Reweaving the Social Fabric of Our Communities
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We are all longing to go home to some place we have never been — a place half-remembered and half-envisioned we can only catch glimpses of from time to time… Community means strength that joins our strength to do the work that needs to be done. Arms to hold us when we falter. A circle of healing. A circle of friends. Someplace where we can be free.
– Starhawk

Aging in community is not new. Throughout most of human history elders have aged in community – at home and as integral members of their communities. Humans, as social animals, have depended on cooperation and caring for one another for survival. The sharing of basic resources such as food and shelter and the commitment to help each other, often to include nurturing and caring for our young, elders, sick and disabled, have contributed significantly to our evolution as a species.[1] In turn, elders have played essential roles as teachers, spiritual advisors, healers, and as the bridge between the past, present and future.

The Fraying of Our Social Tapestry

Over the past century or so, numerous factors and trends have converged that have negatively impacted our relationships with our family and friends, our neighbors and community ties, with our work and "free" time, and with our elders. Consequently, the social fabric of society has become worn and frayed. As our relationships have unraveled, our nation has become increasingly polarized and radicalized in political and religious viewpoints, particularly with regard to moral issues, including our obligation to elders.[2] Income has surpassed race in segregating communities[3], and while the middle class has shrunk to an all-time low, the gap between rich and poor has become staggering.[4]

Close personal friendships and social networks, key to psychological wellbeing, community health and social capital, are likewise shrinking. Americans report one-third fewer friends than two decades ago, with 25% having no one to confide in,[5] and with well over half reporting that they know only some (29%) or none (28%) of their

nearby neighbors.[6] The disintegration of intimate social connections is particularly poignant among older adults, as divorce[7] and suicide[8] rates soar to the highest of any age group. America is only a few percentage points away from being predominately a nation of singles—only 51% of adults are currently married according to 2010 census data, compared to 72% in 1960[9]. Single-person households are skyrocketing, with about 28% of all households now consisting of one-person, and a startling 40 to 50% of all households occupied by singles in cities like Atlanta and Washington DC.[10] This is not just a result of young people delaying marriage and children; one-third of single households are persons aged 65 and older.[11]

The decline in American civic engagement, social interaction and social capital has been well documented over the past several decades.[12] Our social compact—the implicit agreement with our government, strengthened through Congressional laws, to provide economic, health and social security for our children, elders, disabled and others in need—has become a topic of current political debate. Ageism, in the workplace and on the street, is on the rise.[13] For elders today and Boomers turning 66 years-old at a clip of 10,000 a day, the golden age of retirement has become a tarnished future at best.

Rebuilding our Communities through Caring Relationships
Despite this bleak picture of social cohesion and interpersonal relationships, there is hope. There are a growing number of movements afoot that empower individuals to take steps to mitigate these forces in their own lives and in their communities. Positive change is within our grasp – and it happens one person, one family, one neighborhood, one community at a time. It begins with caring for ourselves and expands by forging new relationships of caring for one another. Caring relationships manifest through acts of kindness, concern, empathy, nurturance and understanding for another.

Notably, caring relationships between family, friends and neighbors cannot be replaced by the caring of institutions or professional services. According to John McKnight (1995)[14]:

> Service systems can never be reformed so they will "produce" care. Care is the consenting commitment of citizens to one another. Care cannot be produced, provided, managed, organized, administered or commodified. Care is the only thing a system cannot produce. Every institutional effort to replace the real thing is a counterfeit. Care is, indeed, the manifestation of community. The community is the site for the relationships of citizens. And it is at this site that the primary work of a caring society must work. (p.x)

Caring relationships are at the heart of aging in community – and a cornerstone for livable communities for all ages and abilities, as well as a great society. Central to the concept of aging in community, is the deliberate consciousness to be "a darn good neighbor." Relationships between community members tend to be informal, voluntary and reciprocal, and therefore, sustainable over time. Aging in community promotes social capital - a sense of social trust and interdependence enhanced over time through positive interactions and collaboration in shared interests and pursuits.

Aging in community is philosophically rooted in the "conscious aging" movement that views elderhood as a distinct phase of the human life cycle, with its own gifts and challenges. In aging in community projects, the wisdom and experience of elders are honored and opportunities promoted to share this with others in the community. Key to the model is an asset-based community-building approach that taps into individual and group interests, skills and experience to address the challenges and needs of both individuals and the community.

Aging in community projects tend to be made up of local individuals drawn together as a group to address an issue or simply to create a better way of living. Two major axes describe where aging in community takes place. The first axis is the "physical environment" – including new neighborhoods, retrofitted old neighborhoods,

apartment or condominium buildings, cohousing communities, housing cooperatives, shared housing, affinity-based housing (e.g. Burbank Seniors' Artist Colony) and other physical housing and neighborhood structures that are the basis for defining the geographic parameters of the community.

The second axis is the "social software" – the intentional design and enhancement of social relationships, even the incorporation of programs and services— that will improve the quality of life of all residents and ultimately will contribute to the elders' ability to remain in their own homes or residences of choice and connected to their communities. Examples of social software include community-based health services such as Eden at Home, the Nurse Block Program and Share the Care, cultural enrichment programs like the Circle of Care Project and Elders Share the Arts, civic engagement programs such as the Experience Corp and Connecting Generations, community building programs such as Community Gardens and Farmers Markets, and so forth.

To the degree that both the physical environment and the social software are brought into alignment from conception, exponentially increases the probability of creating the hoped for outcome of a supportive neighborhood that enhances an individual's well-being and quality of life at home and as an integral part of the community across the age continuum.

Key Ingredients for Aging in Community Projects
While aging in community projects can theoretically occur in any geographic location or social grouping, such as within a church or synagogue, there are some core principles and beliefs which appear to be vital to their success, as outlined in Table 1. Central among them is a core group of people who are willing and able to take leadership of the project. While occasionally this leadership has come from outside sources such as non-profit organizations, some of the most long-term success stories have been initiated by elders themselves from the communities they live in or

want to live in, as in the case of cohousing, shared housing arrangements and the Village model.

A great deal of the assistance elders need to stay in their homes and connected to the community are activities that most people are comfortable providing, such as transportation, picking up prescriptions or groceries, home visits, assistance with light housekeeping and yard work. Likewise, there are many activities that elders can do for others in the community, such as walking younger children to and from the bus stop, editing the community newsletter, cooking a meal for a single-working mother and skills they did before retiring, such as book keeping or legal advising.

Thoughtful consideration and discussion should be given to the type of care individuals and the community are willing to provide, particularly around personal care, the type that often will make or break an elder's ability to remain in their home. Sometimes community and family members are willing to do whatever it takes; in other instances when personal care, such as bathing, dressing and toileting is needed, the expectation is the elder will hire home health services. Notably, in most cases, the care that is needed does not require a professional – no more than a professional is needed to care for the personal needs of an infant. Still, the nature of personal care makes this often the most difficult conversation and topic of negotiation, and one that needs to occur preferably before the need arises.

Once the commitment and leadership have been solidified, there are numerous templates and resources that communities can adapt to identify the strengths and needs of their community (see for example, the Second Journey Resource Guide). Starting with one or two goals and picking low hanging fruit can create a sense of progress and accomplishment. For example, if one of the concerns of residents is that no one will know if an elder is incapacitated and needs assistance, create a "smoke signal" program – have the elder leave the porch light on at night and turn it off in the morning. If the light is still on at 9:00 a.m., that gives the next door neighbor

the signal that something might be wrong and the consent to come knock without fear of prying.

The Future of Aging in Community

Across America, as baby boomers celebrate their sixtieth decade birthdays and welcome grandchildren, even great-grandchildren into the world, it finally is sinking in – we are getting old. Despite the media pondering whether 60 is the new 40, the fact is, we are entering retirement age. For many, for the first time in decades, our lives are wide open. There are no familiar roadmaps and few role models to follow into this new terrain.

Baby boomers, who have by mass and method redefined every other period of their life, are likely to redefine the third age – elderhood – including innovative housing arrangements and supportive networks to navigate the roads of later life. As work and family wind down, some boomers are beginning to reflect back on the peak experiences of youth, when often we lived together, in a variety of households with friends who shared the daily rhythms of life and whom really cared for one another. Boomers bonded in ways unheard of by our parents, sharing personally, intimately, deeply with *unrelated* people outside our families. We bonded in ways that lasted, and we created—sometimes intentionally, sometimes spontaneously, but always authentically—communities of caring and love that resulted in enduring influences long after the physical disbanding of the groups themselves.

A growing number are beginning to rekindle this vision of building custom communities with select friends and kindred spirits. Research reveals that about a quarter of boomers are interested in "building a new home to share with friends that included private space and communal living areas."[15] Some seek their own version of 50+ active adult living communities, with people their own age, background and interests. Others are looking for an intergenerational, diverse community of all different walks of life. Some seek rural, back to the land places, while others still

yearn for the cultural richness of urban living. One thing is certain. For a substantial number, it won't be Sun City Centers. Like they did with ice cream, boomers will create a thousand flavors of housing and communities to live out the rest of their lives.

Table 1. Aging In Community Beliefs, Values and Assumptions

1. Aging is a normal part of life; it is not a problem.

2. Most people prefer and benefit from living in intergenerational neighborhoods (senior housing can be part of the larger neighborhood).

3. Good neighbors balance independence and interdependence.

4. Being good neighbors enhances the feeling of belonging to a community.

5. Everyone in a community has something to give and benefits from receiving from others. Good neighbors value reciprocity because giving and receiving strengthens social ties and provides meaning and purpose.

6. Informal, relationships over time build trust, connectedness and social capital, which like financial capital, can be intentionally earned, stored and expended to meet our needs.

7. Most of the help people need can be provided by good neighbors, friends and family.

8. Not everyone works full-time away from home; therefore, help is often available when needed, especially when planned in advance.

9. The opportunity to get to know and help others can be enhanced with periodic community get-togethers where information and resources can be shared, and planning can occur.

10. There is leadership and a core group of residents that includes elder residents, who are willing to take action to support neighbors aging in their homes and staying connected to their communities.

11. Providing a broad range of care options as well as senior-friendly services (e.g., plumbing and electrical) can be enhanced by partnering with organizations within the larger community.

12. Each community (and individual) will have to address the threshold of the level of care that they are willing and able to provide to neighbors with physical, mental or cognitive impairment.

(Blanchard, McCarthy, Thomas and Stambolian, (2013). Reweaving the Social Fabric, in *Aging in Community*).

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