Practical issues in ageing and development

JANUARY 2004

Ageing and disability

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HelpAge International
Leading global action on ageing
Comment

Focus on ability

Welcome to Ageways 64. Disability in old age is not inevitable, but the risk of becoming disabled increases in later years. For many people, becoming old and disabled is a frightening prospect – not just because it means they cannot do things as before, but because of the severe poverty and isolation that it can bring.

This issue highlights the way that society discriminates against people who are old and disabled (focusing mainly on physical disabilities; issue 65 will look at mental health).

It suggests how older and disabled people’s organisations can work together to raise awareness of the needs, rights and potential of disabled older people, and it looks at some practical ways to improve the opportunities for disabled older people to participate in society.

Celia Till
Editor

Letters

Doña Victoria Mamani

I am sorry to inform you that Doña Victoria Mamani passed away peacefully a few days after we received the last issue of Ageways. She had a chance to see her picture and so did her companions at the Awicha house where she lived. They called out her name and will remember her, as she wished.

It was a meaningful coincidence that her photograph appeared on the cover of an issue devoted to the end of life. Ukhamaw, which in the Aymara language means ‘So be it’.

Mercedes Zerda, Awicha Community for Older People, Casilla 12283, La Paz, Bolivia.

Active ageing

I would like to see an issue of Ageways on ageing and keeping active. As a social worker, the lack of training for older people to keep mentally active worries me. As well as physical activity, it is also important to take part in activities that keep the mind active.

Rosiene Pollis, Social Assistant, Public Ministry, Paraná, Brazil. Email: rosepol@hotmail.com

Editor’s note: Mental health will be the theme of Ageways 65, including ways to promote good mental health. We welcome ideas and articles.

Have you any anecdotes?

Older people are often disregarded as being unworthy of attention. However, in 10 years of caring for older people, it has certainly been my experience that when you take the time to stop and listen, there are a host of wonderful stories to be told.

I am trying to write a book on the interesting experiences we encounter in our day-to-day work with older people. Perhaps a book such as this could rekindle awareness that older people are often really amazing, worthy of both our respect and our love.
New publications

I would like to gather any humorous, sad, touching or interesting anecdotes from care staff, managers, and older people themselves. The stories must be true. They can relate to older people living in nursing or residential homes, or in their own homes in the community. All names and organisational details will be treated in the strictest confidence.

Henry Spencer, 78 Crates Close, Kingswood, Bristol BS15 4AF, UK.
Email: henry@halfmens.fsnet.co.uk

We welcome letters from readers. Please write to: The Editor, Ageways, HelpAge International, PO Box 32832, London N1 9ZN, UK.
Fax: +44 20 7713 7993
Email: ctill@helpage.org
Letters may be edited.

Course

Training course on ageing in Africa
Five-day course for mid-level or senior programme managers, social workers, health care professionals, senior government officers or planners, and others with an interest in ageing issues.

Covers the demographic situation and socio-economic implications for Africa; HIV/AIDS and its impact on older people; gender dimensions of ageing; poverty; and research and policies on ageing.

16-20 February 2004, Nairobi, Kenya
US$400 (including accommodation) or US$150 (non resident)

More information: HelpAge International Africa Regional Development Centre (address on page 15).

Forgotten families
Older people caring for orphans and vulnerable children in countries severely affected by HIV/AIDS face hardship and isolation. A new report by HelpAge International and the International HIV/AIDS Alliance urges international and national agencies and donors to respond to the needs of these families, and help to ensure the wellbeing of children who have lost their parents to AIDS.

The report discusses the impact of HIV/AIDS on older people and the children in their care, with case studies from Africa and Asia. It contains recommendations for policy makers, programme planners and researchers.

Available from HelpAge International London (address on this page).
Email: publications@helpage.org
Also available at: www.helpage.org (Publications)

Rights and policy in Africa
Addressing older people’s rights in Africa: good practice guidelines is a new leaflet from HelpAge International’s Africa Regional Development Centre for those working with older people and those involved in human rights issues. It describes the underlying principles in promoting older people’s rights. Specific areas include abuse, emergencies, property and inheritance, HIV/AIDS and access to health.

AU policy framework and plan of action on ageing: a summary is a leaflet explaining the background to this document and summarising recommendations in 13 key areas: rights, information and coordination, poverty, health, food and nutrition, housing and living environments, social welfare, family, employment and income security, crises, emergencies and epidemics, ageing and migration, education and training, and gender.

Both leaflets are available from HelpAge International Africa Regional Development Centre (address on page 15) and on the web at: www.helpage.org
More than two-thirds of the world’s disabled people live in developing countries. Numbers of disabled people are growing, and the fastest growth is in the older age groups, particularly 65 plus.

Becoming older does not necessarily mean becoming disabled. However, older people are more likely to have impairments than younger people. This is because, in middle age, factors causing impairment in old age start to stack up:

- Illnesses associated with work or lifestyle, combined with poor health and safety provision, generally take their toll after a certain number of years.
- The effects of chronic poverty – poor living conditions, poor nutrition and lack of access to basic healthcare – become more acute with age.
- Injuries and impairments sustained during conflict, civil unrest or in refugee situations can become worse with age, without appropriate treatment or support.

‘Disability’ can be defined in different ways. It can mean being unable to do certain things, or needing extra support to do them, as a result of having an impairment.

An impairment is the loss or partial loss of a function, such as seeing, hearing, talking or moving – for example, as a result of an injury, illness or chronic condition.

There are different approaches to disability. The ‘individual’ model regards disability as mainly a health issue. The disabled person may be seen as passive, dependent, sick, or even cursed, abnormal or evil. Solutions may include excluding the person from the community, trying to make them ‘normal’, or taking care only of their physical needs.

The ‘social’ model regards disability as a relationship between the individual and society. It does not exclude the need for rehabilitation and medical services, where appropriate. However, it means adapting the services to the person, not the person to the services. It also means tackling physical barriers, such as steps or poor public transport, and social barriers, such as discriminatory attitudes.

The social model is consistent with a human rights approach, because it focuses on the responsibility of society, and the equal dignity and worth of all human beings.

This issue of Ageways focuses primarily on disability related to physical impairments. Issue 65 will look at mental health issues.
Strategies for inclusion

Disability is a major cause of poverty, social exclusion and inequality throughout the world. Age discrimination means that disabled older people are especially likely to be left at the ‘bottom of the heap’. Many experience severe poverty, malnutrition and isolation.

Disability affects men and women differently. For example, men who have worked in mines or doing heavy labour will be more at risk of impairments related to chest infections or accidents.

Various national surveys show that older women are more likely to be poor and to have impairments than older men, because they are more likely to experience domestic violence and poor access to education, income, food, work, healthcare, inheritance, social security measures and political power. Disabled older women are particularly likely to face exploitation and discrimination.

Disabled older men and women have a right to be included in development programmes – and their inclusion is necessary if the Millennium Development Goal of halving extreme poverty by 2015 is to be achieved.

However, existing disability programmes tend to focus on children or younger adults, while most development programmes, including those involving older people, exclude a disability perspective. There is an argument for including disabled older people in every programme, in the same way that it is increasingly acknowledged that a gender perspective needs to be included.

Often, ‘development’ for disabled people is limited to rehabilitation and healthcare only, but they have a right to be included in all aspects of development and poverty alleviation programmes, not as passive recipients, but as full participating citizens. Of course, not all disabled older people will want to be active or fight for their rights – but they have a right to have the opportunity, and for their choice to be respected.

It is also a fact that many disabled older people will need a lot of help with the basic daily activities of living. The point is to enable them to have a choice about their care, for their carers to be supported, and for them to be valued as human beings.

In Asia, HelpAge International has analysed care services for older people and supported home care pilot projects. These show how care and support delivered in the home can help to maintain the independence and quality of life of older people, including those who are frail.

The disability movement and older people’s organisations could work more closely together to promote the inclusion of disabled older people, for example, by:

- addressing disability and ageing as specific issues and building them into their programmes, policies and areas of funding
- recognising that the rights of disabled older people are best promoted by disabled older people themselves
- arranging disability and age awareness training for staff working in NGOs, UN agencies and relevant government departments
- promoting better access for disabled older people in terms of health and rehabilitation services, aids and equipment, physical access and communication
- encouraging disabled older people and their carers to set up self-help organisations
- encouraging emergency relief agencies to build the needs of disabled older people into service assessment, delivery and monitoring.

We are grateful to Sue Stubbs, disability consultant and International Disability and Development Consortium coordinator, for contributing to this and other articles in this issue.

Email: co-ordinator@iddc.org.uk

With thanks also to Nancy Breitenbach, disability consultant, for information for this article. Email: nbreit@club-internet.fr
Raising awareness to bring about change

Awareness-raising is an important step to promoting disabled older people’s participation in community life.

Awareness-raising activities can help members of the community to change negative attitudes to older and disabled people.

Awareness-raising in itself changes nothing – it needs to be followed by concrete action, such as changing policies, removing age limits, making venues accessible and welcoming, offering appropriate services and support, imparting knowledge and skills, and making appropriate aids and equipment available.

The messages to get across will vary according to the local situation. The main point is to keep the message clear, and to focus on disabled older people’s rights and their abilities. For example:

- People may be disabled by their lack of access to health and rehabilitation services and by discriminatory attitudes, rather than by their impairments.
- Disabled older people can participate in a wide range of activities, in the family and community, socially and at work.
- Both the community and individuals benefit from disabled older people being encouraged to participate in society.
- Venues and events need to be not only accessible, but positively welcoming to disabled older people.
- For older people who need a lot of help with the basic daily activities of living, the emphasis should be on valuing them as human beings, respecting their dignity, enabling them to have a choice about their care, and supporting members of their family and community to manage their care appropriately.
- Prejudice is usually based on fear and misunderstanding. Prejudice can be challenged by exposure to positive role models, dispelling myths (see box on page 7), and referring to anti-discrimination laws and policies.
- It is often useful to give factual information about impairments, such as different types of hearing or visual impairments, or the effects of stroke, to help people know how to respond.
- The privacy of a disabled person should be respected. Sometimes it is useful to ask a person about their impairment or medical condition, to know how to help them, but often it is not necessary and can be offensive.

Who to involve?

The first people to reach with awareness-raising activities are older, disabled people themselves, who are often unaware of their rights, and what they can hope for and achieve.

It is common for people who are discriminated against consistently, and who have no access to positive role models, to have low self-esteem. Peer counselling by disabled older people who know about their rights may help to dispel such feelings. It can be inappropriate and difficult for younger, non-disabled persons to try to ‘empower’ disabled older people, without any personal experience of their situation.

Public places are often difficult for older and disabled people to reach.
The next people to reach are disabled older people’s families, carers and older people’s organisations. Other groups include health and social workers, local government officials, employers, NGOs, religious leaders, teachers, traditional healers and local media.

Wherever possible, disabled older people should be encouraged to carry out awareness-raising activities, and to represent themselves.

Achieving change

A first step is to work with disabled older people to find out what changes are needed – for example, which policies need changing, which buildings or open spaces need adapting, which committees need to reserve a place for a disabled older person, or which credit schemes need to change their rules.

Then awareness-raising activities can be organised with people who can bring about these changes. These may range from informal counselling in a person’s home, to a public event such as an open day.

There are two main areas of focus for awareness-raising activities:

- the individual person and their own support – practically, socially and emotionally
- the barriers that disabled people face in their community (such as lack of information about services and lack of accessible transport) and how to work with others to remove these barriers.

### Myths and beliefs about disability

<table>
<thead>
<tr>
<th>Myth</th>
<th>Correction</th>
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<tbody>
<tr>
<td>Impairment is an inevitable part of ageing.</td>
<td>Many people grow old without any significant reduction in their ability to function, particularly if they are supported with good healthcare and nutrition, and they have the opportunity to lead active lives.</td>
</tr>
<tr>
<td>Disabled people are ‘not like other people’ because they look, speak or behave differently.</td>
<td>A person’s impairment is only one characteristic. We all have the same needs and rights to family life, social life, participation in society, and being valued and respected.</td>
</tr>
<tr>
<td>People with disabilities are ill or infectious.</td>
<td>Many people live with an impairment, but are healthy and active. It is not possible to ‘catch’ someone else’s impairment through contact – this fear is the result of lack of knowledge and misunderstanding.</td>
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<tr>
<td>Older people and disabled people cannot contribute to the household, workplace or community.</td>
<td>Older and disabled people have a wide range of skills, knowledge and abilities that can make an important contribution to the family and community. They often just need the opportunity, encouragement, and proper access and support.</td>
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<tr>
<td>Older people do not deserve access to the aids, treatment or rehabilitation services that are available to children or younger adults.</td>
<td>Every human being has inalienable rights that should be respected, regardless of age, disability or any other characteristic. Moreover, to deny proper healthcare and rehabilitation is likely to make a person’s impairment worse, and therefore make life more difficult for the person, their family and the community, economically and socially.</td>
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<tr>
<td>Disability is caused by evil spirits or a punishment for sins.</td>
<td>Disability has a wide range of causes, and anyone can become disabled at any time. Whatever our religious or spiritual beliefs, we need to understand and work within the cultural framework of the community – while trying not to endorse any cultural practices that may be harmful. This requires patience and respect, and an understanding of what informs our own values and beliefs.</td>
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Enabling disabled older people to participate in society means removing both environmental and social barriers.

Mary Mponda enjoys a social event with other members of the Elderly People’s Association of Malawi.

People’s feelings about becoming disabled are strongly influenced by their circumstances. An older person may feel embarrassed or sad about not being able to do things the way that they used to, not ‘fitting in’, or having to rely on others.

Those caring for children may face the emotional strain of relying on the children they are supposed to be caring for. ‘When I wake up I just sit here because of my disability,’ says Mary Mponda from Malawi, who lost the use of her legs after a car accident. ‘My plot of land lies empty, as I cannot work it. As for my grandson, it is child labour. He will do anything for a small something to eat.’

Disabled older people are more likely to experience depression than older people who are not disabled – not necessarily because of their impairment alone, but because of physical pain and social exclusion.

However, for older people who are well supported and respected, growing old and losing certain functions may not necessarily be a negative or frightening experience.

Disability is a very personal issue. It is natural to take time to adapt to dramatic changes in our lives. Rehabilitation involves healing; help with moving about and doing daily activities; and promoting participation in the community, whether the person is at home or in care. It requires sensitivity to develop solutions for each situation – although some general principles apply, such as the value of support groups.

Disabled older people face environmental, institutional and attitudinal barriers that exclude them from society:

- Environmental – Transport and buildings that have steps may be inaccessible to people who have difficulty walking, or who use a wheelchair.
- Institutional – Employers or credit facilities may specify an upper age limit for job applications or credit schemes, or require a person to be able to see, hear or walk, even if this is not strictly necessary for the job.
- Attitudinal – Many societies refuse to acknowledge the rights of disabled older people, resulting in lack of respect and exclusion.

In a media survey in Sri Lanka, it was found that, in general, older persons with visual and hearing impairments were neglected in the provision of information, and there were hardly any services that reached the community to improve the situation of such persons. Among disabled people with mobility restrictions, only one had access to a television.

Disabled older people themselves are best placed to identify what would make them feel welcome. Based on their views, guidelines can be drawn up for meetings and public places to make them accessible. These could cover:

- choice of venue – holding meetings in places where disabled older people already go
- adaptations to public places to enable disabled older people to feel comfortable and at ease,
covering issues such as physical access, seating, toilets and eating arrangements
• transport arrangements
• disability awareness training for staff.

Encouraging participation
A disabled older person who is unsupported and unstimulated may lack energy and enthusiasm. Prolonged bed-rest may make their condition worse. It may be useful to encourage them to move about and meet people, to help restore their energy and interest in life. Visits and friendship can make a big difference. Someone may need to explain to others:
• what the person can do, emphasising their abilities
• how their impairment affects them (if this is necessary for other people to know how to respond)
• how to communicate with them, if they have hearing, visual or speech impairments
• and that – like anyone else – they need to feel that they belong.

Setting up a self-help group
Self-help groups can go a long way to reducing the isolation of older and disabled people, their families or carers, and helping them find solutions to their problems.

In Nepal, the International Nepal Fellowship provides technical and financial support to self-help groups of disabled men and women, ranging in age from teenagers to 70-year-olds.

A rehabilitation worker starts the process by engaging the support of village leaders, helping to identify disabled people, arranging a meeting of disabled people and others, and providing advice on running the group.

Advice covers issues such as group size (usually 5-10), accessible venues, membership rules (for example, no one may be barred on grounds of age, sex, race, religion or type of disability) and procedures for meetings.

Group activities include:
• assessing members’ needs and potential
• raising awareness in the community about disabled people’s situation
• building members’ confidence and ability to cope through training and information exchange
• collecting information about government welfare policies, and promoting cooperation between different sectors
• supporting members to get treatment or social security entitlements
• setting up savings and credit schemes to help fund the group, encourage commitment, and enable individuals to carry out income-generating activities such as farming and trading
• taking part in social events and community development activities, such as cleaning water sources and building schools, which helps members win respect.

With thanks to Chhabi Goudel, Disability Consultant, National Disability Upliftment Programme, PO Box 28, Green Pastures Complex, Pokhara, Nepal. Email: ndup@fewamail.com.np

Better communication

Using Braille  Braille takes longer to read than printed text, and it is harder to scan through. Keep documents that will be produced in Braille as short as possible. Edit them to remove unnecessary words and phrases. Make sure the content is well organised. Clearly head pages and sections. For longer documents, include a contents list.

Sign language  This is a language in its own right. When working with a sign language interpreter, try to use simple words. Explain any technical terms. Be aware that some words may not have exact translations into sign language. Make sure that you use an interpreter who is familiar with local sign language and dialects.

Talking to someone who cannot hear well  Try to use a well-lit place with no background noise. Face the person, speak clearly and slightly louder than usual, but do not shout. If the person has not understood, rephrase what you have said.

After a stroke  A stroke can cause difficulty with speaking and/or understanding. Recovery is fastest in the first six months, and continues more slowly after that. The extent of recovery depends on how much damage has been done to the brain. Communication difficulties after a stroke can be very frustrating.

It is important to include family members in assessing the type of difficulty, so that they can understand why the person has difficulty communicating, and work with them to build up their communication skills.

For a person who has difficulty speaking, a communication board may help. Find out the main things the persons needs to communicate. Develop symbols to represent these and draw them on a board (or in a notebook). Help the person learn to recognise and use the symbols. Place the board within easy reach.

Sources: Access to all; Ageways 54; Disability Dialogue 3 (details on page 14).
Speaking up about daily problems

A workshop organised by the Muthande Society for the Aged gave disabled older people a chance to voice their concerns and come up with recommendations for the government.

The Muthande Society for the Aged (MUSA) has been working with older people in and around Durban, South Africa, since 1982. Services include day centres, meals, home-based care, agecare training for families, transport to health clinics and a literacy programme.

In 2001, MUSA brought together 22 disabled older people (six men and 16 women) for a two-day workshop in Chesterville to discuss their daily challenges and come up with solutions and actions for the government. Some of the participants had had strokes, and others had chronic arthritis.

On the first day, participants brainstormed daily activities, and then discussed which they could do well, which they needed help with, and which they could not do. Activities included:

- Personal hygiene – washing, keeping toenails and hair tidy, shaving, foot care (for themselves and their dependants)
- Domestic activities – cleaning, tidying, laundry, cooking, sewing, crochet, giving instructions
- Other activities – listening to the radio, exercising, walking, resting, reading, watching TV, praying
- Making journeys – to church, to collect their pension, to visit the health clinic.

It emerged that older people who had had strokes were able to cope with many activities, by using one hand to prepare vegetables, make the bed and do their laundry. However, those with chronic arthritis were unable to cope with most of the activities.

The next day, the older people compiled a list of difficulties that they experienced relating to their disability:

- Washing – Many found it difficult to wash in baths without handrails. Those who washed in cold water said that in very cold weather they sometimes had to go without washing, which they felt was unhygienic.
- Home layout – The stairs and amount of furniture in their family homes prevented many from moving around easily. One said: ‘I am not just house-bound – I’m also upstairs-bound.’
- Health services – There was no public transport to take them to the health centres, and ambulances did not take those over 60 to hospital. Participants felt that doctors did not give them proper examinations, disability aids were not available to older people, and hospital fees were unaffordable. One remarked: ‘Our sickness is taken as old age, pain is not considered.’

Other concerns included:

- Difficulty in getting admission to an old age home – a particular problem for those wanting to leave home because of neglect or abuse by younger family members
- Shortage of carers
- Lack of transport
- Shortage of graveyards
- Inability to get foster care grants for orphans in their care.

From the discussions, participants identified key issues for government to take forward. These included free medication for senior citizens, changing hospital doctors’ attitudes to older people, allowing older people to obtain foster care grants for grandchildren, and providing more respite care, retirement homes and carers.

As one participant said: ‘Caregivers from MUSA give us love that we do not even get from our families.’

More information: Roselyne Mabasa, Head of Services, MUSA, PO Box 10070, Marine Parade 4056, South Africa. Fax: +27 31 3326853 Email: msfta@saol.com

Sarah Graham-Brown/HelpAge International
Blind and back in business

A credit scheme in Haiti is helping blind older people towards economic independence.

The Haitian Society for the Blind (SHAA) has been working for more than fifty years to provide practical support to blind and visually impaired people.

Haiti, a Caribbean state that shares an island with the Dominican Republic, has a long history of political, economic and social unrest, making it the poorest country in the Western hemisphere. More than half Haiti’s inhabitants live below the poverty line, and most people have no chance to save for their old age – they go on working as long as they can.

The main causes of blindness are cataract, glaucoma, trachoma and injuries, combined with lack of information about basic eye care. Many people who become blind do so later in life. About 60 per cent of the people who use SHAA’s services are older people.

SHAA offers rehabilitation services, including training in using a white cane, moving around with a sighted guide, carrying out daily activities and reading Braille. SHAA also offers counselling to help blind people accept their condition and learn that blindness does not mean that life is over.

Credit scheme

SHAA also runs a credit scheme to help blind people set up their own businesses. For the past three years, SHAA has run a credit scheme specifically for blind older people, with support from HelpAge International and the UK Community Fund.

The scheme is available to senior citizens who have participated in SHAA’s rehabilitation programme. They must previously have been involved in a small business activity and submitted a business plan. SHAA provides small loans, repayable over one year at a relatively low interest rate, to support home-based trading and farming activities.

The scheme includes training in business management and personal development, to build up blind older people’s self-confidence and equip them for working in a difficult business environment.

Most participants are accompanied by a sighted guide, who can take notes, make calculations, act as cashier and buy goods. Some get help from friends or relatives. As well as using Braille, SHAA is experimenting with providing participants with tape recorders and batteries, so that they can record business information.

When 61-year-old farmer Belice Sauveur lost his sight through glaucoma, he said he wanted to ‘throw himself in the river’. A widower, with three of his eight children still at school, he could not imagine how he could cope. Then he met Patrick, a volunteer rehabilitation officer for SHAA.

Belice told SHAA he needed two things – rehabilitation and livestock. First, he attended SHAA’s rehabilitation programme, to enable him to accomplish daily tasks, supported by his son Felice, who now acts as his guide. Then he joined the credit scheme, and received a loan to buy a young bull. He fattened it up and was able to sell it for double the price.

‘At the beginning we didn’t have anything and I was very worried about the future,’ says Belice. ‘SHAA has been very helpful.’

The fact that SHAA supports disabled older men and women to be economically independent is both unusual and important. Many people who are both older and disabled never have the chance to work for themselves, but SHAA’s experience shows that they need to and can.

More information: Michel A Pean, National Coordinator, SHAA, Delmas 31, rue V Ricourt #12, HT 6120, Port-au-Prince, Haiti. Email: shaa1@hainet.net and oeleazard@yahoo.com
Aids and adaptations in the home

A disabled older person’s ability to carry out everyday activities can often be improved with appropriate aids, equipment and adaptations.

Identifying needs

Talk with the disabled older person and other members of their household or care home to identify activities that they are having trouble with.

These might include:

- eating
- dressing
- housework
- using the toilet
- getting up
- cooking
- washing
- getting about

Then discuss what can be done to overcome these problems.

There are two types of solutions:

- adapting the environment and equipment to make it more accessible and easier to use
- working with the disabled person to make it easier for them to carry out the activities they have identified, through appropriate aids, equipment and exercises.

A key point is to ensure that the aid is adapted to the person – not the person to the aid – and that the person feels comfortable with it. Someone receiving an aid or adaptation may need training before they can use it. Wherever possible, other disabled older people should be involved in providing peer support and training.

Another important issue is sustainability. Many expensive and complex aids that are 'donated' to poorer countries can be harmful in the long run, because the person becomes reliant on them, but cannot afford to buy replacement parts when needed.

Wherever possible, aids and equipment should be made from locally available materials, such as wood, bamboo, rubber tyres, fibreglass or papier maché, that are easy to maintain or replace.

It is also worth considering solutions other than aids and adaptations – for example, the person could do different household tasks.

Emelina Maluleke can move around and do her own housework in Elim, South Africa, using a wheelchair and ramp organised by Elim Hlanganani Society for the Care of the Aged.
Daily activities

**Eating**

Meals should be a pleasant social activity, but they can be a worry for a person who has difficulty with coordination and is nervous of making a mess. Encouraging tolerance by other family members, and an understanding that making a bit of a mess is a small price to pay for including a disabled older person in the family meal, is as important as providing aids.

- For a person with arthritis, push a sponge ball onto cutlery handles or wrap a piece of rubber round, to make them easier to hold.
- For a person with unsteady hands, use a plate with sides (for example, cut from the bottom of a bucket). For drinking, offer a straw, or glue a cup to a weighted base.

**Cooking**

- For a person using a wheelchair, build a raised fire. Extend pan handles so that the person can keep away from the fire. Make sure surfaces have space underneath for the person’s legs.
- For a person with weak hands, provide connecting surfaces, so that they can slide heavy pots instead of lifting them, or supply a trolley.
- For a person with a visual impairment, label cooking ingredients or medicines. Put brightly coloured tape around pan handles, sharp items or anything that can get very hot. Make sure fires are protected.

**Getting up**

- A rope hanging from the ceiling can help someone get out of bed.
- Horizontal bars on the walls and on chairs can help a person sit or stand up.

**Dressing**

Clothes can be adapted to make dressing and undressing easier, without looking different.

- Encourage the person to dress and undress themselves, putting clothes on the weaker limb first, and removing them from the stronger side first.
- Replace fiddly fastenings, such as buttons or laces, with Velcro, if available.
- Attach fabric loops to the end of zips to make them easier to pull.
- Help someone with a visual impairment know what colour each garment is by sewing different shaped or textured pieces of cloth to the inside.

**Housework**

For a person in a wheelchair:

- Clothes can be washed by putting the washing bowl on a table or setting it into a workbench.
- Washing lines are easier to reach if they are hung low.
- Provide a bucket on wheels for mopping.

**Using the toilet**

- If the person is unsteady, install a horizontal bar on the wall, which they can use as a support.
- For a person in a wheelchair, build raised toilets at the same height as the wheelchair. Make sure the wheelchair has removable armrests, so the person can get across.

**Getting about**

- If the person uses a wheelchair, make sure there is enough space for the wheelchair to move through doors and between furniture, and to turn around.
- If the person cannot walk easily, replace steps with ramps.
- Position any light switches, taps, shelves and surfaces within easy reach.
- Avoid slippery floors, bumpy paths and loose floor coverings.
- Adapt outdoor areas by putting ropes or bars along routes to toilets and washing places, so that a person with poor mobility or eyesight can move around unaided.

Many of the ideas in this article are taken from Life After Injury by Liz Hobbs, Susan McDonough and Ann O’Callaghan, published by Third World Network (details on page 14). We are grateful to the authors and publishers for this information.

Other sources include Training in the Community for People with Disabilities (details on page 14).
Organisations

Disabled Peoples’ International
Network of national organisations or assemblies of disabled people, promoting the human rights of disabled people.
748 Broadway, Winnipeg, Manitoba, Canada, R3E 0X3. Web: www.dpi.org

Disability Awareness in Action
International human rights network run for and by disabled people. Publishes resource kits for disabled people’s groups.
11 Belgrave Road, London SW1V 1RB, UK
Email: info@daa.org.uk
Web: www.daa.org.uk

UN Enable
United Nations Programme on Disability, promoting the full participation of disabled persons in social life and development.
Division for Social Policy and Development, Department of Economic and Social Affairs, United Nations, 2 United Nations Plaza, DC2-1372, New York, NY 10017, USA
www.un.org/esa/socdev/enable/

International Disability and Development Consortium
Group of international NGOs supporting disability and development work in over 100 countries.
c/o Handicap International, 5 Station Hill, Farnham, Surrey GU9 8AA, UK.
Email: administrator@iddc.org.uk
Web: www.iddc.org.uk

Action on Disability and Development
NGO supporting rights-based development work with groups of disabled people in Africa and Asia. Vallis House, 57 Vallis Road, Frome, Somerset BA11 3EG, UK.
Email: add@add.org Web: www.add.org.uk

Source International Information Support Centre
Collection of materials on health and disability issues.
c/o Centre for International Child Health, 30 Guilford Street, London WC1N 1EH, UK
Email: source@ch.ucl.ac.uk
Web: www.asksource.info

Publications

Nothing about us without us: developing innovative technologies for, by and with disabled persons
Resource book with ideas for low-cost, locally produced aids and equipment, and participatory approaches to problem-solving.

Available at: www.dinf.ne.jp/doc/english/global/david/dwe001/dwe00101.htm

Training in the community for people with disabilities
Illustrated manual on how to carry out activities such as eating, dressing, communicating, moving around, and taking part in work and social activities.
Available at: www.who.int

Life after injury
Illustrated handbook covering issues from emergency care to reintegration in the community.
Includes sections on mobility aids, daily activities, encouraging positive community attitudes, and making places accessible.
Email: twnet@po.jaring.my
Web: www.twside.org.sg/title/injury.htm
Also available from TALC, PO Box 49, St Albans, Herts AL1 5TX, UK. Tel: +44 1727 853869 Fax: +44 1727 846852
Email: info@talcuk.org
Web: www.talcuk.org

Access to all: helping to make participatory processes accessible for everyone
Guidelines on planning a meeting, workshop or publication. Save the Children, 2000. Available at: www.iddc.org.uk/dis_develop/strategies/accessibility.shtml

Training manual on ageing in Africa
Includes activities exploring what happens as people age, lose their sight or experience exclusion and abuse.
HelpAge International, PO Box 14888, Westlands, 00800 Nairobi, Kenya.
Email: helpage@helpage.co.ke

Helping adults after a stroke
Article in Disability Dialogue 3: Improving communication. Healthlink Worldwide, Cityside, 40 Adler Street, London E1 1EE, UK.
Available at: www.healthlink.org.uk

How to adapt to hearing loss
Article in Ageways 54.

Resources

International agreements
Calls for the promotion and full participation of older people with disabilities.

Resolution on the rights of the disabled people and older people in ACP countries (2001)
Calls for governments in Africa, Caribbean and Pacific countries to promote and protect the basic human rights and freedoms of disabled and older people.


Sets out older people’s rights to independence, participation, care, self-fulfilment and dignity.

Declaration on the Rights of Disabled Persons (1975)
Refers to disabled persons’ rights to respect for their human dignity, treatment, training, and economic and social security.

Universal Declaration of Human Rights (1948)
Recognises the dignity and rights of all human beings.

International events
International Day of Disabled Persons
Takes place on 3 December each year.

European Year for People with Disabilities (2003)
Promoted disabled people’s full equality and participation.

African Decade of Disabled Persons (2000-2009)
Aims to promote equal opportunities for disabled people in social, political and economic life.

Arab Decade of Disabled Persons (2003-2012)
Declared to promote the integration of Arab persons with disabilities into society.

Life after injury
Illustrated handbook covering issues from emergency care to reintegration in the community.
Includes sections on mobility aids, daily activities, encouraging positive community attitudes, and making places accessible.
Email: twnet@po.jaring.my
Web: www.twside.org.sg/title/injury.htm
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Available at: www.healthlink.org.uk

How to adapt to hearing loss
Article in Ageways 54.
HelpAge International Members

Caribbean
Action Ageing Jamaica
Extended Care Through Hope and Optimism (ECHO), Grenada
HelpAge Barbados/Barbados National Council on Aging
Haitian Society for the Blind
HelpAge Belize
National Council of and for Older Persons
Organisation name

Africa
Associate d’Ages Pour la Solidarite (APASO)
CEM Outreach, Sierra Leone
Old People’s Welfare Association (OPWA), Montserrat
Associação dos Aposentados de Angola
AARP Foundation for Older People’s Development (FOPDEV), Thailand
Europe
Central and Eastern Europe
Regional Centre for Welfare of Ageing Persons in Prague (RECEWAPEC)
Senior Citizens’ Council, Mauritius
Sierra Leone Society for the Welfare of the Aged
Senedd British Council for Older People (SSCOP)
Uganda Reach the Aged Association

Asia/Pacific
Bangladesh Women’s Health Coalition (BWHC)
China National Committee on Aging (CNCA)
Coalition of Services of the Elderly (COSE), Philippines
Council on the Ageing (Australia)
Fiji Council of Social Services
Foundation for Older People’s Development (FOPDEV), Thailand
HelpAge India
HelpAge Korea

Caribbean
Maseru Women Senior Citizen Association, Lesotho
Mauritius Family Planning Association
Muthande Society for the Aged (MUSA), South Africa
Regional Centre for Welfare of Ageing Persons in Cameroon (RECEWAPEC)
Senior Citizens’ Council, Mauritius
Sierra Leone Society for the Welfare of the Aged
Sudanese Society in Care of Older People (SSCOP)
Uganda Reach the Aged Association

Africa
Association of Aposentados de Moçambique (APOSEMO)
CEM Outreach, Sierra Leone
Elim Hlanganani Society for the Blind
HelpAge Kenya

Asia/Pacific
Chiang Mai University, Thailand
Email: helpage@helpage.co.ke
Fax: +254 20 4444289
Tel: +254 20 4441052

Caribbean
HelpAge St Lucia
Email: hai@helpageasia.com
Fax: +254 53 225081
Tel: +66 53 894214
Email: helpage@helpageasia.com

Latin America
Casilla 2217,
La Paz, Bolivia
Tel: +591 2 2410583
Fax: +591 2 2410957
Email: helpage@unete.com

Europe
Age Concern England
Caritas Malta HelpAge, Malta
Centre for Policy on Ageing, UK
Cordaid, Netherlands
DaneAge Association, Denmark
Elderly Woman’s Activities Centre, Lithuania
Help the Aged, UK
London School of Hygiene and Tropical Medicine (LSHTM), UK

North America
AARP
Help the Aged (Canada)
West Virginia University Center on Aging

HelpAge International Regional development centres
These offices can put you in touch with members in their region.

Africa
PO Box 14888,
Westlands, 00800 Nairobi,
Kenya
Tel: +254 20 4444289
Fax: +254 20 44441052
Email: mail@helpage.co.ke

Asia/Pacific
PO Box 1260,
c/o HelpAge St Lucia,
Castries,
St Lucia
Tel: +1 758 456 0471
Fax: +1 758 456 0618
Email: helpage@castdw.lc

Latin America
Casilla 2217,
La Paz, Bolivia
Tel: +591 2 2410583
Fax: +591 2 2410957
Email: helpage@unete.com

Eastern Europe and Central Asia
This is coordinated from the HelpAge International
London office
Email: chine@helpage.org

HelpAge International Country programmes

Cambodia
PO Box 525,
Phnom Penh,
Cambodia
Tel/Fax: +855 23 216076
Email: hai cambtb@online.com.kh

DR Congo
PO Box 3384,
Addis Ababa,
Ethiopia
Tel: +251 1 631021
Fax: +251 1 611563
Email: hai@telecom.net.et

Ireland
PO Box 206,
London, UK

Mission Armenia
Slovenska Filantropia (Slovene Philanthropy)
Zivot 90, Czech Republic

Latin America
Asociación Gerontológica Costarricense (AGECÓD), Costa Rica
Caritas Chile
CooperAcción, Peru
FAIAF, Argentina
Fondación Centro de Estudios e Investigaciones del Trabajo (CESTRA), Colombia
Mesa de Trabajo de ONGs sobre Personas Mayores (Lima Co-ordinating Group), Peru
Red de Programas Para el Adulto Mayor, Chile
Pro Vida Bolivia
Pro Vida Colombia
Pro Vida Ecuador
Pro Vida Peru

HelpAge International mailing list request form
To get on the mailing list for Ageways, please complete this form using CAPITAL LETTERS and send it to: Publications, HelpAge International, PO Box 32832, London N1 9ZU, UK Fax: +44 20 7713 7993. Alternatively, email your details to: publications@helpage.org

If anyone else in your organisation would like to receive Ageways, please photocopy this form and ask them to complete and return it.

Title
First name
Surname
Job title
Organisation name
Address
City
Postal code
Country
Tel
Fax
Email
How old are you?
Under 30
30-60
Over 60
Do you have access to the web?
Yes
No
What is your job?
Social worker
Health worker
Trainer
Administrator
Student
Librarian
Emergency relief worker
Other (please specify)
What sort of area do you work in?
Urban
Rural
Does your work focus primarily on older people?
Yes
No
Do you work for an organisation?
Yes
No
If yes, which of the following describes your organisation?
Older people’s organisation
/pensioners’ association
Community-based organisation
Institutional organisation
Government organisation
International NGO/religion organisation
International government or multilateral agency (e.g. WHO)
Training/educational institution
Other (please specify)

How many copies of Ageways do you need?

English
Spanish (Horizontes)
Russian
Ukrainian

If 10 or more please say how you will use them

We will use this information to distribute Ageways. We may also use it to distribute other HelpAge International materials, or pass it to other organisations to distribute their materials.

If you would like to receive information other than Ageways, please tick this box.
Most people living in rural Cambodia do not have access to a modern toilet. Instead, they use the rice fields or forest. This can lead to a number of unsanitary areas around villages, which can put people's health at risk – for example, if they are close to water sources or where children play.

For some people, including many older people, far-off toilet areas can be difficult to reach, creating further problems.

‘In my village… people would often get sick because of the poor hygiene,’ said Yin Koen, a 73-year-old rice farmer in Battambang province. ‘At night, it was difficult for me to go to the faraway field that I used during the day, because I was afraid of being bitten by snakes or other animals, or tripping over something. So I would go near my house, which was unhygienic.’

In 1997, older people’s associations in Battambang met to discuss their problems and identify possible solutions. They decided to build toilets for homes in which vulnerable older people lived.

HelpAge International provided funding for construction materials such as cement rings, toilet bowls, stones and sand. The older people’s associations distributed building materials to families to build their own toilets. They monitored the work and arranged help for people with disabilities.

A construction expert was employed by HelpAge International to oversee the building work and provide technical advice, such as how to deal with waste.

After two years, 150 toilets had been built in six villages. HelpAge International staff showed families how to use and maintain the toilets, and gave advice on basic hygiene.

The result was a cleaner and healthier environment. ‘The area around my house is clean and I don’t have to spend money buying medicine for diarrhoea,’ said Yin Koen.

More information: Mr Dim Vy, Programme Manager, HelpAge Cambodia, PO Box 525, Phnom Penh, Cambodia. Email: haicammb@camintel.com.kh

HelpAge International is a global network of not-for-profit organisations with a mission to work with and for disadvantaged older people worldwide to achieve a lasting improvement in the quality of their lives.

Ageways exchanges practical information on ageing and agecare issues, particularly good practice developed in the HelpAge International network. It is published three times a year by HelpAge International, with funding from Help the Aged.

Copies are available in English, Spanish (Horizontes), Russian and Ukrainian, free of charge on request to project staff, carers and older people’s organisations. Please write to Publications, HelpAge International at the address below to request an order form, or email: publications@helpage.org

Ageways is also available as a pdf at: http://www.helpage.org

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Front cover photo: Doña Rosa Gutierrez Muñoz and friend in La Paz, Bolivia.
Antonio Olmos/HelpAge International