WHAT SHOULD YOUR LOCAL AUTHORITY BE LIKE?

What should your local authority be like so that people say, I would like to live here when I grow old? Would you say it is attractive for older individuals? Does it offer real quality of life, not least in the second half of life or in the case of minor and more major health impairments?

The attractiveness of a local authority significantly depends on its infrastructure and how close to capacity it will be operating. Do people want to live there, run a shop or a practice? Is it possible to be sufficiently mobile? Can older people find room for their own needs as well as for what they can offer other people? Do people feel they belong? Older people these days tend to be healthier and to have more resources than in the past. They do not all have the same opportunities and capabilities, but they all do have capabilities – personally and socially beneficial ones – but what matters is how this potential is addressed and what image of old age is dominant.

Create the pre-requisites for aging healthily and actively in order to delay the time when for example personal care is needed: this is crucial for the quality of life of older people, regardless of whether they have chronic illnesses or not, and for local authorities this is an economic requirement for survival.

WHAT MUST YOUR LOCAL AUTHORITY OFFER?

What does your local authority have to offer so that people can grow old there in a healthy and active manner? What does it have to provide? Such concrete questions reflect the significance of demographic change. They are central for you as the one responsible in the local authorities, but you cannot answer them on your own. Your framework of action is narrow and you have to consider who has to get involved, when and in what capacity.

You, as the one responsible, require support from others to do this. You require participation and regular communication. You need precise facts about the local situation. And you need the political will, a clear position on the subject, and good arguments.

WHAT CAN BE DONE?

What can be done? This information shows you the way towards concrete arguments with which you can find partners and fellow campaigners. It offers you fundamental tips and ideas in order to develop a strategy with which you can prepare your local authority for the coming changes.

The goal is to make your local area a great place for aging for all generations. There are lots of good reasons for local authorities to think about demographic change, age and health together. More people will be living in towns and cities in the future and there will be a larger older population.
Many local authorities in rural regions will shrink. All of them, rural and urban alike, will be confronted with huge changes.

**12,600 LOCAL AUTHORITIES IN GERMANY...**

There are around 12,600 local authorities in Germany and the starting conditions and strategies are just as numerous. No generalization could do justice to all. Nevertheless there are challenges that affect your local authority as well as every other local authority and which require similar answers. The aging population is one such challenge. Lots of local authorities, especially rural ones, will also lose residents because they will move away. Both moving away and aging will influence local authority budgets.

**DEMOGRAPHIC CHANGE ALTERS LOCAL AREAS**

Demographic change, which is already making itself felt in a changed population structure, will continue to influence the composition of the population. According to calculations issued by the Statistisches Bundesamt Deutschland, the population in Germany will fall by around seven million to 69–74 million by 2050. This shrinking will not impact all local authorities equally, quite the opposite in fact: while some that are already growing will counteract the trend by growing even more vigorously, others could well face seeing their population halve.

<table>
<thead>
<tr>
<th>Location</th>
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<tr>
<td>Munich (city)</td>
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<tr>
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<td>2030</td>
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<td>2009</td>
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<tr>
<td></td>
<td>2030</td>
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</table>

(Data: Bertelsmann Stiftung, wegweiser-kommune.de)

What exactly needs to be done varies from one local authority to the next, but they all have to react by adapting their infrastructure and help systems. For example, medical care in rural regions is already difficult in some areas, as is mobility. These factors are linked and exacerbate structural weaknesses. In socially disadvantaged neighbourhoods the challenges lie in different areas, but are equally pressing. These developments are not just central for local authorities’ senior citizen policy and work, they are also central to almost every other area, especially however for health, social issues and urban development.

**LOCAL AUTHORITIES HAVE AN INCREASED VOLUME OF RESPONSIBILITY**

As a result of society’s increased expectations of quality, the number of tasks local authorities have to deal with has steadily risen. The assignment of obligatory responsibilities has also risen continuously over the past decades. As a result, local authorities have fallen more and more into the role of service providers with a set catalogue of services. At the same time local authorities’ financial resources have not grown proportionately to their tasks.

**GENERATIONAL POLICY OPENS UP ROOM TO MANOEUVRE**

The spectrum of tasks local authorities are faced with often leaves little leeway for voluntary measures to support healthy aging. But local policy for older people is much more than just local authority care for the elderly. Rethinking and focusing on generational policy gives local authorities great potential, not just economically speaking, but also with respect to quality of life. The specific image of age that comes through in local-authority thinking and action is also influential. Does it emphasize the deficits of aging, such as physical and mental decline, or does it also incorporate strengths and competencies? Does the image of age also respectfully reflect the lifetime achievements of older people and does it take into account the right to a well-deserved retirement? It is a realistic perspective of aging and being old?

Age cannot just be determined by the calendar. For that reason policies for elderly/old people does not merely target a fixed group. Lateral thinking also means incorporating all of the options and local players. A lot of factors have a prophylactic effect, including shaping the working environment in an age-appropriate manner, where the individual ability to work is seen as a stable balance between the demands of work and the human resources, irrespective of age. Local authorities can throw their weight behind this. The way ahead is already clear – in planning terms, politically and also as regards conflicting goals. Images of age that emphasize the positive aspects of aging open up room to manoeuvre for older people and provide prospects for future generations.

**CO-OPERATION NOT COMPETITION**

This approach requires networked thinking and interdisciplinary action, and not just from the political, economic and administrative spheres. New forms of interdisciplinary and cross-sector collaboration are also becoming necessary within local authorities. The involvement of committed citizens, societies, associations and protagonists such as local housing associations, health funds, local companies and institutions such as senior citizens’ service offices, care stations etc. requires co-ordination and cross-departmental strategies. How can such a process be designed and coordinated and who should be included when and in what capacity?
In the future, more people will live in towns and cities and there will be more older people. This trend will cause changes and will affect every local authority in very specific ways. In rural areas, which are confronted with exodus, shrinking and aging, the challenges will be different from those in cities. If the local authority infrastructure remains extant in its current dimension, the costs per resident could rise significantly. In urban areas, unequal distribution could increase as a result of demographic change, and lead to social polarization.

**IN THE YEAR 2050**

- the German population will have shrunk to somewhere between 69 and 74 million
- only around half of the population will be of working age
- more than a third of people will be 65 or older
- the number of very old people (80 or older) will more than double from around four million today to around 10 million
- the average life expectancy for men will be between 83.5 and 85.4 and for women between 88.0 and 89.8 years

**FACTS**

Demographic change affects local authorities differently depending on their population structure and composition, geographic location, labour market, housing market and the area.

The Statistisches Bundesamt regularly issues projections about the population. The following figures are the key figures on demography in 2050:

**INCREASE**

- one-generation and single-person households
- persons in need of care
- life expectancy

**DECREASE**

- multi-generation households
- domestic family carers
- births

Social development trends in the demographic change
We all want to age in a healthy and active way. But the conditions are not optimal everywhere and for everyone. And not every lifestyle supports health. Health can be promoted at every age, and the potential is not yet at capacity for older people, nor has it been given enough attention. For example, the fact that health includes physical and emotional wellbeing, and that social integration, belonging and participation all matter. In order for you to be able to develop suitable measures to promote health in your local area, you need various pieces of information and data about the different living situations of older people. That also means asking people what they need and how this can be achieved. That in turn means participation from the outset and therefore an incorporation into the local planning process.

Even though illness becomes more common as we grow older, age cannot be equated with illness and the need for care. Around two-thirds of people between the ages of 60 and 79 describe their state of health as ‘good’ or ‘very good’, even if they have health impairments.

Health is more than the absence of disease!

Promoting health enables people to strengthen their physical, mental and social health. This promotion creates the necessary good conditions in everyday life that allow people to be and to stay healthy. Thresholds are reduced, from mobility barriers to language barriers, and resources are promoted. One of the central ideas is that promoting health is not done for or to people, but through and with people.

Equal opportunities

Staying healthy, preventing and compensating for age-related impairments and maintaining independence are of central significance in old age. But the chances of aging healthily are not distributed equally and not everything can be affected by personal actions. This is how differences between the prevalence of disease and mortality arise, between women and men as well as in relation to social situation and the stresses that have built up over the course of a lifetime.

Some people are more likely to have health problems than others, without them being reached by preventive or health-promotion measures. And not everyone has been able to build up the necessary financial resources. This causes social inequality that does not decrease with age and definitely not on its own.

Maintaining autonomy

Being able to perform everyday tasks independently, being able to nurture relationships and being able to participate, having an independent scope of action, even with limited mobility – all of these factors aid autonomy. The requirement for autonomous self-sufficiency is that the local authority has an infrastructure that meets the needs of its older population. Such an infrastructure includes shopping facilities residents can get to, an absence of barriers in the flat, house and on public transport, as well as safety in the public sphere, as all of these factors are requirements for independent living. Neighbourhood networks constitute one important resource, parks and green spaces, cultural, leisure, sporting and exercise opportunities are another important resource. They do not just increase quality of life, they can also prevent or at least delay the need for care.
There are lots of starting points from which to support self-determined and independent living. What is required specifically can only be determined when people are asked about these issues in their local environment and are subsequently included in the planning and implementation process. Preserving autonomy, making mobility possible, supporting participation, promoting neighbourliness and neighbourhoods – all of these things strengthen the health of all older people. If you as a local authority manage to build bridges between the local professional services, voluntary support and medical services/carers, if you manage to involve many fields, then you will increase the chances that the people in the area will be able to age in a healthy and self-determined manner.

**HEALTH RISKS AND ILLNESS IN OLD AGE**

Cardiovascular diseases and illnesses affecting mobility are among the most common physical ailments. Falls for example lead to an increased need for treatment. Statistically speaking, older people are more commonly affected by cancer than younger people. The most important mental illnesses include dementia and depression. There are currently around 1.2 million people in Germany suffering from dementia. Health in old age also depends on the stresses that have built up over a person’s lifetime. Physically demanding working conditions can lead to signs of wear and tear. A low income and poor chances of an all-round education are among the greatest risks to someone’s health. It is characteristic that in older age more health problems and several illnesses typical of old age appear simultaneously. They are more likely to be chronic and accompanied by pain. The functioning of important areas such as vision, hearing, physical resilience and flexibility as well as mobility are often crucial to people’s quality of life and their perception of their personal health. This functioning has a crucial impact on whether autonomy remains extant and therefore also on whether individuals are able to participate in social life.

**THE NEED FOR CARE IN OLD AGE**

When people cannot manage their everyday lives alone anymore, they need help and care. 82% of all those needing care are 65 years or older.

Of the 2.13 million people needing care in Germany, around 1.07 million, in other words more than half, are Care Level I. While men from lower socio-economic positions are more likely than women to be Care Level I and II cases, the percentage of women requiring these two higher Care Levels increases as they get older. It is expected that there will be 3.28 million people requiring care by 2030 and 4.35 million by 2050 (Sachverständigenrat zur Begutachtung der Entwicklung im Gesundheitswesen 2009).

The majority of old people needing care receive this in their own homes from family members, neighbours, friends and acquaintances as well as by external services. Many caring relatives – it is mainly women who take on this responsibility – are greatly burdened around the clock by this task and often have symptoms of illness themselves.

Avoiding the need for care or at least delaying it is a goal that everyone can understand. It is a significant one for local authorities for economic reasons, while for older people it means an increase in quality of life, activity, self-determination and wellbeing.
There are no fixed age boundaries, there is no such thing as ‘old people’ as a self-contained group. There are as many manifestations of old age as there are different options for people to shape their lives. ‘How do we want to live?’ can be supplemented by ‘How do I see myself aging?’ and ‘How should you see me aging?’ What goals and values go with these images of aging? What is your local authority’s attitude to this question – with an emphasis on the resources and multi-faceted nature of aging?

Stereotypical images of old age – whether purely positive or purely negative – do not benefit anyone. Making do without images of old age just to avoid well-worn paths is not a solution either. People need images to orient themselves by. Images are also needed in the work done locally in the neighbourhood and district, in order to get messages across. Self-image and the questions of whether all capabilities and competencies are being used, how to shape one’s life in old age and whether and how to participate and feel included, are all determined by the image of old age in people’s minds.

In your local area you are confronted with the question of how to put your message across – both to the outside, for the public and to the older population itself, and to the inside, to the circle of employees and to co-operative partners. The following recommendations provide some initial orientation:

**RATHER THAN CITING SPECIFIC AGE GROUPS, IT IS BETTER TO**

… locate ‘aging’ across an entire lifetime

Physical and emotional-psychological abilities cannot be expected or predicted from fixed chronological points in a person’s life.

… put ‘aging’ in a generational context

Exchange and help between generations are intense and reciprocal.

… look at ‘aging’ by reference to some crucial key events

Transitions such as retirement or losing a partner are prominent events in a person’s life, when many people are more vulnerable than usual.

**RATHER THAN HAVING A PURELY CARING IMAGE OF OLD AGE WHICH DOES NOT UNDERSTAND THE NEED FOR AUTONOMY, IT IS BETTER TO**

… have a self-determined image that includes a share in the responsibility and recognizes individual resources, even and especially when people are experiencing restrictions because of illnesses, or because they are in need of care, or because they are having to cope with transitions.

**RATHER THAN HAVING A PURELY POSITIVE IMAGE OF OLD AGE, IT IS BETTER TO**

… have a multifaceted one that does not sugarcoat, make a taboo of, or ignore differences between people (arising, for example, from different life experiences), and that instead values diversity.
You do not want to exclude anyone and you want to reach as many older people as possible: that much is clear of course. You want to address the ‘right’ issues, identify the needs and maybe even develop an ‘Age & Health’ guideline for your local authority. But even when you make it your goal that your local area will become a fantastic place for aging, you can be certain that there is no such entity as ‘older people.’ General tips on how to proceed are just as unhelpful as ready-made answers, because the starting conditions in your local area are unique. Older people in particular are willing to get involved in different areas of activity and also on a voluntary basis. If they are included right from the start, you will be given many ideas and you will find fellow campaigners.

**FACTS & ACTIONS**

Do you want to know what older people need? Then you need ways of getting the public involved. They are the most important thing: activating questions on location, participation days, joint site visits, citizens’ meetings, village cafés, future workshops, neighbourhood workshops. Imagination is required here.

**QUESTIONS AND ANSWERS**

Questions that focus on the target group and the differences within this group are in the foreground of this process. What target group do we turn to? What are their needs like? Are there specific problem areas and worries? How can they be approached and where do we already have good access to them? An initial orientation delivers an analysis of stresses and capabilities for individual target groups. Whether someone can lead a fulfilled, healthy and long life in old age depends very much on the development conditions under which that person lived before. Advantages and disadvantages add up and determine opportunities in old age. The experiences and abilities that are built up over a lifetime make up the framework of what is possible today.

So where can you begin? Rather than taking on issues that are currently fashionable, it is better to first define the concrete problem situations that exist locally. You need information from the target group to get specific answers. Older people are experts in their situation. What priorities do they themselves set? How do they see their situation in their immediate living environment and in their more extended radius of interaction? Other interesting questions include: how do they disseminate information? How can you sensitize people to the subject of old age and health in the local authority? Questions about regional and neighbourhood-specific characteristics and the services available locally supplement the picture: what neighbourhoods or districts have the greatest need? What service structures exist there? What services are needed and how can they be developed? How can you get the relevant local data and what working areas from your local authority do you need to do that?
Everyone would be in favour of more co-operation and networking initially, but it is not clear yet how this can be done in the most effective manner. The most important factor is local people who take on the responsibility for such a process under the inclusion of the public and who develop a joint concept about goals. At the beginning there are questions such as: who is included when and in what manner? What structures make sense? What form of co-operation? Who pays for what?

Collaboration within a local authority and beyond can benefit from networked thinking and action that involves lots of different departments. This requires comprehensive consensus – found in public discussion – that makes it clear what information on the help and support options when people need help and care in old age are made available by whom, and how, and indeed that this help is available at all. It is necessary to have bridges between medical services and care work, social participation and advice services as well as the regular communication between all of those involved as a continual process.

It is necessary to involve family doctors in a systematic manner. They are to be seen as the central reference people in out-patient health care for older people, especially in rural areas and in socially disadvantaged neighbourhoods.

Ideas and services should orient themselves on the quality principles of participation, self-determination and empowerment. Participation barriers can be very high for some, for example because of a lack of time due to job and family commitments, or because of worries about (perceived) lack of education. It is important to use (or develop, as the case may be) suitable methods. The partners in this undertaking include:

... ordinary citizens
... health funds
... care services
... educational institutions
... charities
... local clubs (e.g. sports, culture, leisure)
... local housing institutions
... businesses based in the area
... chambers of industry and commerce,
  chamber of crafts
... neighbouring districts