AGEING AND PEOPLE WITH INTELECTUAL DISABILITY

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SUPPORTED BY
ISSUES

1. LIFE COURSE AND TRANSITION
2. AGEING – GENERAL PHENOMENON
3. AGEING AND PEOPLE WITH INTELECTUAL DISABILITY
4. EUROPEAN DOCUMENT AND CONFERENCES
LIFE COURSE

• DEFINITION
LIFECOURSE IS
1. AGE-GRADED
2. SOCIALLY EMBEDDED
DIFFERENT ROLES THAT CONNECT THE PHASES OF LIFE.
DIFFERENT ROLES

FAMILY AND RELATIVES

PROFFESIONS
LIFECOURSE

LIFECOURSE HAS A PARTICULAR RELEVANCE WHEN WE NEED INFORMATION OF

• HUMAN DEVELOPEMENT

• AGEING
LIFECOURSE

LIFECOURSE BASED ON

1. AGE-GRADED PATTERNS,

1. SOCIAL INSTITUTIONS,

1. AND HISTORY.
AGE-GRADED PATTERNS,
TRANSITIONS

• TRANSITION IS A SIGNIFICANT PART OF LIFECOURSE

• PREVIOUS EXPERIENCES AND SITUATIONS IN LIFE AFFECT LATER LIFE
LEVINSON TOLD US THAT THE WORD "LIFE" INCLUDE ALL ASPECTS OF LIFE:

1. BIOLOGICAL CHANGES,
2. SOCIAL RELATIONS,
3. INTERNAL PSYCHIC PHENOMENA,
4. THE INDIVIDUAL'S RELATIONSHIP WITH THE ENVIRONMENT
5. AND ALL THAT IS IMPORTANT FOR THE INDIVIDUAL.
AGEING

• THERE IS NO UNIVERSALLY ACCEPTED DEFINITION OF “AGEING”

• CONCEPT OF DISABILITY-FREE LIFE EXPECTANCY IS RECEIVED INCREASING ATTENTION

• PEOPLE WITH INTELLECTUAL DISABILITIES ARE HIGHLY HETEROGENEOUS GROUP THE SAME AS PEOPLE GENERAL
PROPORTION OF OLDER POPULATION OF ADULTS WITH INTELLECTUAL DISABILITIES

CURRENTLY ABOUT 75% OF ALL OLDER ADULTS WITH INTELLECTUAL DISABILITIES ARE IN THE 40-TO-60 AGE GROUP

(Janicki, 2009, Hong Kong)
AGEING IS ASSOCIATED WITH

1. BIOLOGICAL CHANGES

1. COGNITIVE DECLINE

1. INCREASING RISK OF PHYSICAL AND PSYCHIATRIC DISORDERS

1. SOCIAL CHANGES

1. ECONOMIC CHANGES
COUNCIL OF EUROPE DISABILITY ACTION PLAN

AGEING OF PEOPLE WITH DISABILITIES

- ASSESSMENT OF INDIVIDUAL NEEDs
- PROVISION OF SERVICES AND SUPPORT, ALSO FOR FAMILIES
- COMMUNITY LIVING
- COORDINATED ACTION
- INNOVATIVE APPROACHES
RECOMMENDATION CM/REC(2009)6
OF THE COMMITTEE OF MINISTERS TO MEMBER STATES
ON AGEING AND DISABILITY IN THE 21ST CENTURY:

SUSTAINABLE FRAMEWORKS
TO ENABLE GREATER
QUALITY OF LIFE
IN AN INCLUSIVE SOCIETY
SOCIAL PLANNING

• IDENTIFYING WHO ARE THE OLDER ADULTS AND CARERS

• DETERMINING WHAT THEY MAY NEED

• LOOKING AT DEMOGRAPHIC TRENDS
• RECOGNIZING THAT NEEDS ARE OFTEN LINKED TO AGE (YOUNGER-OLDER VS. OLDER-OLDER)

• THINKING IN TERMS OF CREATIVE APPROACHES TO SUPPORTS

• INVOLVING THE FAMILIES IN THE PLANNING

(Janicki, 2007)
• WORKING WITH GOVERNMENT FOR INSTITUTION OF UNIVERSAL MODELS FOR HELPING FAMILIES AND PEOPLE WITH DISABILITIES
PALIATIVE CARE AND END-OF LIFE CARE

PALIATIVE CARE NEED TO BE:
1. COMPASSIONATE
2. QUALITY
3. EFFECTIVE
CARER
HAVE TO RESPECT THE WISHES OF MAN WITH INTELECTUAL DISABILITIES
PROVIDE RELEVANT SUPPORT AND HELP IN DECISION MAKING REGARDING END OF LIFE ISSUES
COPE WITH LOSS AND BEREVEAMENT
IT IS IMPORTANT THAT A PERSON-CENTRED APPROACH IS ADOPTED IN ORDER TO HELP THE PERSON FEEL VALUED.
THEY SHOULD BE HELPED TO UNDERSTAND IN THEIR OWN TIME THE PART DEATH PLAYS IN THE NATURAL EXPERIENCE OF ALL OUR LIVES.
“IMPORTANT THING IS TO GIVE THE LOVE AND KNOWLEDGE YOU HAVE TO YOUR FELLOW HUMAN BEINGS. THIS IS HUMAN DIGNITY TO ME.” (AKE JOHANSSON)

(IN “AKE’S BOOK”; LUNDGREN, 1993)

•(Germain Weber EASPD conference, Old so what, Linz 1.7.2011)
W.H.O. CONCERNS OF AGING PEOPLE WITH DISABILITIES

• MYTHS AND STIGMA ASSOCIATED WITH DISABILITY

• POOR GENERAL OR NATIONAL HEALTH STATUS

• SPECIALTY HEALTH SYSTEMS LACKING FOR PERSONS WITH DISABILITIES
W.H.O. CONCERNS OF AGING PEOPLE WITH DISABILITIES

• POORLY ORGANIZED STATE MECHANISMS FOR SUPPORTS TO PERSONS WITH DISABILITIES

• SCANT INFORMATION OR RESEARCH
Slide 15 are presented by Prof. Janicki in conference in Hong Kong

For whole his presentation go to:


- Useful presentation from prof. Janicki is PP from conference in Linz as well
  http://www.easpd-linz.com/english/