

# HOW ARE WE TO GROW OLD?

Robin Burley MBE FRSA

Eskhill & Co  
Eskhill House  
15 Inveresk Village  
Musselburgh EH21 7TD  
Tel: +44 131 271 4000 Fax: +44 131 271 7000  
Email: [robinburley@eskhill.com](mailto:robinburley@eskhill.com)

A paper presented at the Environmental Design Research Association Conference  
Pollock Halls, Edinburgh on 6th July 2001

## Ageism – A Cultural Prejudice

In our society the phrase “the elderly” conjures up a picture of passive recipients of care tended by nurses in a stone built Victorian mansion at the end of a long drive. None of us would want this for ourselves in later life and yet we seem to accept it as the inevitable consequence of ageing, at least when we think of the ageing of others.

For us, no doubt, things will be different, or will it? The Royal Commission on Long Term Care reminded us that in recent years it has become common for older people to go into residential or nursing home care after a crisis in their own home or on discharge from hospital. (Sutherland S, 1999)

Despite the evidence around us, most of us will assume we have some sort of immunity to the physical slowing down and dependence on others that goes with this image of ageing. But if we, as a society do not take action, many of us will be driven down that long one-way drive to the Victorian mansion.

Professor Tom Kirkwood, in the first of his Reith Lectures, drew attention to the prejudice that exists in relation to older people. “*On a regular basis we read, hear or ourselves make flippant, jokey or negative remarks about the state of being old. ‘Grumpy old’, ‘silly old’, ‘boring old’, ‘dirty old’ - the linkages are so familiar that we fail to notice what we are doing.*” (Kirkwood T, 2001)

These are the underlying cultural prejudices that permeate the social environment in which our grandparents and parents have grown old. When we design services for them we seem to overlook their capacity to be contributors or their desire to be independent. If we do nothing to change the way we regard ageing, these will be the cultural influences that will shape the way we grow old.

## **Encouraging Active Ageing**

The physical design of our home environment is one area where professional practice is unfriendly to infirmity. Our housing is full of physical impediments that make it difficult for us to maintain activity. Switches and power points require us to stretch. Taps and door-knobs are difficult to grip. And, if we have to resort to a wheelchair to move around, we discover that our doors are too narrow and there are steps at the front door. (Burley R, 1994)

The problem is probably that most designers are in the active years of their life and the natural inclination is to create built environments that meet their own needs. There are well documented guidelines on barrier free design but still too little attention is given to creating environments that are accessible and useable for people of all abilities. We need to encourage a culture change in our schools of architecture so that the natural thought process in the profession comes to regard inclusive design as the overarching principle.

Some signs of change encourage the belief that progress is being made. Building legislation in the UK has been introduced that will widen the doors and remove the steps into our homes. Clients' briefing documents, particularly in the social housing sector, are adopting barrier free approaches under descriptions such as design for all, lifetime homes, and universal or inclusive design. All of these approaches will assist people to remain active in their home in later life.

Design that adopts an inclusive approach will be a necessary but not sufficient condition of a strategy that supports active ageing. The way that human services are provided will need to change. Take, for example, our health and social care practices. Older people tend to receive these services when there has been a break down in family care or the older person's health. This often results in their admission to institutional care which in turn increases the risk of dependency.

The alternative approach would be to redesign services according to policies that emphasise the importance of prevention of morbidity and the maintenance of quality of life. This would require health and social services to adopt a more holistic view of their support for older people – an approach that encourages healthy lifestyles and healthy ageing. (Kirkwood T, 1999)

## **Respecting the Individual**

For some decades, our service policies have treated older people as a homogeneous client group that was content to fit into the priorities and notions of economy and efficiency established by others. Even the commonly used term, 'the elderly', implies they are a separate group. This has the effect of reducing their needs and the service they receive to the lowest common denominator, detached from their personal experience.

Older people wish to preserve their individual identity as much as younger people and they will look for services that treat them as the unique individual customer. These services will focus on their particular interests and priorities. They will be designed to enhance individualism and independence. They will strive to keep people in touch with their usual haunts but where this is no longer possible, these services would help the older person to find new ways to stay in communication and alternative interests to pursue.

We will come to recognise that the socio-medical needs of the older person are best met when their ordinary needs are also being met in line with their personal priorities. This person centred approach will provide support for everyday activities because by doing so the older person's care needs will be better met. It will also give the highest priority to delivering the service in the older person's own home.

### **The Ageing Consumer Pull**

The demographic change that is sweeping through developed countries worldwide will generate innovation in products and services based on older people's agenda. In Europe, North America and East Asia, the balance of the population is changing. People are living longer and birth rates are lowering. These two – increasing longevity and fewer babies – will not only alter the population balance, it will also transform the power balance between the generations.

Tomorrow's older people are the generation that did not accept things the way they always were. In the 60's and 70's they created youth culture in Liverpool's Cavern Club and the pop festivals on the Isle of Wight. Through the 80's and 90's they remained forever young by moving effortlessly to consumer culture in the aisles of Tesco and Ikea. This is the baby boom generation that in the next two decades will make itself felt as a silver boom.

In the first two decades of this century this generation will bring into play the purchasing power of their index-linked pensions and their youthful attitude to living. (Underhill P, 1999) They will not find it difficult to persuade the commercial world to support their desire for home comforts and independent living. This will lead to a change in culture, not by waiting for legislative change but because customer pull acts on the commercial strategy.

If the newsprint is too difficult to read because the font size is small, the paper will be left on the newsagent's shelf. If the jam maker is incapable of providing a lid that is both airtight and easy to open, there will be another manufacturer that will identify the opening in the market. When we visit the supermarket we will pass by products out of reach. The more that consumer pull acts on the market place the more the market place will change to meet the requirements of the older customer.

We will not need to concern ourselves with these changes in culture becoming a reality. It will happen, in time. The question will be which companies will be in the vanguard of change and which will be left behind as the followers of silver haired fashion? The companies that will gain the commercial advantage will be those that see it coming and steal a march on their competitors by changing their product range to suit the emerging silver generation's choices.

### **A Smart Infrastructure for Care**

We are now at the start of an era that can turn the emerging person centred services into mainstream services that benefit everyone, everyone that is who chooses to live at home and receive care tailored to their personal requirements. Can new technologies provide a smart infrastructure that will render the bricks and mortar of the twentieth century care institutions redundant? That is a vitally important question for all of us since all but a few can expect to grow old and many will need support and care in later life.

Demonstration projects are already identifying the important role for new technologies in the emerging person centred services for older people. As an older person with reduced strength and mobility we can use new technologies to help us control appliances within the home and there are devices that will improve our safety and security. (Gann D, 1999) Telecom and wireless devices will provide new ways to communicate with retailers, services, friends and family. (Tang P, 2000)

Of course, the interfaces with these new technologies do not require control to be initiated from within the home. Telecommunications can place controls as readily in the hands of remote carers who may have parallel or complementary systems that operate devices in our homes. This facility has the potential to be an important source of support for a vulnerable older person. However, if it is used inappropriately it also has the potential to be an invasion of our rights. (Marshall M 1997)

### **Avoiding the Virtual Institution**

This development of smart homes and telecare creates the potential to regard the masonry care institution as a thing of the past, except in exceptional situations. It also creates the potential for the institution to re-emerge in a new dimension that is not defined by the built environment. Smart systems can either be liberating for the older person or they can become a virtual institution that will be more insidious in the way it removes our liberties than institutionalisation.

This choice of institution or independence will be conditioned by the context within which digital care services develop. Will they be installed as stand-alone aids brought into the home in clinically designed white boxes especially for a separate client group of 'the elderly'? Alternatively, will these services develop as incremental extensions of the already familiar array of digital home helps that have found a valued place in our homes?

We need to encourage the development of new technologies for care within a context that maximises the benefits to the older person and, as far as possible, places control at their hands. Such a context might have the following parts:

- it should extend the functionality of already familiar appliances and controls;
- it should exploit the capability of new technologies to be tailored to individual preferences; and
- it should use principles of inclusive design to ensure that new technologies are accessible and comprehensible to the widest range of people.

### **Extending Familiar Technologies**

Around the home there are plenty of home helps that are already part of our daily activities to provide an entry point for operating more sophisticated new technology devices. The TV remote controller is probably the most frequently used and the cordless phone has become a familiar device in many homes, including those of older people. We can add to these: the microwave oven, the hi-fi, the intruder alarm and the washing machine. These devices already provide us with a skills bank that can be built on to operate the new digital devices that will help us to maintain our independence, as we get older.

By making use of existing skills, older people already have the ability to operate a wide range of new technologies if only the interfaces were designed to be friendlier. Too often,

we write off the abilities of older people to use new technologies because there is little attention given by the designers to developing user-friendly interfaces and operating procedures. We seem to accept as a given that our children should be able to operate the latest piece of high tech that we have introduced to our home rather than demand that the manufacturers make it comprehensible to a wider audience.

Tomorrow's demographic realities will not allow manufacturers of new technology to get away with this laziness. We are not many years off the time when there will be as many people over 50 as under 50. What is more, over 80% of the nation's wealth is controlled by the over 50's. This fact is beginning to wake the commercial world up to both the scale and the power of our ageing population. (HOPE, 2000)

### **Responding to the Individual**

The second factor in the context of telecare's development is to focus on the capacity of new technologies to respond to individual preferences. We know that our computer screen can not only be arranged so that the programmes we most regularly use are most conveniently to hand but also the symbol size, colour and contrast can be adjusted to aid us if we have a visual impairment. It is now commonplace for mobile phones to allow us to choose the ringing tone with some being capable of having a ringing tone implanted that we have recorded and when connected to our car being operated by voice commands.

Older people will wish to stamp their individuality on the appliances they use. Why not have differently styled clip-on fascias for the telecare hub to fit in with the house décor? After all, we can buy a variety of fronts for our mobile phones. But, more importantly, we will want to choose the way an interface device is controlled or which type of interface we use. One person may use buttons, another may prefer a menu, a third might use a touchscreen while a fourth would make use of voice control. Our choice of interface might be the infrared remote controller, the cordless or mobile phone or a computer or personal digital assistant. A manufacturer in Japan has even developed a user-friendly interface in the form of a cuddly toy pet, which acts as a memory jogger for older people. (Gann D, 2000)

Whatever we use as our digital home help as we grow old we will want convenience, familiarity and that they should be an extension of the ordinary activities of our day. We will also expect good design. Fitness for purpose and reliability are rarely the factors that differentiate the products of one manufacturer from those of another today. We expect design that reflects our lifestyle both in an aesthetic sense and in the sense that the device can be tailored to our personal preferences.

### **Adopting Inclusive Design**

The unique selling point for so many new devices when they are brought to market is their capacity to be tailored to individual choice. However, in this world of choice we are also frequently reminded of the impossibility of mastering the technique of operating the video. This black box mounted two inches off the ground with an array of confusing controls has become the butt of anyone who wishes to poke fun at the intelligence of home appliances.

Even if we arm ourselves with a remote controller to operate the record and playback functions of a video there is no getting away from having to get down on hands and knees

to change the cassette. It is a rarity to find a manufacturer of televisions that has thought through the design of the stand to mount the video at a convenient level.

The difficulties in operating videos do not stop there. The development of user-friendly graphical interfaces seems to have passed most of these appliances by. Videos that are full of microchip technology should be capable of being configured to give high priority to ease of use. However, they have the reputation of being one of the least comprehensible appliances found in most homes.

The video serves as a lesson that inclusive design should be the third contextual layer for the development of smart home and telecare services. Products and services designed according to the concept of inclusive design should improve the opportunities for people to live on equal terms regardless of their ability, circumstances or stage in life. The key principles would be:

- ❑ Designs (hardware and software) that are flexible enough to be used without modification by people of the widest range of abilities
- ❑ Designs (hardware and software) that are capable of adaptation to suit people's varying needs,
- ❑ Assistive technologies that enable people with complex needs to make more efficient and effective use of their operating environment.

### **Someone Old with Something New**

The silver boomer generation will not be content to grow old as passive recipients of care. Neither will older people be content to settle for products and services that mark them out as a different group in society.

The way forward for smart home and telecare products and services is to become an extension of ordinary and familiar technology in the home. In this way they will complement the things older people choose as important to their everyday life and they will avoid the stigma of ageism.

We will grow old with our strongly imbued sense of independence and a desire to shape a silver culture that is as potent as the pop and consumer cultures of our former years. New technology industries need to develop their product lines and services to support active ageing and be relevant, accessible and comprehensible to all ages.

Our expectation today is to buy what we want, when we want it. We regard reliability as the basic standard and we differentiate on the basis of style. These things will not change as we grow old, although our priorities and tastes may. The challenge for services and industry is to identify older people's emerging care priorities and to seamlessly integrate the related services with familiar home products and services.

## References:

1. Sutherland S et al, (1999) Report of the Royal Commission on Long Term Care *With Respect to Old Age*, The Stationery Office, London ISBN 0-10-141922-8
2. Kirkwood T, (2001) The Reith Lecture No1 *Brave Old World* BBC, London
3. Burley R, (1994) *Towards a house building technology for the adaptable smarter home* paper presented at BESTA International Conference, Technology for Independent Living in Life Cycle Homes, Lillhammer
4. Walker A, (1999) *The Principles and Practice of Active Ageing* Keynote report presented at the European Commission Conference on Active Ageing, Brussels
5. Underhill P, (1999) *Why we Buy – the science of shopping*, Orion Business, London ISBN 0-75281-330-7
6. Gann D et al, T (1999) *Digital Futures - making homes smarter*, Chartered Institute of Housing for the Joseph Rowntree Foundation, London
7. Tang P et al, (2000) *Telecare: new ideas for care and support @ home* The Policy Press, Bristol ISBN 1 86134 216 0
8. Marshall M, (1997) *Dementia and Technology*, Counsel and Care, London ISBN 1 898092 23 0  
HOPE (Housing for Older People in Europe) (2000) *Inclusion, Diversity and Partnership* Findings of the 1. 9. HOPE Conference
10. Gann D et al, (2000) *Healthcare & Smart Housing Technologies*, Pavilion Press, Brighton