

In a series of meetings and letter exchanges, the guidelines for the assignment had been worked out between the UN Vienna Office and the undersigned. The rationale for the assignment based itself primarily on Recommendation 109 of the Vienna International Plan of Action on Aging that "it is essential that standardized definitions, terms, and research methodologies be developed."

The study of gerontological literature and of research documentation, and especially a closer scrutiny and analysis of background documents, national reports, and of policy statements prepared for the 1982 World Assembly on Aging show a tremendous diversity of terms, definitions, and research methodologies currently utilized by researchers, planners, and policy makers in the field of aging. This creates serious barriers to understanding between practitioners, planners, and policy makers. They hinder the utilization of research findings in the policy making process and make it extremely difficult to compare research findings produced in different national contexts, due to lack of standardization of terms and definitions.

As the first step toward the implementation of Recommendation 109, a position paper on the issue is being prepared and submitted to, and for consideration by an International Expert Group. The UNSCDHA Aging Unit plans to convene it in late 1984 or early in 1985.

The immediate aim of the position paper is to produce a "preliminary reference document to provide researchers, planners, administrators, policy makers, and decision makers with a common vocabulary for dialogue," as these target groups, with highly diverse backgrounds, "must interact with one another in tackling aging issues."* This aim is to be achieved by identifying major concepts and terms in the aging field and supplying clearly-worded definitions which will not only improve comprehension of modes of care and services currrently available, but also will show decision makers in developing countries (who in many cases are just beginning to develop policy responses to aging issues) the range of options thus far implemented in other contexts.**

STAGES OF PREPARATION OF THE PAPER

(1) Compilation of lists of terms (concepts) in the aging field. Sources used:

(a) Those extrapolated from UN documentation prior to WAA; national reports to WAA, and from the Vienna Plan of Action.

(b) Terms extrapolated from various gerontological sources.

(c) Aging-relevant terms from various international glossaries; already existing aging glossaries; and from general sources.

(d) Informal and limited responses from persons approached by author to supply important terms.

(2) Criteria for selection of terms (concepts)

The number of terms (concepts) from sources mentioned above was very high (Zay - over 2000; Sandoz - about 500; from UN national reports - 250; French list - 150; IFA - about 300, etc.). After elimination of

*UNSCDHA Aging Unit letter, 1/13/84.

**Summary of discussion at meeting with UNSCDHA Aging Unit, October, 1983.

duplications and of very related synonyms, one is left with a very large and non-manageable list. Criteria used for selection of the very limited number of terms to be included in this document were:

(a) "generally assumed" importance in the field of aging of the concept (term), (for instance: gerontology); importance of the term in field of services to the elderly (for instance: home for aged); in social security (for instance: pensions); or of institutions in society of high relevance to the elderly (for instance: family, kinship, neighborhood).

(b) prevalence of use among practitioners.

(c) weight attached to certain terms in the Vienna Plan of Action.

(d) frequency of use made of the term in developed and/or developing countries.

(e) balancing the "humanitarian" and "developmental" aspects of aging.

(3) Definitions

Considering the nature of the target population and the formualtion of the immediate and of the ultimate aims of the project:

(a) The definitions have been couched, wherever possible, in descriptive terms with stress on "practical utility" rather than on "academic precision."

(b) Theoretical (analytical) and "normative" (ideological) definitions have also been used (particularly in "non-service" terms).

(c) Definitions of terms, especially of those denoting services, follow a pre-defined pattern, which generally would include the following components:

(i) A statement of the general concept.

(ii) The different forms (i.e. services) the concept has been applied to.

(iii) The target population(s).

(iv) Purpose(s), function(s).

(v) Location (home, institution, community).

(vi) Service sponsorship and status (government, voluntary, commercial).

In general usage, a concept refers to a general idea. A concept may be defined as the name of a class of things or as a term referring to a relationship or to a descriptive property. A concept is a lower level of abstraction than a theory, but concepts are the terms with which theories are constructed. Thus the choice and definition of concepts shape the scope and range of ideas.

The examples of concepts included in the sample glossary (or to be included in the final glossary) very likely reflect the current philosophical stance of modern gerontology as well as the major policy decisions formulated in the "gerontologized" countries of the West.

Concepts reflect basic assumptions about the social relations in a society and the preferred purposes for which resources in manpower, material, and monies are allocated. On the other hand, concepts change over time and are reformulated as new knowledge emerges, as economic and political events create new situations, and the relationship between individual and the state is redefined.

Services to the elderly may be viewed as the operationalization of concepts, as the specified ways in which perceived needs are to be met.

One way of defining concepts and services is to enumerate the various definitions found in the professional literature, or those formulated by

international agencies and describe each service as it is provided in different countries.

As an example of the enumerating method, we shall use the term Day Care:

1. UN Definition (1963)

"An organized service for the care of (children) older people away from their homes during some part of the day, when circumstances call for normal care in the home to be supplemented."

2. Weiler and Rathbone (Adult Day Care, Springer, NY, 1978)

A broad concept that applies to any service offerred during the day; encompasses many types of services ranging from home-care to day-hospital for nutritional, recreational, social, and health programs.

3. I.F.A. (1984) Day Care Center

"A protective setting which offers social, recreational, and rehabilitative services to adults who do not require institutional care, but because of impairment or isolation, need or desire day-time supervision and activities. Limited medical care may also be provided."

4. "A day-service meant to prevent, or postpone, or shorten institutional placement and care of older people; to provide assessment, care, and rehabilitative measures as required." (This definition is used in relation to geriatric and/or psychogeriatric day care centers/clinics.)

5. WHO (1962)

"...a programme having an organized professional staff that provides diagnostic and/or treatment services for individuals whose needs can be met by a limited number of specialized care during the day, but who do not require in-patient care. This type of care represents an intermediate

state between in-patient care and relatively independent community living."

6. Germany

A broad concept of services offerred either in the form of Day Care Centers (Tagespflegeheim) or of a Day Center (Tagesheim, or Altentagestaette), with the purpose of the former being to postpone or to prevent institutional placement, or to shorten its duration; and the purpose of the latter being to meet the needs of older people for communication, information, education, and leisure time activities; professional counseling and assistance in coping with personal or social difficulties.

7. Goldberg (UK)

A concept and term encompassing a variety of services to older people (service consumers) and to care-providers (of older people at home). Its aims include: provision for older people to socialize outside confines of apartment/house; improve their functional level and attitudinal behavior of the elderly; provision of rehabilitative and maintenance care for certain groups of elderly; offerring substitute for, delay of, or preparation for residential placement; and last but not least, relief of strain on family/relatives who provide care at home.

This of course does not exhaust the variety of definitions to be found in gerontological sources.

The example illustrates some of the advantages and shortcomings of enumerating. Advantages lie in specificity and details. The shortcomings are: overlapping, complexity, length of definitions, and the demand on the user's time in integrating an unwieldy mixture of details.

One would rather that the definition synthesize the major components of the different elements of the various definitions of the same concept or term.

The possible synthesizing definition to meet the characteristics of the target population and using the predefined pattern of the definition already offerred, could read as follows:

DAY CARE

A concept of care based on organized provision of personal care/tending to older people at home or outside their home, during all or most hours of the day, on an ongoing basis, or for limited duration, where the elderly is in need of help/care which is not available in his/her home or the family where he/she lives.

There are many variations in forms of Day Care, ranging from home-care, hospital-at-home through Day Care Centers, Day Care in institutions, geriatric Day Care Centers, to Day Nursing Home (Denmark), Day Wards (Sweden), to Day Hospital.

Target Populations: Socially isolated elderly; home-bound elderly whose care providing families require some respite; functionally impaired; mentally impaired; candidates for institutional placement; hospital discharged elderly in need of supervision or supportive tending, etc.

Purpose of Day Care: Supporting the older person in the family and in the community (and indirectly supporting the family in its caregiving potential); preventing deterioration in health and functional capacity; provide rehabilitation; increase capacity for social interaction and activity; promote the acquisition of skills in order to adapt to impairment in order

to facilitate living in one's habitat; delaying of, substituting for, continuing of hospital care or of residential placement.

Services provided by Day Care programs: transportation, meals, health supervision, paramedical services such as physiotherapy, occupational therapy; chiropody; personal care and tending; diagnosis of functional ability and rehabilitation; social welfare evaluation; counseling, information, and referral: social and recreational activities, etc.

Location: Day Care services may be located in a purpose-built setting; it may be based on a general hospital; or geriatric hospital; or on a nursing home, or on a residential home for elderly; it may be a service within a community health and welfare center; or be a part of a service complex of sheltered housing for the elderly. Locations may have an impact on funding the establishment and the cost of operation of the service.

Sponsorship: The service may be sponsored by Government, Local Authority, Voluntary Organization, insurance plan, welfare arm of a Trade Union; commercial enterprise (rarely). Day Care service is generally provided by multi-functional health and social personnel.

Eligibility for care is conditioned on functional and social assessment; service may be of short or longer duration, and with/or without financial participation of the service recipient.

There is a consensus as to the value and desirability of day-care services as a major tool to meet the needs of many older people. It is also generally considered less expensive than hospitalization or full institutional placement. There seems to be ample evidence in gerontological sources and practice that conceptually and value-wise it is preferable and is preferred

by many to institutional placement.

In the critical evaluation of Day Care, practitioners, planners, and researchers relate to four major elements: the degree of improvement of the well-being of the service recipient; the success in postponing, if not eliminating, institutional placement; the degree of relief (respite) given to the care-providing family of the older person; and the cost-effectiveness of the service in comparison with full institutional care.

When considering the conceptual approach to the glossary, we examined a number of possible guidelines and concepts. One of the major foci of the terms we encountered was the concept of "continuum of care." The conceptual viewpoint guiding the definition of "continuum of care" is that there are great variations in the needs of the elderly that increase over time, so that individuals need different services at different stages or in different situations in their lives.

Therefore, "care" may refer to many different things: to independence-enhancing occupations, such as opportunities to volunteer; or to the provision of general community-based services; or to specific services designed for the home-bound aged; or to comprehensive institutionally-based nursing facilities. Care may refer to psychological, social, and economic, and not only physcial and/or medical support.

The continuum of care may be analyzed in relation to broad areas of need, target populations, purpose, location, personnel, sponsorship, etc. - aspects we already mentioned in our "anatomy of the definition" and attempted to demonstrate on the concept of day-care.

We have selected, for the purpose of this paper, eight brabd areas of needs and shall attempt to define them and terms relevant to these areas.

These areas are: shelter, health, nutrition, housekeeping, occupation of time, security, income, and counseling.

The services specific to fulfilling these needs may be brought directly to the home of the elderly; or be provided outside his home, in a community facility; or be located in an institution. It is a common usage to dichotomize care into community care ("open care" - as the Europeans tend to define it) and institutional care ("closed care," "intra-mural care").

What we propose is to use broad "umbrella concepts" which will serve to present and define a conceptual framework and a substantive area. Within these "umbrella concepts" there will be room for separate operational definitions of some of the terms (services) next to an attempted synthesizing definition.

In the final structure of the glossary, in each one of the substantive areas, operational definitions could be arranged alphabetically and numbered. All the terms in the glossary would appear alphabetically in an index, followed by the numbers of the definitions referring to the terms.

This arrangement, we believe, would facilitate quick retrieval of unknown terms for the user of the glossary, but at the same time, place the term within the conceptual framework and other terms that refer to the same substantive area.

The proposed glossary is to be seen as more than a mere listing of definitions. Considering the terms of reference concerning the target population, it should be seen as a teaching-learning device to help the user conceptualize the relative meaning of the terms within an integrated framework.

THE LIST OF SELECTIVE TERMS IN GERONTOLOGY (SOCIAL)

As pointed out, many attempts have been made to compile the list of terms relevant to the area of gerontology. The list of sources (major and minor) detailed in the attached bibliography indicates a variety of resources reviewed, analyzed, and used in the compilation of the selective list of concepts and terms. They fall into two major categories: broad terms and concepts "borrowed" from various sciences, incorporated or "adopted" by gerontology; and concepts and terms used in the applied field of gerontology (health and welfare) to describe the immense variety of services and other concrete mechanisms used to meet the needs of all elderly or of specific groups of aged.

However, of special value were the lists of terms extrapolated by the staffs of CSDHA, UN Vienna Office, from the National Reports of UN Member States to the WAA, 1982, and from the Vienna Plan of Action, 1982, as they best reflected at cross-national levels, the array of concepts and terms employed by professionals and by people of politics and policy in the areas of health and social wellbeing in developed and developing countries.

The author of the paper also solicited in his own country and among a limited number of professional peers abroad, communications concerning key terms used by them and in their countries in the area of aging.

The analysis of the resources referred to above yields a high number of terms and definitions. A rather considerable number of terms are repeated verbatim or, to a large extent, overlap. In view of the recent publication of several glossaries of larger scope, their mere reproduction or partial repetition would not serve the desired purpose of advancing cross-national communicability or comparability. Various potential "consumer" target groups would have to be polled for opinion on their practical value and applicability, especially in

the less "gerontologized" countries of the world.

What we have attempted to do both in connection with the preparation of the document and for examplification of the difficulties inherent in the compilation of "one more" yet "somehow" different collection of terms - is to select a limited number of concepts and terms, review the exisiting definitions, and endeavor, if possible, to offer "synthesizing" definitions bearing in mind the special target population to be reached.

Even a limited list produces too many terms or variations thereof. The term "age" for example, is detailed in Zay's important "Dictionaire - manuel de Gérontologie Sociale" - in more than thirty different combinations and, therefore in more focused definitions.It may seem less important to define "chronological age" than "functional age" (under health, etc.), or "retirement age" or "pensionable age" and the important difference between the two latter terms.

On the other hand, there is need to explain and offer definitions of such frequently encountered general terms as "gerontology," "social gerontology," or "geriatrics," or "cohort," or "agism."

Terms included in glossaries are usually presented in alphabetical order, rather than grouped in broad "umbrella concepts" of which they constitute components. For our purposes, we selected to present them under "umbrella headings" as they appeared in the lists extrapolated from National Reports to the WAA; as they reflect the division into humanitarian and developmental issues in aging and as suggested by us in the introduction to the paper.

The order of presentation of terms selected by us for examplification will therefore be along these lines:

Selected general concepts; demographic terms; health; social welfare;

housing; family; income security; socio-economic; employment; education. These "umbrella" headings will contain umbrella terms and specific definitions of services or other mechanisms within each group.

(Terms, definitions, or general concepts connected with research methodologies and the attempt of their standardization, are being dealth with in a separate document, and therefore are not included in this position paper.)

I. GENERAL CONCEPTS

A. Aged

1. The state of being old (as defined/perceived by self, by others)
2. Persons(s) who have reached and are over a certain age as defined by society, (for example, 60, 65). This definition may vary within societies, or among them.
3. The aged - a general, non-specific term, to denote an aggregate, a large group, a section of the population ("The aged of the world" have been encouraged by the decisions of WAA, 1982; "The aged of this community" will not agree to...).

The term has many synonyms in English and in other languages: old, older person, elderly, elders, old-aged, seniors, senior citizens, gerontos, old-timers, "old-old," etc.

B. Aging (Ageing)

1. A process of biological, psychological, and social changes occurring normally in humans with the passage of time. Some changes begin at birth and continue until death. Some begin at maturity and continue until the end of life.
2. Aging can also be defined as the development of a person throughout the life course from infancy through senescence.

C. Agism (Ageism)

A term coined in the United States to denote prejudice and discrimination expressed toward an individual or group because of age; a belief that older persons are inferior to youth.

Agism may express itself practically in discriminating against persons on the basis of age in such matters as hiring and firing, housing, economic opportunities, compulsory retirement, etc.

Statutory provisions against discrimination based on age are incorporated in various legislative acts in many countries.

D. Achieved Status

A defined position in the social structure occupied by an individual as a result of his/her own efforts, maturation, and competence. This is generally accomplished by use of ability, skills, or knowledge, and implies competition in order to atttain it.

E. Ascribed Status

Social status based on automatic or inherited position rather than on effort, accomplishment, or desire of the individual (examples of ascribed status include: race, sex, and age).

F. Age Segregation

Denotes a situation, process, or social policy of voluntary or involuntary separation of people on the basis of age, which tends to limit interaction primarily to persons of the same age.

Many residential areas, human services, or other facilities (retirement homes, institutions, clubs, day-centers, etc.) may be age segregated either

by choice, necessity, or practice orientation in the case of the elderly.

This is contrasted with age integration - a policy and/or practice orientation which promotes interaction among persons of various ages through physical proximity and mingling (age-integrated community centers; mixed-ages housing projects; age-integrated social services, etc.).

G. Decremential Model of Aging

A point of view that conceptualizes aging as an inevitable process of decline in biological, psychological, and social functioning of the individual culminating in death. (Watson)

H. Experiential Age

The number of years of participation that an (elderly) individual has had in a given career, vocation, or avocational activity.

I. Gerontology

1. A systematic, multi-disciplinary study of aging (ageing) as a universal phenomenon and process; of old age as a socially defined period in human life; of aged persons as individuals and/or groups; and of the interaction and mutual impact of aging and the environment in which it takes place.

2. The study has both theoretical and practical goals and concerns itself with the whole human in his bio-psycho-social aspects; and with the whole social structure in which we live through the process of aging.

3. It is a field of research; an area of teaching and education (of the elderly, but primarily of professionals and care providers); and a field of practice (planning, organization, and provision of services to the elderly).

J. Educational Gerontology

Field of study and practice at interface of adult education and social gerontology. It includes education for older adults to provide information or modify attitudes and behavior; public education about aging to improve attitudes toward older people; and pre-service and in-service education of professionals and practitioners for work in the field of aging.

K. Social Gerontology

A subfield of gerontology concerned with the social and psychological aspects of the aging process; with societal attitudes toward older people; with the place and role of older persons in society; and increasingly with how these relate to biological aging.

L. Geriatrics

(also termed: medical gerontology; clinical gerontology; geriatric medicine; long-term medicine)

1. A branch of gerontology and medicine which recognizes aging as a normal process, not a disease state; and is concerned with all aspects of health and health care of the elderly; especially with the diagnosis and treatment, and with prevention of physical disability in the aged. Geriatrics is recognized in some countries as a medical specialty (or sub-specialty). The period of specialized training in geriatrics varies according to requirements in various countries (up to 5 years).

2. The term is also used in conjunction with other fields in medicine - for example: geriatric psychiatry (sometimes referred to also as psycho-geriatrics or geronto-psychiatry, or gero-psychiatry) to denote specialization/practice in mental health and psychopathology of the aging

2) or other professions, for example: geriatric nursing, concerned with/or specialized in provision of nursing care to older patients in various settings (own home; community; hospitals; institutions).

3. Geriatrician - A physician recognized as specialized in geriatrics.

M. Humanitarian and Developmental Issues

UN documentation and terminology distinguishes between the two terms.

1. Humanitarian issues in aging refer to those affecting the aged as individuals and include: health and nutrition, housing and environment, the family, social welfare, income security and employment, and education.

2. Developmental issues relate to the socio-economic implications of the aging of populations, and include its effects on production, consumption, savings, investments, and on general economic conditions and policies.

N. Life Cycle

The entire course of a person's life - from infancy to old age. Social roles and expectations, and socio-economic status tend to change as an individual moves from one phase of life to the next(from infancy to childhood, to adolescence, to adulthood, to old age).

O. Life Course

A perspective in which aging is viewed as continuous from birth to death, consisting of interacting biological, psychological, and social processes.

P. Life-Review

The process whereby an individual reviews the past events of his/her life in an effort to identify, evaluate, and give meaning to the forces that have shaped his/her life.

Activity theory

hypothesizes that the well being of older persons is linked to maintaining a high level of mental, physical, and social activity, and a continuing involvement in society either through substitute roles for those lost (through retirement/widowhood etc.) or through expansion of other available roles (within the family).

In brief - "persons are healthier who sustain a similar level of activity from the middle to the later years of (their) life."

Disengagement theory

emphasizes the decreasing activity and the mutual distancing between the individual and society which accompanies aging, i.e. that a process of mutual withdrawal occurs gradually between the older person and society (giving up or withdrawing positions in the world of work, leadership, etc.). Through this mutual process a contribution is made to the maintenance of equilibrium in society.

Continuity theory

assumes that an older person will best cope with demands of old age or losses in roles sustained due to certain events, by increasing investments in roles he already plays and continuing with them rather than engaging in new ones.

This theory emphasizes continuity and similarity of personality and of individual preference over time.

The above theories may provide explanations for individual and/or societal behavior in the area of aging, and may provide the "ideological" basis/rationale for policies and practical action in many areas of social organizations and services to the elderly (creating opportunities for substitute roles; new

opportunities in old age; activity outlets; aspects of retirement, etc.).

Industrial Gerontology

a subfield of social gerontology concerned with the study and practical problems of employment and retirement of middle aged and older workers. It concerns itself with age as a handicap in employment: job counseling, vocational training, job reassignment, retention, and redesign; and various issues of retirement (preparation, criteria, income, pension systems and programs etc.)

It draws upon economics, industrial psychology, industrial medicine, applied sociology, adult education, and labour and management studies.

(see ILO paper prepared for WAA 1982).

Demographic terms

Aging is frequently thought of primarily in quantitative terms - age of individuals; numbers of older people alive, sick, supported, retiring, working, etc. The impact individual aging and its quantitative dimensions may have on the whole social structure and functioning of society today and in the future has become only later a subject of serious study and of practical preoccupation of scientists in many areas of gerontological concern. The global implications of "aging explosion" have succinctly been dealt with in extensive UN documentation before WAA; and permeate practically all recommendations of the Vienna Plan of Action at both humanitarian and developmental levels of the problem.

A few key terms most frequently encountered in gerontological documentation and practice have been selected for examplification, among others also because they are central to making valid international comparisons.

Demography -

the scientific study of human populations with respect to their size, structure, geographic distribution, and their development; and of principal factors that account for changes in population size and composition (births, death, migration, and social, economic and biological factors).

The study of relations between demographic and social phenomena is termed social demography; and the study of relations between demographic and economic phenomena is termed economic demography.

Population groups -

Major distinction is made between various groups in the population, based either on age or on function. Of major

significance to aging on functional criterion, is the distinction between the working population (or economically active; economically productive population) and the un-occupied (non working, or economically inactive) population

1) Working population - includes those engaged in gainful activities (economic activity), i.e. one that contributes to the production of income. Usually not included in this category are: unpaid family workers, housewives in unpaid domestic duties, school pupils, students, retirees, public welfare recipients, etc. (the categories of the not-included is not always clearly defined). The above are often referred to as dependents in the sense that they subsist on the product of the working population.

2) Un-occupied population - (non-working, economically inactive population - see (1) may be divided into two sub-categories:
(a) dependents (see (1) above) and (b) self-supporting persons (people with independent means, rentiers, pensioners (retirees). Uniformity of such categorizations would facilitate comparisons at cross-national levels of demographic data, including the calculation of the economic dependency ratio.

Economic dependency ratio

denotes the ratio of economically inactive to the economically active population (per 100).

On the criterion of age - distinction can be made of prework age group, work-age group, and post-work age group.

These chronologically defined subgroups can be statutorily determined and vary from state to state (for instance, developing countries consider 14 as the limit of prework age and 15 as the minimal work-age (some developed countries still use the same distinction in their demographic reports), whereas developed countries usually use 18 as the minimal work age: and 59 and 64 respectively as the upper limit of "working age".

Aging - is an important demographic concept and clear distinction has to be made between individual aging and population aging.

1. Individual aging (CHRONOLOGICAL) - expresses the number of time units (years) that have passed since the individual's birth. Chronological age, as socially or statutorily defined, may also serve as the basis for inclusion of the individual in (or exclusion from) a certain social or economic category in the population, or in a stage of life (approximate range of years), such as childhood, or adulthood, or old age.

2. Aging of population - denotes the increase of the proportion (%) of old people (as defined chronologically, 60, 65) in a given population. The increase in the number of older people in a population may occur without overall aging of the population when other age groups (non-aged) increase in size at a quicker pace (WHO).

3. "Rejuvenation" of populations - Aging of the individual is unidirectional only (only towards higher age). Aging of populations is not necessarily so. "Rejuvenation" of a population is a term to denote the increase in the proportion of young people in the population (as a result, thereof the % of older people decreases).

4. Young/old populations - UN documentation distinguishes between young, maturing, aging, and aged populations on a continuum of % of older people (60, or 65 and more) in a given society.

5. Growing population (Positive growth) - one in which there is an excess of births over deaths (natural increase), and a positive balance in migration

6. Declining population (Negative growth) - one in which there is an excess of death over births (natural decrease), or excessive emigration (negative balance of migration), or a combination of both.

Migration (which involves primarily younger age groups) may cause inbalance of population structures in certain areas (rural versus urban) with ensuing difficulties in the creation of needed resources, food, maintenance of services, intergenerational distribution etc; or at international level (migrant workers, aging problems etc.)
The phenomenon is well known to European and other countries, and particularly in the developing areas).

Cohort is another important "umbrella term", particularly in respect to its possible effect on the aging process.

1. Cohort - the term is used to denote a group of persons born within the same period of time. A birth cohort is synonymous with a generation defined as a group of persons born within a specified period of time (generally taken as a calendar year).
The term also denotes a group of people who experience a certain event, (birth, marriage, military service, migration,

institutionalization, etc.) or enter a system (a nursing home, for example) at the same time; and who are considered analytically over time with respect to some social or demographic characteristic. Gerontological researchers compare cohorts to see if there are differences in the way they grow older.

2. Cohort effect - refers to differences observed in cohorts which are interpreted as due to differences in the size and composition of the cohorts themselves or due to differences in the environments to which they have been exposed. (related concept: period effect)

3. Period effect - differences observed in cohorts and interpreted as due to historical (period) factors, such as economic depression, wars, epidemics etc.

4. Age effect - a difference (change) between two measured points in time interpreted as due to the aging process.

Household - a socio-economic unit of individuals who live together/share living quarters and principal meals.

Useful distinction is to be made between private household (based on family) and collective (institutional) household (hospitals, Old Age Homes, Nursing Homes, etc.).

Households can also be categorized by the number of persons, or the number of generations living there. The typology then would include:

One person households (frequent among older people)

One generational (for instance, an aged couple only); two generational (nuclear family household); three generational (including older person(s); poly-generational (multi-generational) household - meaning generally three or more generations. Distinction is stressed between multigenerational family and multi-generational household.

In cross national comparisons difficulties may arise in the designation of "household head". The designation may be economic (principal earner) or normative (as custom or tradition dictates, for instance the older person).

FAMILY

The Vienna Plan of Action makes several references (66, 67, and Rec. 25, 26, 27, 28) to the family, regardless of its form or organization, as a recognized "fundamental unit of society". Families usually function as the main means of determining group identity and social status, provide economic security, social welfare, protection and psychological well being.

It is a highly complex term, usually meaning combinations of husbands and wives (whether legally married or not), their children by present union or previous unions, their own parents and other relatives by blood or marriage. Multi-generational families are increasingly the dominant pattern as there are survivors of more than the two generations of the nuclear family. With increasing longevity four and five generation families are becoming more common throughout the world.

Family has to be carefully distinguished from household, the latter denoting a "socio-economic unit consisting of individuals who live together/share living quarters and their principal meals".

The typology of families is rather varied, and more restricted definitions are required for terms relating to family types frequently referred to in gerontological researches and literature.

These are some of the more restricted definitions of types of families:

1. Conjugal family - refers to the couple joined by marital ties - husband and wife
2. Nuclear family - refers to husband, wife and unmarried children residing in the same household

3. Extended family - includes three or more generations (grandparents, their married children and spouses, and grandchildren, as well as other relatives (usually related by blood), residing frequently in a common household or compound or neighbourhood.

   Extended families (referred to also as composite family or joint family) are a common form of family organization in traditional societies.

4. Modified extended family - refers to three or more generations who reside in separate households. Although geographically dispersed, they maintain bonds of affection, instrumental support and social interaction on a daily basis, frequently, or on "institutionalized" occasions.

   This is a common form of family organization in modern, industrialized societies.

   Another term used for same type: Extended Kin Network (IFA 102).

Families are also defined in terms of the line of authority, inheritance, and locality. Terms briefly defined below, are mentioned not only in general sociological sources, but frequently are referred to in gerontological-anthropological literature.

1. Matriarchal family - one in which the mother is the dominant power and the formal head of the family

2. Matrilineal - refers to the custom of tracing ancestry and passing on inheritance only through mother and the female line

3. Matrilocal - refers to the custom of a married couple residing in the same household or geographic locale as the wife's mother

4. Patrilineal - refers to the custom of tracing ancestry and passing on inheritance only through the father and the male line

5. Patrilocal - refers to the custom of a married couple residing in the same household or geographic locale as the husband's father

6. Neolocal - refers to a married couple residing in a geographic locale distant from both husband's and wife's parents

Kinship

is an inclusive concept that is socially defined. It refers to a common origin or commitment which is based on biological ties, marital ties, and/or adoptive ties. Kinship ties assume some form of mutual support and/or interdependence.

The concept of kinship varies between societies depending on prevalence of extended versus nuclear families as the dominant type.

Kinship obligations may be enforced by religious beliefs, traditional norms, or by law. In some countries law-enforced kinship-obligations have been eliminated (no statutory filial obligation of support to parents or grandparents) without extreme repercussion on the reality of reciprocal help provided by family members.

Surrogate family (substitute family) - an arrangement whereby an unrelated family substitutes for the natural family and/or kin of an older person and plays familial roles such as daughter, son, or grandchild, and provide each other with practical and emotional support.

Substitute family care - an arrangement whereby an older person may reside in a household of unrelated individuals who would be

reimbursed by and under the supervision of a community agency, voluntary, or governmental. Similar to Foster Care for the Elderly; or Foster family service for older people (U.S.A., other countries). Service provided includes lodgings, food, and personal services. In the U.K. this service is often called Old Persons Placement Schemes, or Assisted Lodgings.

Family back-up Services - a composite term denoting a gamut of services provided to families who carry the responsibility of care of their elderly at home.

The purpose of the services: - to provide support to the family in their care-providing function.

There are various degrees of public involvement in such services. (Japan extends loans to big families: some countries reimburse families for providing care; some offer varieties of respite care to care-providers: such as days off: vacation placement etc.; some equate care provision with work for the purpose of pension seniority etc.)

Filial attitudes - an inclusive concept referring to four different terms which reflect relationship between middle aged offsprings and their elderly parent(s).

1. Filial piety - The dutiful expression of respect and caretaking behavior by a son and/or daughter of his or her parent.

2. Filial maturity - a stage reached by middle aged children in their relationship with their elderly parents in which they assume the mature role of viewing their parent(s) as adult(s) in his/her/their own right with their own needs and virtues, and in relation to which the middle aged child may have to offer his parent(s) comfort and support.

3. Filial responsibility - the obligation of adult children to meet the basic (practical and/or economic) needs of their older parents. This obligation may be anchored in emotional bonds, cultural or religious norms, or in statutory provisions (laws).

4. Filial anxiety - a relatively recently introduced term to denote the feeling of anxiety experienced by adult children as to their ability to cope with the emerging needs for support and/or care by their longevous and increasingly dependent parent(s).

INCOME SECURITY

Economic security is a major goal of all people, and especially of older people for whom pensions and insurance plans are the major (and frequently - the only) basis of their economic security during their retirement years.

This can be provided through: social insurance programs (Social Security programs; National Insurance programs) established by public law to insure individuals against loss of earning power (due to retirement at stipulated age, or other contingencies as detailed in law) or 2) a system of pension plans, or a combination of both (Multiple-tier/layer pension system). Glossaries, gerontological literature and documentation, national reports to WAA etc. reflect a considerable variety of terms and definitions presently in usage in this area.

Those included here have been selected as the most frequently used ones in gerontological documentation.

Encompassing (general) terms

1. Social Security - the establishment of specified benefits as a right of those persons who are protected under legal statute, with implied ultimate responsibility of Government. Various structures (social insurance; social assistance; National Health Insurance, etc.) may be constituent parts of the system which usually requires employee and/or employer mandatory contributions. Designated benefits may be in the area of health, sickness, unemployment, old age (retirement), disability etc.

2. National Insurance (Syn. Social Security)

A statutory system of insurance, universal or selective coverage (the whole population above a specified age, or a selected group of population), generally contributory by insured and/or their employers, to ensure old age benefits (pensions) for the insured population who meet eligibility requirements.

Benefits may be earnings related, i.e. pension is determined by previous earnings and/or contributions based thereon; or flat rate, i.e. pension of uniform amount, not related to past earnings or amount of contribution paid (for instance U.K, Israel). Upon reaching eligibility age, and for a stipulated period of time (for instance, ages 65-70) earning test is applied, i.e. earnings in excess of sipulated ceiling eliminate, or reduce, or postpone payment of benefits (pension). Upon reaching the absolute age (as above, 70) the pension benefit is independent of current earnings.

3. Pension

a generic term used to denote "periodic payments to an individual or an individual's family because of previous job service", contingent upon reaching a certain chronological age (varies among countries) or resulting from a certain contingency (retirement, widowhood, invalidity).

It may be public (administered by Government) or private (non-governmental pension).

In gerontological terminology the term pension appears in a rather considerable typology of pensions or pension systems (about 20 terms), such as: age-related, contributory, deferred, means-test based, old age, portable, survivors, universal, veterans, widows, partial, etc; and as pension plans - funded, complementary, private, trusteed; registered, pay-as-you-go etc.

(Only some of these will be mentioned here).

Specific terminology

1. Annuity -

a form of private insurance payable at specified intervals (for life time, or for a stated number of years), similar to a private pension; frequently arranged through insurance companies to provide income at retirement.

2. Private pensions -

benefits paid after retirements through employer-based pension plans, through saving schemes sponsored by banks, and based on employee's contribution and/or employer's.

3. Contributory pension -

a pension financed by the contributions of the insured, and where stipulated, the employers. It is normally financed through payroll taxes (tax witholding).

Contrasting: Non-contributory pension (in some countries known as "budgetary pensions") - a pension financed by employer

only (for instance: civil servants-through Government co ntributions only)

4. Demogrant pension (scheme) - income benefit on the basis of age, usually a universal, flat-rate pension paid to all citizens above a determined age, generally financed from general revenues.
See: Universal pension; earnings-related pension (flat-rate).

5. Occupational pensions (sometimes referred to, also, as Industrial pensions) -benefits provided to retirees by the industry or firm for which the retiree worked, or the union to which he belonged - the scheme is based on rights accumulated at work, as stipulated in collective labour agreement or wage contract; and on contributions by employee and employer with requirements of minimum years of work; and with/without provisions for portability (transferability of benefits of employee upon change of job, employer, or membership in pension fund).

6. Partial Pension - a term (commonly used in Scandinavian countries) denoting formal arrangements permitting partial retirement and part-time work and drawing partial pension benefits either prior or after reaching pensionable age.

7. Joint and survivor option - A type of pension benefit that provides income to the surviving spouse of the insured person (generally, a certain percentage of the income payable during the time that the employee and spouse were alive - 50% - 100%).
In the absence of such provision, remaining spouse often loses his/her rights/interest in the pension benefit.

8. Survivor's benefit (see above)

benefits paid to survivor of a deceased person eligible for old age benefits under National Insurance (social insurance) schemes, and some occupational pension schemes. (In some countries, the male survivor is entitled to survivor's benefits).

9. Multiple tier pension system (multiple layer pension system)

Various pension benefits (mostly public, required by law and superimposed upon one another to constitute a system for the provision of retirement income, e.g. an earning related pension added to a universal pension (demogrant) or to a National Insurance Old Age Pension. Frequently, one of the tiers is provided through the system of occupational pensions.

10. Pay-as-you-go pension system

A system in which benefits to present non-working beneficiaries (retirees) are paid out of present taxes on working contributors to the Pension Scheme.

11. Funded system

A system in which accumulated savings are invested to provide future retirement income.

12. Provident Fund

The term denotes a compulsory saving system in which both employees and employers contribute equal percentages of the wages (usually 5% from each party) to the Fund. Accrued credit is paid to employee in one lump sump, with accrued interest,

when certain contingencies arise, usually retirement.
In many countries in which occupational pension systems are not universally in operation, provident funds and severance pay upon termination of employment due to retirement, constitute the economic basis on which retirement income is based.

13. Portability

A type of vesting (see definition) mechanism which permits worker to transfer pension credits from one pension plan to another, - on condition that they are non-forfeitable - when changing jobs.

14. Vesting

Non-forfeitable right to accrued pension benefits given workers even if they stop working before retirement age. Vesting removes the obligation of a participant to remain in the pension plan until the date of normal retirement.

15. Replacement rate

The extent to which income received in retirement replaces pre-retirement income. The replacement rate generally considered as desirable is the equivalent of 60 - 80% of one's income prior to retirement in order to prevent a sharp drop in one's standard of living upon retirement from work.

16. Supplementary benefit

A means-test based added income benefit for persons eligible for National Insurance Old Age Pension (flat-rate) who have no other additional income.

(In Israel, for instance, supplementary benefits (social betterment allowances) raise a single person's income from 16% to 26% of the average wage, and a couple's from 24% to 39%... Related terms: Old Age Assistance : Social Assistance.

17. Pensionable age

The earliest age at which a full old age pension becomes payable after a regular qualifying period (pensionable age and retirement age do not necessarily coincide automatically).

18. Indexing

Adjusting old-age benefits or pensions for wages or inflation so as to reflect changes in the cost of living over a given period of time.

19. Eligibility (requirements)

set of rules, characteristics, procedures, etc. that have to be met by an applicant for a given service or benefit (pension, insurance etc.)

Requirements (for pensions/insurance) include: specific age, minimum of work years; minimum of insurance payments; work stoppage or continuity; residence in the country; citizenship; marital status; mandatory retirement etc.

20. Income test

The term is closely linked to the concept of eligibility and refers to methods of determining eligibility for benefits which require that a person's (or family's) income (or assets) do not exceed a designated level.

Income test may be applied in relation to requirements for full/partial payments for health services, admission to Public Housing for Aged, hospitalization, institutional placement, home delivered services to the elderly etc.

(see Means test).

21. Income security

Government arrangements for the financial support of (aged) individuals and/or families whereby either basic economic support or a degree of income replacement or supplementation is provided.

The term includes both social assistance and other allowances.

See also: Income maintenance

EDUCATION

Education is recognized as a basic human right. It should continue throughout life if a person is to be able to keep abreast of and/equip oneself for coping with changes in various circumstances of life (including old age), and achieve full potential for individual development.

The term "life long education" (life-long learning; life-long integrated learning; continuous learning; permanent education; continuing education) expresses not only the concept of the right of an individual to ongoing acquisition of knowledge and skills, but also full recognition of a persons need and ability to learn through life and the obligation of society to make this possible through producing appropriate opportunities at all stages of a person's life. It must therefore be made available "without discriminations against the elderly" and educations policies should reflect the principle of the right to education of the aging, through appropriate allocation of resources and in suitable educational programmes" (VIPAA, 1982, Recommendation 45)

The terms selected for examplification of definitions have been drawn primarily from the list of terms extrapolated from National Reports to WAA, and from the UNESCO, "Terminology of Adult Education".

1. **Adult Education**

> in its broader meaning, refers to sequential and organized activities undertaken by adults with the intention of bringing about changes i.e. information, knowledge, understanding or skills, appreciation and attitudes; in its narrower meaning, refers to activities to such activities for non-vocational purposes.
>
> These activities may be sponsored, organized, conducted, and/or guided by a variety of governmental or voluntary organizations within the formal educational system or outside of it, at a variety of levels and areas, as

age-integrated programs, or programs specifically created and limited to participation by older adults only (f.i. Universities of the Third Age).

2. Andragogy - a relatively recent term not yet in common use, but increasingly mentioned in gerontological literature in the area of education for old age, retirement education etc, refers to: the art and science of helping adults to learn, and to: the study of adult education theory, processes and technology.
(In Germany, a related term in use is "Geragogik")

3. Animation - A concept of French origin, denotes stimulation of adults to awareness of their own needs as a group, so that they define the nature of the needs, determine the means to satisfy these needs and act to do so.

A person using the method or acting in this function is termed "animateur". The approach is frequently employed in retirement education programs.

4. Community Center - An establishment serving as a center of social and cultural life of a community (neighbourhood, town, village) as well as for educational activities.

The target population is age-heterogenuons. Older people may be members individually and participate in general activities; or have autonomous programs for elderly within the Center. The centers are either under Local Authority or voluntary auspicies; managed by center users, or by professional staff.

In some countries there developed a pattern of cooperation between Old Age Clubs (in the community) and Community Centers in areas of programs, activities, and staff support.

5. Community Library Programs for Older People

Special programs developed by Community Libraries:

1) Library service for elderly, including mobile book service for home bound aged
2) Educational programs for elderly with other age groups, especially with the younger age group.
3) Utilization of Older Volunteers in Library activities including guidance for the young.
4) Special educational programs for elderly (lectures, discussions etc)

6. Folk High School

- Institutions offering courses of study (also in the evening) for adults in working age; and increasingly also for older people, especially in Scandinavian countries. The study programs for older people cover a variety of subjects, including retirement life and activities.

(Not synonymous, but in some measure similar to programs offered in some of the Universities of Third Age)

7. Leisure Education

- Activities offered either during leisure time or in order that participants may derive greater benefit from leisure. These activities are non-vocational and involve mainly recreational and cultural subjects.

Leisure education (leisure time education) is generally **an important component** of retirement education programs.

8. Open University

- A term originating from the UK and referring to an institution designed to provide adults with access to higher education, regardless of former academic qualifications. Both credit and non-credit courses are offered and learning is by correspondence, media and counselling.

Enrollment of older adults has increased over the years in the programs of Open Universities (in some countries - 10% of the enrolled students).

Some open universities offer courses on aging to elderly; and/or pre-retirement courses and counselling.

9. Pre-retirement Education

- A term used loosely to refer to any kind of program to help prepare persons for retirement.

The programs are offered and known under a variety of names such as : retirement education; retirement education programs; (pre) retirement planning/ preparation programs; (pre) retirement counselling service etc. The purpose is: to provide advice and counselling or information in relation to problems that might arise around or after retirement (economic,personal, health, pension rights, service eligibilities etc). The programs are offered at various points in time before actual retirement (from a year - to 10, 15 years before retirement), as a one-time, or repeated service, on individual, or group basis; in the form of lectures, discussion groups, counselling, written material etc. Sponsored and organized by: employees, unions, commercial groups, community centers, university extension programs etc, generally on the principle of voluntary participation.

10. University of the Third Age

- Originated in France (Universite de Troisieme Age) and spread over a number of European countries and Canada, refers to educational programs and/or Centers organized by existing universities or associations of older persons in cooperation with universities. The program is categorical, i.e. special courses are planned and organized for elderly only.

A different model is the one employed in some countries, of encouraging older people to study at universities in age-integrated programs (older and younger people in the same courses).

HEALTH

A very broad concept and term the definition of which was variously attempted and was probably best expressed in well known WHO definition of health as not merely an absence of disease but as a state of physical, mental and social well-being.

As such, health promotion, education, support, tending, care, and services are not an one profession monopolized area, but a wide field of concern, intervention, and practice of a number of disciplines, coordinated and complementary to one another - and separately and jointly involved in helping the individual to achieve the desired/possible state of physical, mental and social well-being in the environment in which he lives and functions.

Health is of paramount importance and concern to the ever increasing number of older people whose longer life is accompanied by accumulating results of changes occurring over time in the health and functional capacity of the aging person. Multiple pathology, chronic limitations, persisting though variable functional capacity, desire for health and sometimes surprising potential even in the very old,- all dwell together and require concerted, coordinated and cooperative involvement of all sectors and factors in the environment of the older person.

Recommendation No.2 (Health and Nutrition) of the VIPA (p.29) succinctly expresses this belief when saying that the care of elderly persons should go beyond disease orientation and should involve their total well-being, taking into account the interdependence of the physical, mental, social, spiritual and environmental factors. Health care should therefore involve the health and social sectors and the family in improving the quality of life of older persons. Health efforts, in particular primary health care as a strategy, should be directed at enabling the elderly to lead independent lives in their own family and community as long as possible instead of being excluded and cast-off from all activities of society.

Furthermore, research and practical experience have demonstrated that health maintenance in the elderly is possible, and that diseases do not need to be essential components of aging. Dissemination of disease and disability preventing information: of health maintaining and health promoting activity and behaviour practices; and availability of and access to health services and care are important prerequisites to a successful social attempt to deal with health care for aged. The concepts, terms and definitions in this area have exhaustively been dealt with in many of the existing glossaries (WHO, Epidemiology, NIA, IFA etc) and if avoidable, will not be repeated here (definitions of pathology entities; technical terms concerning various systems in the humans,etc). Attention will be given to some "umbrella terms" and to synthesizing definitions of major Societal mechanisms employed in the health care field in old age (institutional and community based).

"Umbrella" (general)terms

1. Health Care

Planned and coordinated measures undertaken by an appopriate authority (national, regional, local) or by a voluntary or professional body with the aim to protect the health of a population group in a given area (national, regional, local) and of maintaining and improving the health conditions of that population. Health care is concerned with both physical, mental, and social health; with sickness (morbidity) and mortality, and with the whole span from maternity to old age.

It may be provided to individuals (patient level), groups of individuals (particular patient group), family as a whole, or to a community as a whole.

Care may be provided in a variety of settings: special sites (dispensaries, clinics, hospitals, institutions) on in-patient or out-patient basis; or at the persons domicile (home care); occasionally (as need arises) or on an ongoing basis. It may extend from short-term, intensive (therapy) through intermediate, to long-term care (ongoing, for a long period of time); or it

may be based on self-care by the person concerned (i.e. limited involvement of care supplier).

Provision of health care is effected through health services (health service system) provided under a National Insurance System (see IFA 188) or through National Health Service (see IFA 189) (like in UK and other welfare states) or Mutual Health Insurance Funds (often constituting part of Pension Fund Systems) or, as in certain countries, Health Insurance Companies.

Health care may be provided by states on a universal basis (everyone as need arises) or selective basis (f.i only to older people), all services or only some, without any payment by recipient or with his participation (for all, or some care rendered to him).

Health care may include Public Health (services) - (In some countries the term Social medicine, community health, community medicine, and comprehensive medicine, may be in use as synonymous to Public Health.) i.e. environmental services in addition to Personal Health Services (directed at specified persons).

2. Community Medicine (Social medicine, public health) is often defined:

1. as the field of study of health and disease in the population of a defined community or group.
   The goal is to identify health problems and needs of a defined population (older residents of the community - for example): to identify means (services, interventions, forms of care) by which these needs should be met; and to evaluate the extent to which health services meet these needs effectively;
2. as a field of medicine concerned with groups (f.i. the aged population of a community) rather than with individual patients.

2.0 Community Health Services (for older people)

Aims: Maintenance and promotion (advancement) of health and well being of the elderly :

Target Population : The whole elderly population of the community

Services provided : Early detection of risk situations; examinations and assessment by medical and para medical personnel; health education; and health follow-up.

Structure and service delivery : Services can be delivered by an Ambulatory Health Care System; or Out-patient Departments of hospitals (general, geriatric); Old Age Institutions in the community (outreach activities of Old Age Homes etc.); Health and Welfare Centers; special geriatric clinics; Comprehensive Service Centers for Older Persons, etc.

Staff : M.D., Nurses (R.N. and PLN), and other health and welfare staff (PT, OT, SW. etc)

Sponsorship : Government, Local Authority, Voluntary Organizations, Sick Funds of Labour Unions or Pension Funds, Health Insurance Companies, etc.

Eligibility : either universal (as in some welfare countries) or fee for service.

3. Health Services

A variety of services and interventions performed (supplied) by health care professionals, or by others under their direction a/o supervision, for the purpose of advancing, maintaining, or restoring health and functional capacity.

4. Geriatric Care

Treatment and care of older persons provided by authorized medical and health and welfare professionals, whether on an outpatient basis (Out-patient Department, Polyclinic, Health Center, Day Care Center, Day Patient Facility) or on an in-patient basis (Nursing Home, Geriatric Center, Half-way House, Geriatric Hospital) or in a doctor's office or in the older person's home.

5. Chronic Care

Care provided for older persons, usually in medical facilities or Nursing Homes where continuous long-term medical and/or nursing attention and treatment are required. The term is used (in Canada) interchangeably with bed-care provided in institutional settings, on a continuous basis for chronic conditions

6. Outpatient Care

- denotes health services to older people provided outside of a hospital or a care institution for aged. In a number of countries, institutional settings for aged (Homes for Aged, Nursing Homes etc.) have developed variations of "outpatient care" for non-residents (elderly residing in their own homes in the community) who may obtain needed services (assessment, treatment, etc) on the premises of the institution. The system and services so provided are sometimes termed "Community Department Services", or "The External Care Annex" of the institution.

7. Progressive Patient Care (P.P.C.)

A system of care in which (older) patients are grouped in units depending on their need for care rather than by consideration of medical speciality (care is more patient oriented than doctor oriented and more nursing care than medical care oriented)

Generally, three stages of PPC are distinguished

1) intensive care (much care and many services required)
2) intermediate care - between intensive and self-care; and
3) self-care/minimal care (minimum care by staff)

The concept is frequently applied in some countries to larger multi-level institutional settings on the continuum of functional capacity. Intensive care corresponds to nursing-wards (wings, departments) for "horizontal" cases

10. Rehabilitative Care

UN agencies (WHO, 1969, ILO, 1972) refer to combined and coordinated use of medical, social, education, and vocational measures for training or retraining an individual to the highest possible level of functionability. In regard to elderly, stress is often put on three R :

1) Reactivation, aiming at helping the aged to live actively;
2) Resocialization, aiming at maintaining and/or renewing social contacts interrupted or weakened due to certain contingencies; and
3) Reintegration, - aiming at returning the older person to his place in society (family, neighborhood, friends, etc)

11. Home Care

A generic term denoting a blend of helath and social services provided to individuals or families in their places of residence for the purpose of promoting, maintaining, or restoring health minimizing effects of illness or disability.

(Amercian Hospital Ass.)

In regard to older people - home care signifies provision of health and welfare services in the quantity necessary to enable the older person to remain in their community and household and to live as independently as possible for as long as possible.

In some countries (Denmark f.i.) dictinction is made between several levels of home care :

1) Maintenance Home Care - tending and/or personal care and social services to elderly in stable conditions and who need non-skilled supportive services/help.
2) Intermediate level - personal care and social service delivered and coordinated by professional workers (including evening/night service).

who require considerable quantity of skilled nursing care, the frail ambulatory ("diagonal" aged) who require some skilled and more non-skilled support; and wings for well aged/ambulatory aged ("vertical" aged) who have optimum capacity for ADL, and self-care.

8. Self-care

A concept strongly stressed by VIPA, (p.31), refers to a direction in health care of older persons aiming at increasing capacity of older people to more self-reliance and independent functioning in ADL, use of medications, certain aspects of health care etc. - contingent on sufficient instructions on the part of professional care givers. It teaches how and where to use self-treatment techniques and where to seek professional help.
Synonyms : Self-treatment; self-help

9. Quality of Care

The term refers to the level of performance or accomplishment that characterizes any care provided to the older person (health, social etc). Increasing importance is being attached to the quality of services provided, rather than to their quantity only. Although value judgements play a role in measurements of quality of care, there are ingredients and determinants of quality that are measurable and these include :

1) measures of structure (the facility in which care is provided and manpower involved in care provision)
2) measures of care process (diagnostic and therapeutic procedures used)
3) measures of outcome of care (rates of disability, fatality, satisfaction with care; rates of institutionalization etc)

(Lead: Dictionary of epidemiology)

3) Intensive home care - concentrated and coordinated nursing care to older people with more serious pathology/ illness but who do not require hospitalization or hospital expertise and equipment.

12. Hospice care

as a concept and a philosophy of care, it refers to enhancing a dying person's quality of life.

As a service - originally developed in the UK and spreading increasingly in the USA and other countries - it refers to a "human service agency designed to provide health, psychological and social services for terminally ill patients and their families".

As a system of service it can be given at home, or in a special hospice wing of a long term facility, or of a hospital, or in a special hospice facility.

13. Level of care

The term signifies the extent of skilled/professional care/service and proportion of time needed to assist an older person in maintaining or returning to a state of health. It also refers to the amount of tending/assistance needed in daily activities (ADL), such as dressing, feeding, and toileting an older person at home or in an institutional setting. (Watson)

In comparison between home care and institutional care, gerontological literature sometimes reports on a typology of four levels of care

1. Level 1 Care - equivalent to Domiciliary care (Canada) or Light care or normal care, minimal care.
2. Level 2 Care - equivalent to Personal care, or Intermediate care or Special residential care.
3. Level 3 Care - (in Homes for Special Care) - equivalent to "Nursing Care"
4. Level 4 Care - (in Nursing Homes, or Hospitals) equivalent to "Nursing Care" and Geriatric care

The typology is occasionally used for ranking institutions on a continuum of personal and skilled nursing required by residents.

14. Disability (disablement)

- as a concept, denotes any factor such as physical, mental, or social impairment, (poverty, race, age, or sex discrimination) that prevents a person from performing a socially or personally expected act. However, it is being more frequently considered as a component of a sequence which includes, as suggested by WHO, 1974, the following:

1. Impairment - a transitory or permanent pathological condition which results in reduction of functions (f.i. self-care). If is of a major nature, it will produce a
2. disability - namely a reduction of functional ability to lead a fruitful daily life. Depending on the persons circumstances and characteristics, it may develop/amountto or become a
3. handicap - namely a reduction of the capacity to fulfill a social role and a restriction of activity (as a result of disability). If it is severe, it may lead to
4. invalidity - a state of being unable to carry out accustomed work or activities.

15. Chronic disease (illness)

- an impairment of bodily structure and/or function slow in onset and long in duration, often causing prolonged, or permanent disability. It generally involves medical, social, economic and other changes; it frequently necessitates modification of the older persons normal life, and may result in increasing medical, nursing, and functional dependency.

16. Functional capacity

- capacity of older persons to perform unaided activities of daily living (ADL) - feed, dress, toilet oneself, shop, cook, and maintain household.

A typology of elderly, based on functional capacity, includes the following categories and their definitions :

1. Well-aged (referred to also as: ambulatory; independent) an older person able to perform ADL without aid of another person.
2. Frail ambulatory - older persons with physiological a/or phychological impairment in part of ADL and in need of non-skilled supportive aid.
3. Frail elderly - persons whose physical a/or emotional abilities or social support system is so reduced that maintaining a household, or performing all ADL, or maintaining socilal contacts is not possible without regular assistance of others.
4. Frail elderly - functionally dependent
   - older individuals whose illness, disabilities, or social limitations have severely reduced their ability to perform all ADL, and may be in need of some ongoing skilled help in their basic functioning (these elderly are referred to also as nursing cases)

17. Functional age -

an assessment of an older person based on performance (function) - physical, mental, social - rather than on the number of years since birth (chronological age).

18. Para-professionals (in health services to older people)

"personnel providing tending, care, help, treatment, support or other auxiliary activities, under supervision and direction of qualified members of helping professions (nursing, OT, PT, other therapists, social workers etc.) in such a way that work thus performed is helpful to the recipient of the service

(the older person or his care providers) and to the professionals responsible/accountable for providing the services")

(WHO,EURO, 79 - 1983)

19. Nursing -

..."in its organized form (is) a discrete health discipline. Its primary responsibility is to assist individuals and groups to optimize function throughout life span as well as to care during acute and protracted illness and disability. It also makes social contributions maintaining, promoting and protecting health, caring for the sick and providing rehabilitation. It is concerned with the psychosomatic and psychosocial aspects of life as these affect health, illness, and dying."

(WHO, EURO, 79 - 1983)

20. Life table (or mortality table) -

a set of figures which show the probability of dying at a given age, and the number of survivors at these ages if the mortality rates of a particular period (in units of years) were to remain unchanged.

Life tables are essential for population projections as they permit demographers, and health and welfare planners to "age" populations forward. (f.i. the projection of the number of survivors, or of mortality, of an elderly population - 65, 70, or 80 years of age, in a given period of time in a certain area (national, regional, local; of institutionalized elderly etc) as a useful tool in planning).

21. Mental health Services

Purpose

A system of varied services the purpose of which is to identify, evaluate mental impairments relating to intra and interpersonal relationships, including individual, familial, marital, and environmentally related problems, and to assist those affected by them, to cope with them efectively.

Target Populations

1. At preventive level - the whole elderly population of a community, or of a defined area, or aggregate;
2. At interventive level - those self, or other-referred elderly in need of therapeutic intervention and help.

Services and acitivites

Evaluation, diagnosis and treatment, such as psychotherapy (individual or group); counselling, crisis intervention, evaluation of need for hospitalization or for special services etc.

Provision of services; Location

Services can be provided, according to expertise required, by psychiatrists, social workers, nurses, psychologists, counsellors etc, and can be located in special settings such as: Community Mental Health Centers/Clinics; Outpatient Departments of specialized medical institutions, or as special (brought-in) services in care-institutions for older people).

22. Health Center

A general term denoting a set-up (a center) to provide both medical and preventive personal health services; usually staffed by multi-disciplinary teams (MD, RN, SW. etc). The emphasis is on primary medical care, continuity of care, and provision of treatment in the community. The target population may be age-irrelevant (all-age groups) or categorical (age-limited groups, f.i. elderly only). In the latter case, in some countries Health Centers for Older People are maintained under various sponsorships (government, local authority, voluntary groups, Labour Unions, Sick Funds etc) - to provide a gamut of preventive and remedial ambulatory services to elderly who come to the Center; or are cared for at their home by service providers based on the Center.

In some countries the term Health and Welfare Centers for older people is employed, to describe a multifunctional service of a community or neighbourhood scope to provide health and social services to elderly ranging from health screening and examinations to referrals for specialized services; health education, center-based home-care services etc.

23. Activities of Daily Living (A.D.L.)

A term in general use to describe capacity of older people to perform functions in order to maintain daily self-care and social functioning, such as: feeding, (eating), bathing, grooming, toilet use, and ambulation. The degree and level of that capacity is very frequently used as an indicator and basis for diagnosis and "allocation" of older persons to various categories of services, facilities, or levels of care required.

The level of ADL capacity is generally determined by health and social service workers.

24. After-care

denotes arrangements made by an appropriate service agency or by individual care providers, for supervision, care, help etc, for an older person who had received treatment/care (medical and/or social) in any type of institutional setting (hospital, psychiatric facility, geriatric center etc) and is about to be/or had been discharged from such care facility.

The purpose is: to continue care started; follow up the condition of the older person for a certain period of time; to provide referral/transfer to another appropriate care setting as change requires (f.i. to day hospital, day-care center, half-way house, convalescent home, etc); and if possible, return the older person to his/her natural habitat. (See: Day Care, Day Hospital).

25. Day Hospital

A service and a facility, originally developed in the UK in psychiatric care; service, applied also in many other countries and extended to the care of the elderly. It is often referred to also as Geriatric Day Hospital; or Geriatric Day Care Center; Day Nursing Home (Denmark) or Day Wards (Sweden) etc.

Aims, Functions

It aims at providing the olrder person with a service that will assure both required care and living at home.

Its functions: assessment; medical, paramedical, nursing, and rehabilitative services to older persons in need of post-hospitalization, or pre-hospitalization care.

Target Population

Elderly sick, residing in the community (in their own or joint households with family) who are after medical incident, or whose deteriorated health condition requires skilled supervision and assistance, but does not call for hospitalization.

Services provided

Medical follow up, treatment, nursing care; OT, PT, speech therapy or other rehabilitative intervention; nutritional service, transportation etc.

Service is provided directly to the older person. Indirectly - the service offers respite care to caregivers at home.

Service Operation

Generally - an annex service of a hospital (general, (geriatric, psychogeriatric); or an autonomous service but in cooperation with a hospital. In some countries, large, multi-level geriatric centers operate Day Hospitals. Service is provided on a daily, or part-of-the-week basis; its duration may be short or extend over a longer period of time.

Staffing **Nurses, OT, PT, SW, Medical Consultants etc.**

Sponsorship **Government, Local Authority,** Voluntary Organizations

(see also: Day Care; Social Care; In-home Services)

26. Terminal Illness
(IFA 273)

- a condition characterized by progressive deterioration and impairment of function, in which survival is limited in time, generally from several days to a few months.

27. Domiciliary Care -

A general term which refers to one, or a combination of several services given to older persons at their home with the aim of enabling them to remain and function there.

This includes home care, home health care and home chores service.

An informal WHO definition (1962) refers to "the provision of health and/or supportive services in the home to individual older people who are ill or disabled (temporarily or permanently) but who do not require institutional care". The service may be sponsored and delivered by municipal, voluntary or even commercial sponsors and includes medical and nursing rehabilitative, and social supportive services. It may be based on a hospital, Old Age Home, Nursing Home, or a Health and Welfare Center for older people.

The target population: older people who are temporarily or chronically ill, disabled, incapacitated (physically, mentally, socially) and homebound to the extent that they cannot use services outside their homes (except for hospitalization). The aim of the service may be to prevent postpone, or shorten institutional care of any type. In addition to professional services (nursing etc), other services such as meals, homemakers, friendly visiting etc may also be included and provided.

The term is frequently encountered as synonymous to In-home services, Home Care, Community Care; non-institutional care : home-health care (which the NIA "Words in Aging" defines as "health services in the home of the older people which includes most often, nursing, social services, and speech, physical, occupational or rehabilitative therapy").

27. Domiciliary Care

Aims - a general term which refers to a combination of services (medical, para-medical, rehabilitative, and supportive services) given to acutely or chronically ill older persons at their home with the aim of enabling them to remain and function there. Generally this includes: home care, home-health care and home-chores services.

Definition An informal WHO definition (1962) refers to "provision of health and/or supportive services to individual older people who are ill or disabled (temporarily or permanently) but who do not require institutional care".

Target population Older people living in their apartments or with families, not requiring round the clock medical or skilled nursing supervision or care, do not need hospitalization and are sufficiently ambulatory to use toilet facilitiesñ

Service delivery- by special interdisciplinary Home Care Teams consisting of MD, RN, SW, OT, PT, etc. based on a general hospital, or geriatric hospital, nursing home, multi-level Old Age Homes, or on neighbourhood OPD, or on Health & Welfare Center etc, for varying durations of time, on a daily or non-daily basis.

Sponsorship Government, Local Authority, Voluntary Groups, Health Insurance Funds; rarely - a commercial basis.

Eligibility Usually financial participation of service recipiants.

Synonymous or Related Terms Home Care, Community Care; non-institutional care; Home Health Care, Open-care etc.

28. Home help services

an important component of home-care services (domiciliary care) to provide practical help and support to older people in carrying out such tasks as food preparation, dressing, light housekeeping, bed changing in order to prevent decline in housekeeping standards, in personal hygiene and appearance, and damage to the fabric of personal-social contacts and functioning. They may also be instrumental in provision of some aspects of respite care to tending or care providing members of the older persons support system (spouse, children, relatives). If the home helper is trained as a home health aide she may also provide personal tending or care services (bathing, toileting, ambulation, etc.)

In some countries home helpers are specially trained (f.i. Sweden, Holland); in many others - generally untrained, and function under supervision of professional workers (nurses, social workers).

In gerontological documentation they appear under a variety of names, such as: geronto maid (in Yugoslavia); home-care attendant (Sweden); old-persons attendants (Israel); day-watching attendants, homemaker health aide, etc. In Sweden, better trained home care attendants may also be used for "night watching" (to attend to the needs of the older person during night hours). In Holland, home helpers are of three levels, from specially trained attendants to so called "alpha help" - for help with housekeeping.

29. Half-way House/Home

WHO (1971) defines it as an "accommodation provided for handicapped persons to allow them to make a gradual and smooth transition from hospital to home in community".

In relation to older people, many services may function as a half-way house (convalescent home; temporary admission to a facility for older people etc).

In some countries, the term has been used to denote a service based on Old Age Homes to facilitate transition from a more elaborate and protective set-up to a more autonomous type of living (f.i. from a psychogeriatric setting to a regular residential home for older people). As the term indicates, the service is temporary in nature, duration of which depends on provisions and requirements defined by the sponsoring agency (usually - several weeks).

(Related terms: Hostel; After-care residence; Day-time-home-for-a-week (Hungary)

30. Regional Geriatric Center -

The term means different things in different countries. In France, the term (used in the National Health plan) refers to a "health complex composed of acute beds, long-term wards, a polyclinic, day hospitals, a day-center, and old age homes both for somatic and psychiatric patients".

In Israel, the term refers to a multi level care facility for aged (ambulatory, frail, nursing care, psycho-geriatric cases) built and maintained by a consortium of communities of a region to provide for institutional care of the elderly in that region. Reach-out services may be provided to the elderly in the region based on the institution (mobile services, meals, home care, etc.) Occasionally the term "Regional Old Age Home" is used and this denotes an institutional facility that serves (on an agreed basis) a defined area (small communities; agricultural areas with small numbers of elderly etc).

The term may also refer to a Day-Care and Service Center for older people drawn from several communities in a defined area. This would be most often connected with such additional services as transportation; mobile units for delivery of services (meals, laundry, home visiting staff, etc.).

31. Geriatric/psychogeriatric Day Clinics (Day Hospitals, Day Care Centers) are variations of the broader, and already described service of Day Hospital. (No. 25).

These services are components of health day-care systems, or psychiatric hospitals with or without hom-delivered services. Eligibility for service excludes those older people who have no arrangements for weekends or nights and who can not be self-attending.

32. Open Care

a broad term, used widely in Europe, to denote those forms of assistance and services that will ensure that older people can remain as long as possible "in their familiar domestic environment" and "retain control over their daily lives and schedules." As such, they are generally meant to include services provided outside an institution; accordingly they are also termed "extramural", "non-institutional", "alternative" services, "domiciliary or community services" to older people. "Open care" as a concept is to be understood as "an effort to offer all facilities and services that will enable older persons to stay in their homes as long as they wish or as long as they are able to do so with the support provided by the open care system". It is based on the assumption that this is what most older people consider as the preferable form of living and meeting their needs.

The open-care system includes:

1) Remedial measures - i.e. services provided by professional health care providers such as MD, RN, Community Nurse, etc.

2) Household related measures, such as home help, home care; reassurance services; meals, social and personal services etc.

3) Socio-cultural and economic measures, such as counseling; opportunities for social-cultural participation, transportation, activities etc.

33. Closed care

as an "umbrella term" it refers to a variety of forms of care and of services in which older people have limited control over their daily lives and schedules."

Its target population is comprised of those elderly who, due to various health and/or social restrictions, can no longer function in their own habitat nor manage their day to day household affairs and therefore are in need of a setting (environment) which will provide for these needs. These may range from needs for "basic support" (accommodations appropriate for older people, diet, tending, health and social care) to needs for permanent or extended skilled professional care (especially - professional nursing care).

These services are known in most countries under the general term of "institutional" or "intra-mural" care and they can be arranged on a continuum ranging from simple "custodial care" (greater functional capacity of the resident with minimum assistance from personnel) to elaborate skilled nursing facilities (minimum of functional capacity of the resident with maximum dependence on care provided by personnel).

There is hardly a service area in the field of aging that has so great a variety of terms, nomenclatures, and interpretations as that of "institutional" ("intramural") care. Cross nationally comparison of the various types of institutional settings and of levels of care provided therein, is rather difficult, as in A. Kahn's way of putting it, "one country's Old Age Home is another country's "Nursing Home" ", and vice versa.

An analysis of gerontological documentation shows a very rich variety of terms and definitions for the many shades and categories of institutional settings. It is therefore not easy to find or propose a definition that would encompass and express the similarities and differences that have developed historically (over the years) and culturally (within countries).

The IFA glossary (IFA 152) offers the following brief definition :
"facilities which provide residential care, health and social services as needed, and some regimentation of the daily life of residents".

Three elements are present: joint residence (congregate living); health and social needs; and the effect of joint living - increased social control, regimentation of life routine, limitation of autonomy of the individual within a formal, planned and supervised environment. These three components can also be seen on a continuum from the predominance of the social - through a stage of balance between health and social - to a predominance of the health care element, i.e. a continuum from more to less to very little functional capacity of the older person, which means from little to more to very much dependence on personnel more numerous in numbers and more trained and skilled in health care provision.

This shift finds its expression in the terms used to describe the nature, purpose, and levels of services and care provided in various institutional settings.

Regardless of their location on the continuum, all these settings are in reality meant to provide long-term ("long-duration"; "long stay"), health and social care. In some countries, the over-all term "nursing Homes" is used for such long-term care facilities, causing frequently confusion as to the differences between the various types of facilities or levels of care provided. In many countries the situation is made clearer through licensing requirements and registration (Welfare Authorities, Health Authorities); in others it adds to the confusion because multi-level care facilities (ranging from well to aged to skilled nursing care cases) may require liecnsing from at least two authorities (health, and welfare) and may find themselves supervised by both and with varying eligibility requirements. Same goes for manpower requirements, reimbursements, or subsidies by authorities etc.

A scan of numerous sources, glossaries etc leads to a tentative typology along the traditional three levels of functional capacity (well-aged/frail aged/nursing cases).

A) For well aged (independent in ADL: limited dependence on personnel)

Home for the Aged

(Custodial Care Home; Parent's Home (Germany, Israel); Adult Institution (Canada); Alterheim (Germany, Austria); Old Peoples Home; Residential Home for Aged, Part Three Accomodation (UK); Domiciliary Care Facility (USA); Residential Home (Holland); Homes for Retirees(Italy); Rest Home; Retirement Home; Old Age Home; Board and Care Home, Hospice (France); Old Age Residential Home (Sweden) etc. etc.

refers to a non-medical residential institution of varying size which provides long term accommodation, board, some forms of personal care and some recreational and social services. (NIA)

Target population: Elderly who, in spite of open care services, cannot (wish not) go on living in their own household (or joint household with others) and want to be relieved (permanently or for an extended period of time) from daily household activities because of health, social, or other limitations, but not in need of skilled nursing care.

Purpose: To provide lodgings, board; assistance and personal (non-skilled) care; recreational and social programs; and provisions for emergency treatment or skilled care if needed.

Eligibility: Generally: some minimum age at entry; stipulated level of functional capacity, the evaluation of which is part of admission procedure.

Financial arrangements for care provision

Sponsorship: Local Authority; voluntary organizations; Labour Unions; Church groups; commercial enterprises.

Statutory requirements: Licensing (generally - Welfare authorities)
Manpower requirements (professional versus non-professional staff)
Service contract provisions, etc.
In some countries: Provision for a stipulated % of care-beds on the premises for those temporarily in need of skilled care.

B) For "Frail elderly" ("functionally dependent elderly")

The Federal Council on the Aging, USA, defines frailty as a "reduction of physical and emotional capacities and loss of a social support system to the extent that the (elderly) individual becomes immobilized and unable to maintain a household or social contacts without continuing assistance from others" (Report on National policy for the frail elderly, Washington DC, 1976)

The terms "functionally dependent elderly", "frail elderly", "frail ambulatory aged", "slow-go aged", etc are used to describe elderly (of a stipulated age) whose "illnesses, impairments, or social problems have become disabling, reducing their ability to carry out independently the customary activities of daily life" or as NIA (1984) defines it "persons whose physical and emotional abilities or social support system is so reduced that maintaining a household or social contacts is not possible without the regular assistance of others".

Target population: Elderly who because of limited capacity in some of the ADL activities, are unable to function independelty and require tending, assistance, or ongoing non-skilled help under general professional supervision.

Setting and Sponsorship: This can be provided within an existing institutional setting (a department/wing/wards for frail elderly); or in a specially set up facility under auspices similar to those for well aged (Local Authority, Voluntary Organizations (non-profit), or commercial (profit). These facilities are variously known as "Care Homes for frail elderly" or "Personal Care Homes", "Intermediate Care Facility" or "Health related facility" ("less than a skilled nursing home ..... but more than a custodial or residential home" (USA))

The NIA glossary defines the above (Intermediate care facility - JCF -) as a setting that "provides health related care and services to individuals who do not require the degree of care or treatment normally available at a hospital or at a skilled nursing facility but require institutional care above the level of room and board". The term Residential Care Facility may be considered equivalent to Intermediate Care Facility, and the components of care expected include: personal care; simple medical care and supervision; and intermittent nursing care.

C) For nursing cases (older people, very severely limited, in most or all ADL: frequently chairfast or bed-ridden; requiring on-going skilled nursing care and supervision; frequently disoriented, incontinent, cognitively impaired, and in need of round-the-clock supervision and intensive skilled services of medical and social nature.

Skilled Nursing Home or Skilled Nursing Facility (SNF) is the USA term for a long-term care facility for such cases. Licensing requires availability of supervision by MD and transfer agreements with hospitals, and a round-the-clock skilled nursing service and medical care in case of emergency. The term skilled nursing care is in some cases synonymous with the term chronic care, geriatric care, special residential care. In many countries the general term Nursing Home is used for special facilities for such cases; and Nursing Departments or Nursing Wards for parts of larger institutions in which such older people are concentrated.

In some European countries a Nursing Home refers to a special hospital or clinic for medical treatment and nursing care of mentally disturbed and of chronically ill older persons (Netherlands). Nursing Homes are generally licensed, supervised and regulated by Health Authorities in their respective countries and a line of distinction is drawn between them and other forms

of residential settings such as Old Age Homes (for well aged) Retirement Homes, Convalescent Homes etc.

Some European definitions refer to a Nursing Home as an institution which admits older people who are in "permanent need of extensive care (nursing) but do not require constant treatment and surveillance by a physician. If needed, such surveillance will be provided in geriatric hospitals or in geriatric wards of general hospitals".

As already pointed out, one encounters difficulties in avoiding confusion in the use of the term Nursing Home in its more restricted meaning (as defined above) and the broader term Nursing Homes used to denote "generally, a wide range of institutions, other than hospitals, which provide various levels of maintenance and personal or nursing care to people who are unable to care for themselves and who may have health problems which range from minimal to very serious. The term includes free standing institutions, or identifiable components of other health facilities, which provide nursing care and related services, personal care, and residential care." (Discursive dictionary of health care).

The Gerontological documentation contains much evidence that the designation "Nursing Home" has been given to many a type of institutions caring for the elderly as well as for chronic elderly patients in need of highly skilled nursing care. With the term "Nursing Home" there goes the connotation of the provision by such an institution of some level of nursing care - from low-level partly trained aides to highly skilled professional nurses.

By connotation, they must offer custodial and personal care, some level of nursing care and social and functional rehabilitative services (OT, PT. etc)

USA terms like Extended Care Facility, Intermediate Care Facility, Skilled Nursing Facility, Domiciliary Care Facility are closely connected with provisions of laws (Social Security, etc) regulating the extent of coverage, or reimbursement for services, eligibility requirements, duration of services given, care staff required and qualifications etc. Their specification is of importance in comparative and/or cross-national terms as they describe the extent of involvement of State in funding nursing care of the elderly in a given society.

SPECIFIC TERMS

34. Long Term Care:

any services, programs, or activities designed for the treatment, management, and care of persons with continuing impairments (IFA 174).

35. Long Term Care Facilities:

Goal: providing continuity of care for the older person/patient

Services Provided: Some may provide services licenced as skilled nursing care, or an intermediate care facility: Some may provide rehabilitative programs for convalescing elderly patients.
Recreational activities, physical and occupational therapies and other specialized services may be provided for ambulatory patients.
Long-term facilities generally offer comprehensive programs of care and are serving greater varieties of patient types.

Auspices: Voluntary (non profit) and commercial (profit).

36. Extended care facility (related to the term "Convalescent Center")

Aims: to provide care for convalescing older people after acute phase of hospitalization or after a rehabilitative process. As such it is more a function than a structure (Butler)

Services provided: It does not offer long term care, but rather care extended beyond hospitalization for a specific period of illness, with the expectation that patients will return to independent living after convalescing.

Services: medical supervision, rehabilitative programs, special diets, or special services required. In reality it is to be seen as an extension of hospital care with expectation of discharge with regained health.

Service structure: It may be a separate facility, or a part of an already existing facility (hospital, Old Age Home, Retirement Center, Nursing Home, etc).

Auspices: Voluntary organizations (non-profit) or commercial, under State licence.

37. Self-care (self-health care)

Recommendation No. 7 of VIPA (1982) stresses that "the elderly themselves should be educated in (health) self-care" (p.31)

Definition: Self-care is the practice of activities that individuals initiate and perform on their own behalf in maintaining their life, health, and well-being (Orem). An HEW publication (1979) defines self-care as the"actions that we as individuals perform on behalf of our own, our family's, or our neighbour's well being".

Aim: of self-care education is to increase the older persons knowledge and information concerning their health, and in accepting responsibility for maintaining and advancing their health and well being through self-care, self-surveillance and self-treatment.

Activity: Programs of teaching "activated patients" to become involved in their own care in partnership with the physician. Such programs include specific topics (f.i. hypertension, injuries, use of drugs, foot care etc). Many such programs, especially planned for older people, have been conducted in the USA, Canada, Western Europe, Israel etc.

Auspices: Health authorities, Health Insurance Funds; voluntary organizations etc.

38. Nutritional Service

Aim, function: main function: assure appropriate level of nutrition (food intake) - in quanity and quality

secondary : to provide socialization opportunities

Target population:

a) Elderly, home bound, due to physical or other limitations, who are unable to prepare their meals themselves, and have no one who could assist them to do so on a regular basis.

b) Elderly, home bound, able to and interested in preparing their meals but unable to do purchases.

c) Elderly, not home bound, generally unable or unaccustomed to prepare meals; lacking in motivation to do so; isolated, etc. but able to reach "eating sites".

Service structure and operation

a) preparation of meals by home-helper or another person (neighbour) on an individual basis

b) meals-on-wheels service which brings meals to the house of the older person

c) provision of foodstuffs so that the OP can prepare meals; or factory prepared meals for the OP to warm up.

d) luncheon-clubs: congregate eating-sites such as clubs, Day Centers, luncheon service in sheltered housing estates - which also offer socialization opportunities ("wheels-to-meals").

Old Age Homes, Hospitals, Schools etc. can serve as major suppliers of meals, home-delivered (meals on wheels) or congregate-site centered.

Service generally provided by auxiliaries under professional supervision; by volunteer organizations or groups; in some instances also by commercial outfits acting as agents for welfare services, or as direct, open market suppliers.

Service is usally based on full/partial payment by recipient; or provided on eligibility principles as stipulated by sponsor. In some instances, nutritional service is statutorly provided for (f.i. USA, under certain titles of existing laws).

Sponsorship: Government; mostly local authority, and voluntary organizations; in some instances - commercial.

39. Home Care Equipment

Aim: a health and welfare service to assist home bound elderly to obtain, and their families to provide care at home by making available on a temporary basis, home-care equipment such as special beds, special mattresses, wheel chairs etc.

Target population: home bound, mostly bedfast elderly, after CVA, fractures, chronic conditions, terminal stage etc, in which there is need for special and often costly equipment for relatively short perio of time.

Structure
Auspices: Equipment is on loan basis, with or without payment for service rendered. The service is generally known as Appliances Bank; or Community Appliances Loan Service, or Medical Appliances Depot for the Elderly, etc. In some cases it is organized, maintained and based on long-term care facilities in the community (Hospitals, Nursing Homes, Service Centers for Older People, etc). In rare cases, it may be of commercial sponsorship (profit).

HOUSING (Shelter)

Shelter is a basic human need, operationally expressed in housing varieties ranging from rooms, to self-contained housekeeping units: from single (detached) to combinations and aglomerates of units designed to meet needs of special interest groups of people (f.i. of older people).

Shelter (housing) assumes particular importance in the late years of life when problems of funtional capacity increase and mastery of environmental demands decreases as physical, psychological and social limitations multiply for a considerable percentage of the elderly.

Housing for elderly has to be seen on a continuum from regular (normal, usual, non-specific) accommodations to specially adapted or purpose built housing types ranging from minimal to maximal "protectiveness" of support services supplied (from "service poor" to "service rich" housing). Terms encountered in gerontology to express this continuum include also "low dependency" to "high dependency" housing, or "maximum autonomy" to "minimum autonomy" housing. On the low-to-high dependency continuum we can locate any of the many variations of housing types described in gerontological documentation.

Housing for older people must always be seen in relation to other ways of **providing care** required by the elderly. Forms of care are not always **discrete categories.** Similar types of care can be provided in different **forms of housing** or vice versa. **Similar terms** do not always signify identical **forms of housing for the elderly** when **analyzed on various** components (target **population, auspices, size, degree of protectiveness etc).**

The major dimensions of analysis are:

1) individual versus congregate types of housing
2) normal housing - versus (adjusted) adapted - versus purpose-planned and purpose-built

3) owned - versus rented

4) commercial versus social purpose (profit motivated - non-profit)

5) uni-service versus multi-service (provision of dwelling only versus provision of a variety of additional services)

6) size-limited versus very large housing concentrations

7) integrated versus congregate but integrated versus separate housing (age mixed - age grouped but mixed; age separated)

8) auspices and responsibility - state, local government, (direct - versus indirect involvement in provision of housing)

9) regular (no built-in protective devices) versus protected/sheltered housing

10) direct provision (to older person) or indirect provision (special allowances; cash benefits etc) or subsidy to housing producers (builders)

The overwhelming majority of older people live and function in normal, regular and individual accommodations. The extent of those who have made adaptations within these regular accommodations is unknown. The percentage of elderly living in specially designed housing (age specific) - individual or congregate - is also not exactly reported, with varying degrees of accuracy in different countries. Where statistics are available - they may equal those of aged residing in institutional settings (about 5%) or be slightly below or above that (rarely).

The extent of availability of housing for elderly depends on the existing housing policy of a given society, and that may be defined as "the series of measures taken by government (national, or local) to maintain a generally acceptable housing stock both in terms of quanity and quality". Housing legislation (general, or specific in regard to the elderly) exists in many countries and is designed "to provide the necessary legal powers and measures to achieve these aims".

Provision of housing for older people may be an integral part of a national housing policy, or be regulated, assisted, or advanced

through special legislation, or arrangements as provided for in different forms in various countries.

The Vienna Plan of Action (Rec. 19, p.35) formulated several major goals of such a policy:

1) assist aged in "restoration and development, and ..... remodelling and improvement of homes and their adaptation to match the ability of the aged to get to and from them and use the facilities"

2) planning and introducing housing for the aged of various types

3) coordinating policies on housing with those concerned with social, health, cultural, leisure and communication services -

the ultimate aim being - maintaining and promoting safety, physical and mental well-being; providing opportunities for socialization; desired degree of privacy, the maintenance of one's style of living, and preserving and enhancing functional capacity and coping ability of the elderly in the environment of their choice or of their needs.

Translated into operational terms such a policy would mean:

1) financial assistance to elderly (and/or their families) interested in adapting their dwellings to changing needs and continuing to live and function within familiar environments
2) financial assistance to local governments, voluntary (non-profit) or commerical (profit) groups interested in providing special housing varieties for older people
3) directly providing housing - according to clearly laid down eligibility requirements - to the elderly (Public Housing).

An attempt to provide an overall definition of the term housing for the elderly results in a very broad and rather unwieldy term.

Housing for the elderly

Aim - 1) To assure older persons in society of living arrangements appropriate to their needs, as supportive and as barrier and risk free as possible so that they can continue to live and function in their homes as long as possible or desired

2) To assure availability of special purpose-built living arrangements for those elderly who are prevented from doing so (due to physical, psychological or social reaons) according to the degree of limitations they develop and extent of support they require.

Target population - Ambulatory and/or frail ambulatory older people without a supportive network, generally capable of running/managing fully/partially a self-contained housekeeping unit, and who therefore need varying degrees of support in doing so, a feeling of security, and an access to environmental resources (services).

Services needed -

1. Financial or other assistance to adapt (or exchange) existing accommodations to meet present and future needs;
2. Assistance in keeping household and managing immediate surroundings;
3. Some degree of supervision, surveillance, or follow-up;
4. Framework (environment) for social activity on the site or within reach;
5. Personal tending or care as well as linkage to various resources (services) as need for it may arise;
6. Easy access to transportation

Service delivery - 1. Dwellings adapted to needs of older people in regular housing with a link to a supervisory/supportive service (Housemother, Warden; community service center etc)

2. Various types of purpose-built congregate housing, with some service center on the site or nearby (adjacent or nearly located Residential Home for Aged)

3. Specially designed housing estates/villages/communities for older people with a multi-type system of services at the disposal of the inhabitants.

Auspices - National Government, Local Government, Labour Unions, Pension Funds, Voluntary organizations (non-profit); Banks; Insurance Funds; private builders; cooperative undertaking of specially organized groups etc.

Eligibility - ranges from organizational affiliation, through minimum/maximum age; functional assessment; level of income (f.i. for Public Housing) - to residence requirements (Local Communities); and/or service eligibility for other services, if need arises (admission to institutional care if necessary).

Legal [illegible] - Rent, life-term contract, acquisition etc.

This very broad description of the term does not suffice to do justice to the very many variations of houseing types for older people described in various gerontoligcal sources. About two dozen terms have been extrapolated from the national reports to the WAA (1982): a typology of about 30 different kinds of terms can be found in gerontological documentation. Some are comparable, and some are not. An attempt to combine them into a smaller number of definitions of general and specific nature follows :

General Terms

1. Housing problem

A shortage of housing either in general or in regard to a specific population group (f.i. aged) or of a particular type of housing (f.i. congregate; purpose designed apartments for the elderly). The shortage may be in regard to quantity needed, standard desired, size, or dispersal.

2. Housing stocks

The term denotes the total number of dwelling units available at a given point in time. It rarely keeps pace with housing needs and demands especially in regard to rapidly increasing categories of people (f.i. aged, disabled, etc).

3. Housing needs and demand

in aging may be defined as deficiencies in the existing housing stocks compared to the housing stock required to provide socially acceptable standards of housing to meet changing needs of the elderly.

The demand by older people may be for special adapted, institutional or non institutional housing, or for specific services that can meet or alleviate housing demands (f.i. apartment exchange service, loans, repair and adaptation grants etc)

(1, 2, 3 - based on Logie, 1978)

4. Dwelling

a) a statistical abstraction denoting housing accommodation appropriate for occupation by one houshold
b) a socio-economic unit consisting of individuals living together
c) a building or part of a building designed for occupation of a single family houshold as a permanent/temporary home

Three types of dwellings : a) Houses (separate units)
b) Apartments (flats) - a part of a composite home.
c) Mobile Homes

(Walle, 1982)

5. Self-contained apartment (flat)
a living space plus kitchen plus toilet services.

Specific definitions

1. Retirement community
(known also as Retirement Town; Golden Age Village, Retirement Village; Continuing Care Retirment Community,etc)
A community whose residents are primarily older retired persons who have chosen an age-segregated life-style. Personal care services are usually not provided.

(IFA 239)

This type of congregate but not sheltered settlement type of community of elderly is known primarily in the USA. Non institutional in character, it is inhabited by fully/or partly retired persons, with eligibility age also below 65 years; consists of purpose built detached (semi-detached, or apartment houses; contains community facilities (shops, clubs, cultural facilities, restaurants, outpatient clinics, and possibly additional health services).
It is based on independent housekeeping management.

Eligibility is generally liberal: lower entry age; financial ability to purchase dwellings and to fit into community average socio-economic standard, (payment for services). Rather large in size, some have several thousands inhabitants.

Auspices: Commercial; occasionally - voluntary, non profit.

Continuing Care: Some of these facilities provide not only several types and levels of housing (independent housing units) but also full institutional facility (ies) on site, generally in separate buildings.

If such facilities and services are part of the community, the term Continuing Care Retirement Community is employed. The term Multi-facility/multi-function living and care complex (combine)

or Multi-type, or Campus type complex is also used to describe the campus-type [redacted] set-ups. They are based on the principle of assuring progressive meeting of changing needs as community members grow older and may increasingly need supportive services. It provides long-range service and care commitment without relocation from the site.

2. Senior Housing (also known as pensioners' housing)
denotes independent living units for older people generally located in an intergenerational neighbourhood. Typically - no special services are provided to elderly tenants. Occasionally - some shared facilities are provided (day-room). In France, this type of accommodation (independent units scattered in apartment buildings) when located in the proximity of a Multi-purpose Center for Aged (for meals, activities, etc) is termed integrated housing for elderly.

3. Group Home (shared home for seniors; shared group housing)
The term was originally used in child-care to denote small residential facilities housing up to 10-12 children.

In the case of elderly, it denotes a housing setting (small home, apartment) of semi-residential character in which a number of older people share most of the household tasks, with a very limited supportive staff to assist them in certain aspects.

In some cases, such group homes are located close to existing larger residential facilities for older people, and tenants may benefit from some services available there. Occasionally this form of housing may be organized by the older people themselves rather than by social agencies. Related terms: Small group home; and Senior Housing Cooperative (USA) and Group-unit living (U.K.); Hostel (Canada).

4. Granny Flats

a type of housing for related older persons, adjoining family home to enable the occupant to maintain independent living, while practically remaining a part of the family unit.

The concept and the arrangements are known and applied in a number of countries (in the UK and Australia - under the name of "granny annexes" or "Plus Granny" flat; in the USA - under the term "grandparents cottage" or "In-laws apartment" etc).

In some countries, social agencies or local authorities are providing grants or loans for erection of such housing. This type is quite frequent in rural areas or smaller towns in which the 'basic home' changes hands when parents age; eldest son takes over, and aged parents move into annexes ("generational housing").

5. Boarding Homes (Board and Care Homes)

Residential accommodations provided in private homes to older people (not relatives), who need a place to live, meals and some personal assistance, but are otherwise functionally independent.

Service is provided on a commercial basis although it may be arranged by voluntary or statutory agencies which also provide access to community support services as/when needed. The service is also known as "Assisted lodgings" or "Boarding out" (U.K.), ranging from "Day Boarding" to "Family placement" or "Foster placement" in an unrelated family, i.e. from an individualized Day Care arrangement to full "in-living" in a contracted family for a duration ranging from a short to a long period of time.

6. Apartments for Older Persons

refer to a self-contained dwelling type which in its structure, equipment and arrangements meets special needs of the older person and enables him/her to lead an independent life for as long a period of time as possible. Notwithstanding this, the older person should have access to sufficient ambulatory care services in case of need, especially the possibility to have these needs met through services within his dwelling.

This type of housing may be available in the form of:

1. a self-contained one-family house (detached)
2. a self-contained apartment in a regular multi-apartment house
3. a self-contained apartment in an apartment house for older people
4. a self-contained apartment in a special housing complex for aged.

(varieties of types mentioned in documentation include: garden type, motel-like, apartment-hotel style, high-rise apartment buildings, apartment blocks etc.) See also: Service Flats (Denmark, Sweden etc).

Types (1) and (2) may enhance contact with other age groups, although (1) may increase isolation from other age groups. Types (3) and (4) should make availability of needed support services easier, but may "detach" residents from natural contact with other age groups.

7. Sheltered housing - (supervised housing)

should rather be included among our so called "umbrella" terms as a variety of types of housing seem to fall under this broad term.

The term usually refers to specially designed or converted houses, flats/apartments/flatlets grouped and with a resident manager(ess)/warden (U.K.). There may be built-in protective devices/services such as alarm/communication systems, communal dining, laundry, sitting or club facilities. In the U.K. and other countries sheltered

housing is usually provided by the Local Authority, or by voluntary organisations. Municipal social welfare services may be involved in the provision of on-site services to the tenants. Contractual arrangements vary considerably in regard to payment of rent or for services rendered. In France the term refers to an intermediate form of housing (between individual and collective housing) consisting of small buildings of up to 100 studios for elderly capable of autonomous living but in need of environmental security and occasional aid. Available documentation points to a great variety in definition, typology of and eligibility for sheltered housing within and between countries.

(For comparison see IFA 257, especially for terms used in various countries (Sweden, Denmark, USA, Canada etc).

8. Congregate housing

has been defined as "a residential environment which includes services such as meals, housekeeping, health, personal hygiene, and transportation, which are required to assist impaired, but not ill, elderly tenants to maintain or return to a semi-independent life syle and to avoid institutionalization as they grow older".

The target population includes those who do not require total care framework of a personal care facility, but for environmental reasons, or structural reasons of housing or lack of supportive services, feel they can not manage independently in their own home environment.

The term "sheltered housing" is used, in some countries, inter-changeably with the term "congregate housing"; in some documentation, congregate housing seems to denote a higher degree of "protectiveness" than sheltered housing, or vice versa

Congregate housing is occasionally defined as the housing type that offers a "way to achieve a balance between the dependence (institutional setting) and independence (normal living in one's own household)". It offers private living space with types and various "intensities" of shared services varying in response to specific individual and community needs.

The Congregate Housing Act of 1978 defines congregate housing as a gap-filling service in the housing continuum. The USA NIA "Age Words" offers the following brief definition of congregate housing: "Apartment houses or group accommodations that provide health care and other support services to older persons who are functionally impaired but do need routine nursing care".

The term "Housing with Services" and the term "Assisted residential living" are also employed as equivalent to "congregate housing".

In some countries "congregate housing" is linked with institutional settings and the combined set up of "independent dwelling units" and of a Home for Aged is termed "Congregate Care Facility" or "Mixed accommodations" (Canada). Similar set-ups in Israel are called "Collective Old Age Home" (institutional) and "Individual Old Age Home" (independent dwelling units); Pensioners' Houses in Hungary and "Altenwohnheim" in Germany are local equivalents of congregate housing as far as services offered are concerned: Service Flats (Netherlands) could also be included in this category.

SOCIAL WELFARE TERMS

As in other sections, the introductory general remarks are based on the VIPA, 1982, and the terms reviewed are taken from the lists extrapolated from National Reports.

The goal of social welfare services, in broadest formulation, is the maximization of the social functioning of the older persons in the community. They should provide a broad range of preventive, remedial and developmental services to enable the aged to lead as independent a life as possible in their own homes as long as possible, remaining active and useful citizens. Partnerships between government and voluntary organisations (NGO) should form the basis for ensuring a comprehensive, integrated, coordinated and multipurpose approach to meeting the social welfare needs of the elderly (VIPA, p. 38-9, Rec. 30, 31).

The following are some broad definitions of major terms and concepts of what could be subsumed as "Community Services for the elderly".

Community (social welfare) services for the elderly:

Definition: A body of principles and activities directed toward improvement of the welfare and promotion of functioning of the elderly in the normal setting (of living) in the family and in the community.

Guiding Principles:

1. The belief and the recognition that the majority of the elderly are capable of and interested in continuing to live and function in the natural life setting with the assistance, if needed, of various supportive arrangements or services.

2. These arrangements/services have to be adapted to the individual situation of the older persons, their functional capacity and their environmental conditions.

3. Flexibility permitting interchange between services according to changes occurring in the conditions and environment of the older persons.

4. The recognition that community services are generally less expensive and more effective in regard to the majority of the elderly, than (full) institutional services.

Community social welfare services comprise a great variety of types and kinds and they relate to social, economic, mental, psychological and environmental aspects; they can broadly be classified as :

1. Basic Services:

health services; personal and family counseling; income security; environmental sanitation; housing; leisure, etc.

2. Preventive services:

meant to identify and locate as early as possible risk situations, and to prevent or limit the danger of deterioration of or damage to the functional potential of the elderly - through services/ activities such as counseling, environmental planning, periodic medical, functional and social assessment, etc.

3. Facilitative and adjustment services:

to enable competent older persons to participate in community life; maintain, develop, and use their potential and to adjust to new social roles in the family and in the community - such as personal social care, retirement preparation, occupational activities, meaningful use of free time; involvement in community group activities; volunteerism; self-help, and self-advocacy activities.

4. Supportive services:

meant to partially or fully compensate the elderly for losses resulting from functional and environmental limitations- such as: home help, housekeeping aid, laundry, meal preparation, surveillance, follow-up.

5. Rehabilitative services -
aimed at restoring the level of physical, mental, a/or social functioning in order to enable the elderly to continue living in their natural environment - such as: home-care, day-care, short-stay accommodation in therapeutic/rehabilitative settings etc.

6. Protective services - (sheltered care)
aimed at protecting the elderly from environmental hazards and damage to functional capacity - such as: foster placement, sheltered housing, respite care, barrier-free environments, etc.

The above categories are neither exhaustive nor mutually exclusive. They can be provided singly or in various combinations as need arises.

The services can be defined by several criteria:

a) universal (f.i. community health services) versus categorical (f.i. geriatric clinic)
b) short term (respite care) versus long-term (sheltered housing)
c) segregated (old age club) versus integrated (old age club within an all-ages Community Center)
d) unifunctional (transportation, laundry) versus multi-functional (Day Center, service-enriched congregate housing)
e) home based (home-care; home-help) versus community based (club, counseling center) or institution based (some forms of sheltered living; short term placement, etc)
f) sponsorship (government, Local Authority, non-profit voluntary, profit making, commercial);
g) care providers (family, neighbours, volunteers, para-professionals, professional workers etc.

The above said refers to services established and operated as a result of societal intervention aimed at assisting and supporting the elderly. It is not with reference to regular services existing in the community and operating on demand and supply basis.

This classification of services can also be seen as representing a continuum from services to the whole population to selective groups; from minimal to maximal intervention; from simple and inexpensive to specialized, skilled and very expensive services.

GENERAL TERMS

1. Advocacy

in a broader interpretation, refers to assisting individuals or groups to become self sufficient in seeking ways to overcome social "inequities". It may also be defined as an activity through which people considered as belonging to a deprived subgroup in the population, can promote changes in the power structure in order to improve their situation.

In regard to older people, advocacy can range from representing one older person (case advocacy) to representing a group with a common need (class advocacy) to representing older people as a whole (political/administrative advocacy) with the purpose of effecting changes in public policy as regards older people.

It may be undertaken by elderly themselves (self advocacy) through organisations of retirees, of organizations of older people, locally or nationally; or on their behalf by social organisations and/or professionals in helping professions.

Major areas of advocacy (case, class, or political) may be those concerned with Government benefits or entitlements; consumer protection services; wills, estate disposal counseling, protective services (guardianship); pensions, housing policy and/or rights; taxation; insurance; age discrimination; legislative action; lobbying ("gray-lobby") etc. etc.

Organisationally advocacy may assume the form of an established and functioning community service, such as "Legal aid to older people"

"Legal counseling to older persons" etc, separate, or as a component of a broader service set-up ("Multi-purpose service center for older people" or "Information and referral service"). The service may be sponsored by Local Authority, volunteer groups, individual volunteers, Schools of Law of universities, (as a community service), or as a membership service of organizations of retirees. It may be free or based on consultation fee.

Related terms: Administrative, legal and protective services
Legal service system for Older People

2. Case Management

- a term frequently encountered in social work documentation in the USA, also in relation to services provided to older people - denotes a mechanism for coordinating the efforts of a variety of services provided by different agencies/professionals around a single case.

The target population includes those vulnerable older persons who need multiple and complex services and who lack the personal resources or a family member or friend to assist them in "negotiating" the various services as long as the person requires assistance in doing so.

3. Categorical services

as used in regard to older people, the term denotes any service purposefully planned, organized and directed at serving a special category of clients only - in this case, older people only, separately from other age groups (clubs for older people; institutions for aged; medical clinics for aged only etc.)

Related terms: separate, age-segregated: age-based; age-eligibility based services:
contrasted with: age-integrated services

4. Community support services (for older people)
a general term to describe the array (gamut) of services - social, health, and other available in a given community (neighbourhood, town, rural area) to enable older people to continue living in their community rather than in some type of institutional setting or facility.

The term corresponds to: community services; non-institutional/ extra-mural services: alternative services to old age homes; open-care services. In some countries the term Community care is employed to describe "the overall measures taken in any community, region or other designated area, to take care of older people living there and who are not wholly able to take care of themselves and whose families, friends or other people can not wholly take care of them either". (Canada); in the U.K. the term "social care (of older persons)"is used to describe what falls under the term of community support services, or community care.

5. De-institutionalization
a concept and a trend in the provision of care to older people.
It implies :

1. an orientation away from referring elderly to institutional care without prior attempts at open-care (non-institutional) solutions;
2. a trend toward strengthening the basis and the variety of community and home-based services in order to either postpone institutional placement or to enable the return of residents of institutions to open care in the community ("discharge to the community", ""readmission into the community").

6. Financial assistance
as a general term, encountered in the broad welfare field - refers to assistance provided with the aim of ensuring that the older person has sufficient income "to maintain an adequate standard of living".
Two major types:

1. Undesignated - i.e. the money is to be used

entirely at older person's discretion (pension, National Insurance pension; assistance from family; agencies, etc)

2. designated (categorical) - assistance provided for specific purposes only (f.i. househelp, housekeeping service, medical care, etc)

(OARS)

7. Helping professions'

a non-specific term applied to professions involved in human care, such as medicine, nursing, social work, occupational therapy, physiotherapy, communication disorders, psychotherapists, etc. In some countries the term "para-medical" professions is applied to some of these professions. In some sources the term "human care professions" or "human service professions" is also to be found.

8. High-risk groups of elderly:

a descriptive term applied to older persons who are exposed, or vulnerable to a variety of harmful circumstances due to age, handicaps, nutritional deficiency, environmental dangers (victimization) etc, and as a result thereof face particular risks to their health, or social and/or economic condition and status .

Target population: very old persons (80 and over); those living alone; those after traumatic events; older women (widowed, single); cognitively impaired; older residents of blight areas or of crime infested neighbourhoods; aged suffering from severe ailments; the very poor, etc. Older persons may "belong" to more than one of the above groups.

Synonymous terms: aged-at-risk; older-population at risk.

9. Human services

is a term synonymous to social service; personal social service (U.K.); general social service (not yet universally accepted) - and denotes a service that is "personal"(individualized) in delivery, counseling, etc. Their aim, in regard to older people, is to "facilitate, or

enhance daily living; to enable older individuals or families to develop, cope, function, and contribute." Components include services of "open care", and, if needed, protective residential settings.

The term Human Service Agencies (USA) is a term equivalent to that of Social (service) Agencies.

(For the eight tasks to which such agencies address themselves, see Kahn & Kammerman, 1976)

10. Informal support

Various forms of assistance/support, both practical and emotional, provided, outside of the formal service system/sector, by family, friends, neighbours, and/or volunteers.

Occasionally referred to as natural support.

(IFA, 150)

11. Interface

a term denoting a process by which care providers to older persons aim to mesh or dovetail their services with other programs/services to meet the comprehensive needs of the elderly service consumers.

(Furukara)

The goal is to link as many community services as possible to supplement existing services, to provide comprehensive care, reduce duplication; to achieve cost-containment of services.

The term "linkage" or "networks" denotes the cooperation required to achieve interfacing (f.i. transportation and using medical services are linked services).

12. Linkage

The concept expresses the process by which the effective implementation of/benefit from one service depends/is conditioned on the availability of or supplementation by another service in the community, f.i. an

available community health service for older people will not be fully utilized unless a transportation service to the facility is available as well (accessibility of service). In this example visits to health service and transportation are an example of service linkage.

Linkage (like interface) aims at preventing fragmentation and duplication; at enhancing comprehensiveness, and greater eficiency and economy in utilization of community services.

Related terms: Interface; outreach; information and referral.

13. Multi-disciplinary team:

In operational terms - a "deliberate grouping of workers of various professions (in areas of health, welfare services, rehabilitation, etc) organized to achieve beneficial results for clients or client groups (older individuals, or groups of older people) which individually, members of these professions, would be unlikely to achieve".

Practical gerontology - as an interdisciplinary field, bases most of its planning, curative, or preventive activities on inter-disciplinary cooperation and contribution; and delivers most of its service through interdisciplinary settings (institutions, hospitals, social agencies etc).

Literature occasionally stresses that multi-disciplinary need not necessarily overlap with interdisciplinary, as the latter points beyond the fact of multi-professional composition of a service setting and refers to cooperation and combined efforts of various professions to "achieve beneficial results" for those under their care.

14. Network (social)

The term refers to the "chain of persons" with whom the older person has had contact and to those who are potential partners for relationship with him (family, friends, neighbours etc)

The term if often interchangeable with "support system", the support being organized or spontaneous, and services being provided by non-professionals, or professionals, on a short-term or long-term basis as needs require.

Interchangeable with: Helping networks; Supporting networks; Kinship network, Support system (formal/informal).

15. Older American Act

An American law (PL 89-37) enacted in 1965 the purpose of which is to give older Americans more opportunities for participating in and receiving benefits of modern society - such as adequate housing, income, employment, physical and mental health care.

(NIA, Age Words)

16. Outreach

the term refers to positive action by social and health services to seek out elderly in the community (case-finding) eligible for services they need, but are not receiving due to lack of knowledge of their existence or their eligibility to benefit from them; providing the necessary information about and/or referral to the appropriate service.

Related terms: Interface, Linkage, Information and referral

17. Psychosocial (research) -

a term very frequently mentioned in gerontological documentation, refers to scientific study/investigation of "individual characteristics (such as intellectual ability, attitudes, or behavior of an (older) person) and of social environments (such as family relationships, work situations etc) as they influence the ways in which people age".

SPECIFIC TERMS AND DEFINITIONS

1. Information, advice, and referral service

The purpose

A community service set up to :

a) provide information on rights, available services, eligibility requirements, costs of services etc.

b) provide individual or group advice and counseling on the use of rights, or proper utilization of resources and services in the community; and guidance in solution of problems connected therewith;

c) refer older people (or others on their behalf) to services, authorities or care givers; and follow up on the referral.

Target population

Any older person in a given community (area) in need of such information, advice, or referral; or those who apply on behalf of older people under their care.

Services provided

written, oral, or telephone information or advice personal/individual, group, family counseling, referral, follow-up, provided by : counsellors (professional or volunteer), including older people specially trained for this purpose.

Structure

The service may function as a separate service, or as a component of an existing service such as a Service Center for Older People, Day Center, Special Housing Complexes, Information Offices of Local Authority, of Citizen Advisory Bureaus, of Community Centers, or as membership service of local organizations of retired people, of Pension Funds, of Social Welfare Programs of Trade Unions etc.

Auspices — Local Authority, Voluntary organizations, semi-public bodies, retirees organisations/self-advocacy. Services generally provided free.

2. CLUBS FOR OLDER PEOPLE

Definitions, aims, function — A group (association) of older people with equal interests and inclinations and needs for communication, contacts, information, education and use of leisure time.

The function is: to provide a social environment, a meaningful framework for enjoyable use of time; opportunities to develop skills and areas of interest and find an outlet for personal and social potential; and to encourage development of patterns of mutual help.

Target population — The overall aged population of a community, neighbourhood, or particular area, but especially those ambulatory lonely and isolated elderly without sufficient support networks.

Service structure — Own location or premises, or premises of others; self-contained or a component of another service, like a Community Center, Day Center, Church/Synagogue Social Center, Old Age Home, Congregate Housing Complex, etc etc.
Service may be provided by paid staff; volunteer workers, or self-managed by members.

Sponsorship — Government, Local Authority, Voluntary Groups, Religious organizations, Labour Unions, Organisations of Retirees, neighbourhood Committees.

Funding — Public, voluntary, membership supported

Synonyms — Senior Club, Golden Age Clubs, Clubs for the Elderly, Senior Citizen Clubs, Drop-in Centers for Older People; Over-60 Clubs, Pensioners Club, Retirement Club, Altenklub (Germany); Club de Ancianos (South America); Club du 3 eme age : Club des Personnes Agees, Club de Retraites (France) etc.

3. LAUNDRY SERVICES

Aims and definition — A community service established to maintain and/or improve cleanliness of clothing and linen of older people; improve self image of older person, and ensure better circumstances for personal care of older persons.

Target population — Older persons who, because of physical disability, mental or social or economic limitations are unable themselves to take care of their laundry needs (reach laundry services; launder at home, or meet costs of outside laundering, etc)

Structure and service delivery

a) Collection and home delivery of laundry, small repairs etc (for homebound elderly)

b) use of laundrying facilities especially accessible as a service (for ambulatory elderly)

The service can be offered in a number of ways:

a) as a component of homehelp service (laundrying at home)

b) a home delivered service based on: a community facility, such as a hospital, Old Age Home, Day Care Center - as a component of home-care service system; a special service (volunteer -non profit): or on a commercial basis

c) a Laundry Club in a Day Center, Congregate Housing Complex, Neighbourhood Housing Estate Laundromats etc . (it then acquires also socialization components)

Auspices

Government, Local Authority, Voluntary, Commercial or subsidized non-profit service with payment for service regulated by local eligibility regulations, (at service-cost, full payment, partial payment, free)

4. SENIOR CENTER (multipurpose)

Definition and aims

in its official USA definition (Older Amercian Act) means "a community facility for the organization and provision of a broad spectrum of services (including the provision of facilities for recreational activities) for older persons".

The purpose is to offer meeting and socialization opportunities and maintain and develop older persons involvement with the community.

Target population

may vary considerably between and within the countries as well as between auspices (sponsorships) the center operates under. In some, it is the elderly population of a defined area (neighbourhood); in others - ambulatory elderly who can reach the center on their own or with escort; in some- low income, handicapped and frail elderly etc. The composition of the target population dictates the priorities in services the center provides (social-recreational, or personal social and health services).

Services provided

usually include all or some of the following: Information and referral; social assessment; counseling; personal services; legal aid; some nutritional services; occupational activities; health education and services; classes and study and discussion groups; chiropody; hairdressing; keep-fit programs etc. They may be provided in the center or delivered to the home of the elderly

Service structure and operation

Usually open daily, most hours of the day. Use of Center - full or partial, depending on capacity, professional assessment and availability of linked services (transportation

Some Centers function as Day Care facilities with provision of direct assistance to the older person and indirectly to the caregivers at home.

The Center cooperates with public and voluntary agencies to serve as the focal point of service provision to the elderly.

The Center may have a geographically defined area of activity; it can be an independent service (detached) or a part of a large service system (an institution; of a community center; of a sheltered housing complex; of a Sozialstation (Germany); or of other set-ups.

Service is provided by skilled or semi-skilled personnel and/or volunteers.

Sponsorship — In a number of countries - government; usually Local Authority Social Services; voluntary organizations, (Trade Unions; private social agencies; neighbourhood associations etc)

Synonyms — Service Centers (Norway); Day Centers (U.K.); Multi-purpose Senior Center (USA); Elderly Persons Center (Canada); Multiservice Centers; Senior Activity Centers etc. etc.

5. NEIGHBOURHOOD CARE

A concept and term in use in the UK, to describe a system of care "engaged in primarily because of geographic proximity" (Leat, 1979); an "organized attempt to mobilize local residents to increase the amount and range of help and care they give to one another" (Abrams)

The service is based on "moral communities" such as churches, care and friendship groups, and other natural helping networks. Its three general

aims are : 1) promoting general social contact or integration
2) providing help or services
3) promoting social awareness and action by relieving isolation, or loneliness, visiting, transport, linking services etc, based on the broad principle of "keeping an eye on those at risk" in the neighbourhood. In operational terms, the "good neighbours" service provides frequent call - visits to the apartment/house of the older neighbour, renders a variety of services(morning tea, warm place, a bit of shopping, small home chores etc.)

There may be some remuneration (small) for service rendered. Service may also include night-sitting-in (night-watch) - a kind of respite service for regular care-givers.

The service, informal in character, is frequently organized by the Local Authority Social Services, or by Local Organizations for the Welfare of the Elderly; or by niehgbourhood committees or groups. (Related services: Reassurance; surveillance; friendly visiting etc.)

6. SOCIAL STATION

A term used in W. Germany (Sozialstation) to describe a combined service system incorporating out-of-home services (Clubs for Elderly, Centers etc.) in-home-services (home help, meals, etc) and housing, operated by a multi function center for older people.

They serve large numbers of elderly (several hundred every day) and, as could be expected, are operating mostly in large urban concentrations.

7. SOCIAL, RECREATIONAL SERVICES

Aim and function: To increase quality and quantity of social interaction of older people; foster skills in making creative use of non-work time (including artistic and intellectual development)

Activities & services offered: Social interaction: planned and organized activities - at individual a/o group level: opportunities for creative expression, physical and mental development, or community involvement.

Services are usually provided by social workers, group workers, activity therapists, volunteers, adult education personnel: arts and crafts teachers etc.

Examples of Services: Old age clubs; Hobby groups; adult education classes, recreation groups etc.

8. OCCUPATIONAL ACTIVITIES

Aims and functions: In the broadest meaning, the aim is to:

a) provide incidental/supplementary income through employment (full/part) in a variety of settings-from regular workplaces to special workshops;

b) to help develop skills and hobbies

c) to provide creative and meaningful use of free time

d) to offer opportunities to continue with social contacts developed during work life, and maintain, beyond household duties, a regular life and activity rythm.

Target population: older people interested in creative activity in work as such, and/or in need of supplementary income.

Statutory framework: Employment needs and rights to work of older people are covered in many countries by legislation (anti-discrimination/fair employment practices) and by a variety of special services, such as: training, employment, vocational rehabilitation programs; assessment, testing, and job counseling,

retirement preparation programs; sheltered workshops; special work settings etc.

Services provided

1) counseling, referral, assessment, follow-up
2) placement, individually, or in groups, in occupations suitable to older people
3) developing special occupational programs and opportunities within Clubs, Day Centers, Day hospitals, Institutions for elderly (especially - Residential Homes), Congregate Housing settings etc.
4) Setting up, or cooperating in setting up, of special workshops (senior workshops, sheltered workshops, Altenwerkstaette, etc.) as separate units, or as divisions of larger enterprises (Germany, Israel, UK, Holland) etc.

Services may be provided by skilled arts and crafts instructors, occupational therapists; auxiliary staff; volunteers; retired craftsmen and professionals etc.

Sponsorship Government; Local Authority; voluntary organizations, Trade Unions; former workplaces etc.

9. TRANSPORTATION

Aim and function To assist elderly with limited physical mobility a/o spatial orientation, in reaching facilities, services or activities they need or want to visit or take part in, such as health and welfare offices, day care services, clubs, shopping facilities etc. etc.

Target population Elderly, physically or mentally impaired who are unable on their own, to safely use existing means of transportation; or have no transport of their own; nor family members to provide such service; or means to pay for them; or in

circumstances under which no organized transport exists.

Services provided — Transportation; and/or escort service

Service structure & organization
a) Improvement and/or subsidizing transportation system
b) Use of special vehicles for transporting older people
c) Use of volunteer drivers and their vehicles
d) Use of community service vehicles (school buses, ambulances, Local Authority vehicles etc.)

Sponsorship — Government, Local Authority, voluntary organizations, individual volunteers, occasionally - commercial.

10. SURVEILLING, MONITORING, REASSURANCE SERVICE

Aims and function — The basic purpose of the service(s) is to help older people to continue living independently by eliminating some of the dangers and difficulties that living alone entails. This can be done by:

a) periodic checks of the situation of the elderly for purpose of surveillance of the person's health and well-being, and for ascertaining existence of emergency need for intervention (preventing or dealing with crisis situations)
b) maintaining contact/interaction between the older person and his/her environment (for purpose of social contact, communication etc).

Target population
a) The homebound elderly, due to physical or mental disability
b) The very old, frail, isolated and lonely elderly
c) The elderly known to service agencies as not having families or relatives to offer follow up, contact or personal reassurance.

Service Structure & delivery

1) Contacts and/or visits, periodic or ongoing to the person by volunteers (old/not old), professional workers, friendly visitors, neighbours (UK) - as part of an organized service.
2) Telephone contact with the older person - as above, in a variety of forms (telephone chain between older persons; call-up and call-in service
3) Emergency call system - beeper system; alarm system; 24-hours-a-day call system (Japan) etc.
4) Postal contact;
5) Agreed signs and signals from the older person to the outside (in addition to, or instead of telephone contact).

Types of services

1) checking service/continuous supervision service

monitoring service -
by telephone or personally at agreed intervals; generally through a community agency; or a commercially operated subscribers group.

2) telephone service - known under a variety of names in various countries: Dial-a-friend (Canada); Call-a-Buddy (USA); Telephone-line to aged; Telephone-Reassurance Service (USA); Silver Telephone Service (Japan); Telefonhilfen (Germany) etc.

Organization & sponsorship

It can be a separate service, organized by volunteer initiative, older persons themselves; retirees organizations; extramural-service operated by institutional facilities such as Old Age Homes or Geriatric Homes; a service of Day Centers or Community Centers for older persons; Congregate Housing Complexes; Trade Unions/Pension Funds Welfare Services; Postal Agencies; or commercial groups.

11. VISITING SERVICE

The term refers to an organized visiting service to older people as a means to combat loneliness, by providing opportunities for a more or less regular friendly informal visit, chat, or communication with the elderly at home.

A comprehensive visiting service usually offers four kinds of visitors

a) youth ("odd-jobbers") who can do odd tasks in the house
b) friendly visitors/companions (age-peers)
c) case-workers (social service people) to help solve problems
d) "diagnostic visitors" (professionals/para professionals) who can "diagnose" conditions and needs (f.i. for welfare services) and usually follow-up cases referred in a given area (as part of a "home-care" program).

(a) and (b) corresponds to "friendly visiting" arrangements, whereas (c) and (d) are meant as parts of a "visiting service scheme", usually under the auspices of Local Authority or Community Volunteer Agencies for services to elderly.

Related terms (for (a) and (b)): Besuchdienste (Germany); Good neighbourhood scheme (UK): Friendly visitors (USA and other countries); Elderly Health Guardians, Oldsters-to-Oldsters (Israel): "Buddy" system (Canada)

12. POSTAL WATCH

A program pioneered in Sweden, but existing also in some other countries, whereby mail carriers keep an eye on elderly persons on their route, often by simply noticing mail which is not collected. Postmen are also occasionally trained to provide information about social services.

(IFA 223)

13. REPAIR SERVICES

Aim and Function: To provide small but vital repairs in the household of the elderly, the neglect of which has negative effects on their functioning at home and are beyond their physical

or financial capacity.

Target population: Elderly who due to their disability, limitations, lack of experience (f.i. elderly women), disorientation, and/or lack of means, are unable to take care themselves of maintenance problems of their homes/apartments

Services provided:

1. Light repairs like: doors, shutters, electricity, furniture
2. Installation problems: heating, cooling
3. occasional maintenance - white-washing, painting
4. repairs/help in maintenance of health appliances (wheel-chair, special commode, special bed etc.)

Service structure: Service may be provided by:

1. retired artisans (volunteers; or at specially reduced prices)
2. small cooperative of retired repair men (Germany)
3. volunteer students of technical schools (Israel)
4. hired manpower (by social agencies, volunteer groups)
5. as a service provided by existing community services that have maintenance units (old age homes, hospitals, schools)
6. by mobile repair teams

Sponsorship: funding: Local authority; voluntary organizations, vocational schools, organizations of retirees etc.

Service generally offered free or against small fee to cover cost of material and travel of volunteers.

Related terms: Handy man services; Household Repair Service; Mobile repair crews; Home Repair Service, etc.

14. MOBILE DAY CARE UNIT

known also as a "Day-Care-Center-on-Wheels", or a "Service-bus", refers to a mobile unit with staff and equipment who provide, on a regular basis (daily or on designated days), a range of day-care services to older people in small rural communities in which no full fledged day services can be set up.

The unit may combine home-service elements (equipment for heavy cleaning jobs) with personal care and welfare services (chiropody, screening, information and referral, etc).

15. HOME HELP SERVICES

Aim and function: assistance in on-going basic housekeeping tasks to prevent over-taxing older person's physical capacity to perform them, and in order to maintain essential level of household functioning.

Target population:

1) Elderly with limited functional capacity, living alone or with others, unable to offer needed housekeeping assistance.

2) Elderly, temporarily unable to perform such tasks (sick, convalescent, after accident, or traumatic experience); unable to maintain household and perform such tasks.

Service provided: **cleaning; laundry; shopping; preparation of meals. Occasionally (if trained to do so) - non-skilled personal tending, such as dressing, help with washing, personal hygiene maintenance.**

Service structure: Service provided by non-skilled but basically trained employees, or by volunteers under supervision of trained persons (trained housekeeper, practical nurse, geriatric health aide etc). Required level and scope of training varies within and between countries . It can be a separate service, or a part of an existing service

system (Home Care Services; mobile health and home maintenance crews; or part of extra-mural services provided by an Old Age Home; or by a sheltered Housing Project etc.)

Sponsorship: Generally - Local Authority; Volunteer organizations; commercially organized service.

Fees: Generally - against fees (full, partial)

16. SHORT-TERM INSTITUTIONAL PLACEMENT

Aim and function: To provide short-term care to older persons in need of sheltered/institutional environment due to health, social, or environmental circumstances, such as illness, traumatic event, or intra-familial needs.

Target population:
1. Elderly ill, who can not return directly from medical settings to their home in the community
2. Elderly who need a short-term away-from-home-placement so that their usual caregivers can have respite time from care-giving duties.

Service provision: In many countries, this service also known as "Respite Care Service", is based on existing homes for elderly, or nursing homes, some of which allocate a certain % of beds for such needs. These beds are often referred to as "respite carebeds".

17. VACATION SERVICE

Aims: refers to a scheme aimed at providing older people, individually or in groups, with the opportunity for change of routine, environment, and interaction with other elderly for a period of up to a month, so adding to the general feeling of health and wellness.

The service is offered by some Pension Funds (France),

Trade Unions (for their retired members), special agencies (like summer camps for elderly in the USA), voluntary groups (Germany), Sick Funds, with reduced rates at low season (Israel), etc.

Some of these programs offer activities of therapeutic value, creative nature, and of "senior tourism" nature.

Funding: Participants, and subsidies from various sponsors.

Eligibility: As formulated by organizing/sponsoring bodies.

18. "EQUIPMENT-BACK" LOAN-SERVICE

A service spreading to many countries, aims at providing elderly, on a loan basis and for varied duration, with needed equipment (appliances) in health and rehabilitation areas, such as crutches, wheelchairs, beds etc(in some countries the "banks" begin to include also social-recreational-occupational items for home-bound elderly).

The service is usually sponsored by volunteer groups with Local Authority cooperation; home-care agencies etc. It may be based also on existing institutional facilities (Old Age Homes, Geriatric Facilities) or community service distribution centers (Day Care, Day Hospital, Multi-service Day Centers for the Elderly, etc.)

The rental is either by low fee, or free.

19. VOLUNTEER SERVICE EXCHANGE

The service exists in a number of countries under a variety of names such as Job-against-Job; Help offered-Help wanted; Senior Help Exchange, etc.

The purpose of the service: to facilitate exchange of services among older people; to mediate between elderly volunteers and ~~others~~ elderly in need of service (f.i. escorting, visiting, transportation, repairs, equipment, personal tending, etc).

The service is sponsored/initiated by Local Authority Social Services, Day Centers, Clubs for Older People, Congregate Housing Complexes, etc.

Summary, Alternatives, Questions

1. As pointed out in the introductory part, hundreds of different terms directly and indirectly connected with aging have been identified, described and defined in various glossaries in gerontology so far published. These were studied, compared and "filtered out". Some 250 terms have been extrapolated by the WAA Secretariat from the National Reports to the WAA and these were a major reference source in the selection of terms discussed in this paper. About 180 terms were included in this proposal, most of which originated from the 250 terms of WAA; some were added from other sources or glossaries. They are grouped in eight sections of concepts and terms: general; demographic; family; income security; education; health; housing; and welfare. (A general list of terms in alphabetical order is included).

This position paper has gone well beyond the original intent of the writer, both in the number of terms selected for "examplification" and in the form of their presentation.

Although the original intention was to focus on "umbrella" terms, specific terms and definitions grew considerably in number, and here we drew heavily and liberally on the sources mentioned in the appended bibliography.

The inclusion of specific terms became necessary as analysis of gerontological documentation revealed their frequent "presence" and use in practice. As evidenced, we endeavoured to attain structured, descriptive definitions especially in services (health, welfare, housing) in which there has developed over time

a rich and highly "localized" typology. This made the task especially difficult and we are conscious of the fact that what obtained as result thereof, is a description rather than a brief and concise definition which characterize the glossaries recently published in the area of gerontology: our examples and their descriptions come closer to the German publication mentioned in the Bibliography (Schellhorn, W: "Nomenklatur der Veranstaltungen und Eirichtungen der Attenhilfe", 1979), than to the presently available glossaries. If it was done so, it was primarily due to the definition by WAA Secretariat of the target population of the "end product" (see Introduction)

2. What has resulted poses a dilemna to be resolved. Is the original intention of producing a glossary to remain the objective of our efforts, or is it to be reformulated in the direction of a "guide book" or "terminology hand-book" of concepts and services to be used by those defined in the "target population"?

If the original intention remains, then there are now on the scene at least two such glossaries (International Federation on Aging; and National Institute on Aging, USA) and they could meet the need for short and precisely formulated definitions for professionals familiar with the aging field.

If, on the other hand, one would accept as the need for a document with explanations and encapsulated and structured information on most essential terms and services for practitioners, policy makers etc, then there might be room for an attempt to extrapolate a definite number of terms in "practical" gerontology and suggest definitions that would contain the common

elements and offer what might with the time become "adopted" definitions in our international "dialoguing" in gerontology.

3. Whether what has been tentatively attempted and formulated in this proposal, contains potential indications, guidance and basis, this will be up to the Review Committee to analyze, judge and decide. The author himself has no definite opinion about it. However, he is strongly convinced that such an attempt has to be made if we really want to facilitate cross-national dialogues and communications in gerontology.

Our attempt to suggest "synthesising" definitions has not come through uniformly and the "structure" has not been "faithfully" adhered to in all sections of the paper. Some definitionsare "better", some are probably less than complete. The mixture of the "glossary" type and of "synthesizing" definitions of structured nature, may offer a starting point for questions, critique and quest for better results once a decision is made on the nature and form of the "end-product".

4. A number of questions arise and members of the Review Committee, when analyzing the document, may have to attempt to formulate answers to the following ones:

a) Considering the "target population" as formulated by the WAA Secretariat,will the available glossaries (TFA, NIA, etc) meet the needs?

b) What would be the best way to test this?

c) Is there merit in continuing to attempt to create a separate

WAA document (publication) that would meet the needs as perceived by the WAA Secretariat before question (a) and (b) have been answered and conclusions reached?

d) If the answer to question (c) is positive, does this paper offer any positive and useful angles, suggestions of approaches that could be used in the preparation of such a document? If yes - what are they? If changes a/o improvements are to be made - what are they?

e) What are the concepts and terms that should be included in such a document? What is the "core list" of terms below which one must not go? Would a "ceiling" on the number of terms to be included, be advisable?

f) If the answer to question (d) is negative, what is to be done in order to start the implementation of the WAA Vienna Plan of Action recommendation No 109 (standardized definitions etc)?

This is neither an original paper or proposal nor a completed assignment. It was meant to serve as a basis for discussions and, possibly, for initiating a process of further steps leading to answering the WAA Secretariat's quest for a good way to implement a recommendation crucial for advancing gerontological cross-national exchange, dissemination, and cooperation.

One is deeply indebted to others who had labored on that subject before and done valuable and important work in the field. We borrowed from them freely and liberally and we acknowledge the debt. We are indebted also to a number of colleagues, at home and abroad, who have willingly helped in the preparation of this paper, with analysis of

documentation, suggestions, andpatient support; and last but not least, indebted to the WAA for supply of material, information and lists of terms that were very helpful in the process of structuring and preparing this paper.

Simon Bergman

Terms Reviewed, Described, Defined

A. General concepts and terms

1. Activity theory
2. Age segregation/integration
3. Aged
4. Aging (ageing)
5. Agism
6. Achieved status
7. Ascribed status
8. Continuity theory
9. Decremental model of aging
10. Developmental issues
11. Disengagement theory
12. Educational Gerontology
13. Experimental aging
14. Gerontology
15. Geriatrics
16. Humanitarian issues
17. Industrial Gerontology
18. Life course
19. Life cycle
20. Life review
21. Social Gerontology

B. Demographic terms

1. Age effect
2. Aging - individual
3. Aging of population
4. Cohort
5. Cohort effect
6. Demography
7. Economic dependency ratio
8. Household
9. Period effect
10. Population - working
11. Population - unoccupied
12. Population - rejuvenation
13. Population - growing
14. Population - declining
15. Population - young/old

C. Family

1. Family - conjugal
2. Family - extended
3. Family - matriarchal
4. Family - matrilineal
5. Family - matrilocal
6. Family - modified extended
7. Family - neolocal
8. Family - nuclear
9. Family - patrilineal
10. Family - patrilocals
11. Family back-up services
12. Filial - anxiety
13. Filial - attitudes
14. Filial - maturity
15. Filial - piety
16. Filial - responsibility
17. Kinship
18. Substitute family care
19. Surrogate family

D. Income security

1. Annuity
2. Contributory pension
3. Demogrant pension
4. Eligibility
5. Funded system
6. Income security
7. Income test
8. Indexing
9. Joint and survivor option
10. Multiple tier pension system
11. National Insurance
12. Occupational pension
13. Partial pension
14. Pay-as-you-go pension system
15. Pension
16. Pensionable age
17. Portability
18. Private pension
19. Provident fund
20. Replacement Fund
21. Social Security
22. Supplementary benefit
23. Survivors' benefit
24. Vesting

E. Education

1. Adult education
2. Andragogy
3. Animation
4. Comunity Center
5. Community Library
6. Folk High School
7. Leisure education
8. Open University
9. Pre-retirement education
10. University of the 3rd Age

F. Health

1. Activities of Daily Living (ADL)
2. After-care
3. Chronic care
4. Chronic disease
5. Closed care
6. Community Health Services
7. Community Medicine
8. Day Hospital
9. Disability
10. Domiciliary care
11. Extended care facility
12. Functional capacity
13. Geriatric care
14. Half-way House
15. Health care
16. Health center
17. Health services
18. Home care
19. Home care equipment
20. Home help services
21. Hospice care
22. Level of care
23. Life tables
24. Long term care
25. Long term care facilities
26. Mental health services

27. Nursing (profession)
28. Nutritional services
29. Open care
30. Outpatient care
31. Para-professionals
32. Progressive patient care
33. Quality of care
34. Psycho-geriatric day clinics
35. Regional Geriatric Center
36. Rehabilitation care
37. Self-care
38. Terminal illness

G. Housing

1. Apartmetns for Older persons
2. Boarding Homes
3. Congregate housing
4. Dwelling
5. Granny flats
6. Group Home
7. Housing for Elderly
8. Housing needs
9. Housing problem
10. Housing stock
11. Retirement community
12. Senior Housing
13. Sheltered housing

H. Welfare

1. Advocacy
2. Case management
3. Categorical services
4. Community Support System
5. De-institutionalization
6. Equipment-bank loan service
7. Financial assistance
8. Helping professions
9. High-risk groups (of elderly)
10. Home-help services
11. Human services
12. Informal support
13. Interface
14. Linkage
15. Mobile Day-care unit
16. Multi disciplinary team
17. Neighbourhood care
18. Network
19. Occupational activities
20. Older American Act
21. Outreach
22. Postal watch
23. Psychosocial research
24. Repair service
25. Senior Center
26. Short-Term institutionalization

27. Social-recreational services
28. Social Station
29. Surveillance, monitoring, reassurance
30. Transportation
31. Volunteer Service Exchange
32. Vacation Service
33. Visiting Service

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