July 2014

Constructing and Performing Identities through Independence in Elderly Care Facilities,Programs, and Knowledge

Samantha Lunger

Follow this and additional works at: https://uknowledge.uky.edu/kaleidoscope

Right click to open a feedback form in a new tab to let us know how this document benefits you.

Constructing and Performing Identities through Independence
in Elderly Care Facilities, Programs, and Knowledge
Student: Samantha Lunger
Faculty Mentor: Erin Koch

Introduction

The United States Census Bureau currently projects that there will be an estimated eighty million elderly people by the year 2050. This estimate projects that one in every five people in the United States will be over the age of sixty-five, and most of this growth will occur between 2010 and 2030, when the country's baby-boomers enter their elderly years (U.S. Census Bureau, 2010). These estimations are not only intimately relevant to every family in the United States, but they should also work to dictate the kind of changes we should already be making in the programs and systems currently in place for the country's elderly population. This research works to present ideas observed in Great Britain as an example for some of the ways that we can begin working as a movement to enhance the lives of those who helped bring us into the world in a way that is not only efficient, but effective and meaningful.

Methodology

In regards to methodology, the bulk of the field research was collected and organized during the three weeks spent in various parts of Great Britain, including England, Scotland, and Wales. During this time, travel to numerous elderly care facilities and health care clinics was necessary, and meetings with 'older people' advocate groups were held in an attempt to identify working and cooperative programs that were geared toward improving the lives of the elderly people they reached out to. While traveling with an open mind and a wary eye in terms of the types of information to be collected, the wealth of information gathered was not only genuinely valuable but also unique and derived from real-life experiences. This is above and beyond what could have been hoped for, and worked to provide the research with a sturdy base from which the project at hand could continue to be built.

Before setting off on the research-abroad end of the research project, torrents of pre-departure literature research was collected in order to not only gather literature with which to strengthen any knowledge obtained from the field, but also to become better educated as the researcher so that any concerns, interests, and goals could be directed in the most efficient and effective manner possible. The majority of pre-departure research centered around the programs currently available in the United States, so that the information found in Great Britain could easily be gathered and marked as distinctly different to assist the aims of the project itself.

When conducting the post-departure literature research, it was possible to see how thoughts expressed in the works of some can be mirrored in the research obtained personally in the field, and can even be connected to these constructions and more abstract theories provided in the famous publications of 'the giants' who came before.

Findings

This research is concerned with a variety of institutional and community based elderly care facilities and programs, and the ways in which social interactions and identity groups are

formed within and in lieu of these facilities/programs. It is being suggested here that these identities are primarily based upon the level of needs as displayed by the individual, and perhaps via the levels of independence they are provided through the employment of various programs, centers, facilities, and products.

At the Dementia Services Development Center and Iris Murdoch Building in Stirling, Scotland, monumental steps are being made in terms of dementia services and creating pathways for generally dependent individuals to maintain some level of independency. With dementia, and in an arena where two thirds of the elderly population have a chronic disability, thousands live in isolation due to lack of assistance, funds, or knowledge. When there are 700,000 elderly people out of 2.9 million people in Wales, and with statistics forecasting that the population over eighty five is expected to double, and the population over one hundred will quadruple in the next decade (Commissioner's Report, 2011), asking questions like 'What will it look like?' are imperative when attempting to reformulate plans for ways to allow levels of independence.

For example, as previously stated in the research proposal, oftentimes elderly care facilities may be divided in accordance to the level of care individuals need in order to maintain. One may observe that individuals who require a low level of medical care and assistance could be deemed in terms of being facility 'residents' rather than 'patients'. The patients could then be seen as those individuals who need moderate to intensive medical care in order to maintain. Not only do the categorical differences of these individuals earn them separate group identities, they are often also separated spatially in corresponding sections of the facility they reside. However, by employing techniques and products like those being created at the Dementia Services Center, and by offering access to these options, residents and/or patients may instead formulate their own identities by exercising what independence they have left.

In Cardiff, Wales, a different set of notions were provided at the National Assembly for Wales in the Commission for Older People's office. The idea that 'ageing is a positive thing- the alternative isn't' is widely accepted and enforced throughout the community as a series of ground-breaking programs, offices, and efforts were created specifically for the local elderly population. As the first Older People's Commissioner in the world, the understanding that the 'outsider' perception of older people's needs are generally not the same as their own perception of their needs is the driving force in all that they do. By battling elderly discrimination, creating policies driven by values, and acting as independent champions for all older people (rather than just for some), the Commissioner builds good practice, a hefty knowledge base, and experience in an arena where the elderly are often left to fend for themselves.

A major factor that the Commissioner tackles is identity in a sea of perceived vulnerability. By providing the simpler things in life (or access to them), the elderly are encouraged to stay engaged with ties to friendship, love, and the community, and a sense of well-being is established. It was found that it is here in these changes that we may observe how identity (and access to enact one's desired identity) can shape one's view of their own world and life, and it is here that we may examine how various individuals choose to navigate and perform the identity they find themselves in.

Finally, an example of a program founded and maintained by the Commissioner is one titled the National Partnership Forum (NFP), which is seen as a grassroots level program aimed

at identifying the needs of the 'fifty plus' community via individualized local forums which then feed knowledge to the government for action. By acknowledging that the government cannot observe a 'one size fits all' format when addressing the elderly population, they work together to create 22 councils, one per area, where each council forms a strategy for their designated area depending on the wants and needs of the community. By following basic rules but negotiating their area's wishes, the needs of both the community and the government can be met. Through this method, a member in the community is also chosen to be the liaison for the local pensioners- someone they can go to for help and who works 'for' them to help coordinate health and social care, transport, housing, education, employment, and any other need they may have. It is in this way that we can observe integrated policy making from the ground up.

Discussion

After conducting the completed research, it became obvious that the well-being of vulnerable populations is of great importance to the well-being of communities writ large. A popular stigma, and oftentimes the 'truth', found surrounding elderly care in the United States can be said to be negative, with ideas of vulnerability, dependability, struggle, loneliness, depression, and being 'cast off' surrounding any relevant conversation. The information provided in this research project was gathered and recorded explicitly for the purpose of providing multicultural alternatives that not only seem to be working in Great Britain, but are renowned for the independence and quality of life that it offers those affected. It is important for us to remember that although many elderly people could require special accommodations for various aspects of their lives, they may not necessarily need to be labeled as completely dependent and therefore incapable of making their own decisions about even the minutest areas of living.

A defining reoccurring concept found within the research was the idea of 'our' perception of an elderly person's needs versus their own perception of their needs. By acknowledging that there may be a separate set of beliefs surrounding these needs, we may begin to understand some of the ways in which we can assist elderly people into a life that is not only fulfilling, but also as independent as possible considering any and every circumstantial factor they may be subject to. One consideration that could be made is the idea of wellbeing. By simply asking someone what *they* want to get out of their lives, we may find that the answer is quite a bit simpler than we might have anticipated. While speaking with multiple elderly individuals in Great Britain and the United States alike, I was often told that something as mundane as having access to a bus for free could drastically improve the emotional wellbeing of that individual, and even prompt them to stay engaged in friendships, relationships, and the community.

Furthermore, it was estimated by the Elderly People's Commissioner that by putting twenty million pounds into positive outcomes in elderly care, we can expect to have an output of forty million pounds from benefit as a result from improved health and independence, along with heightened levels of positive employment income. By simply addressing what the elderly population want and need versus what is available as a solid decision- for example by saying 'we do not currently have A, B, or C but we will work to help you get what you need' versus 'if you do not want A, B, or C then you cannot have services'- we can begin to offer small changes to create large improvements. Often these individuals, the backbone of our society, do not want large sums of money or a new house. They generally want to live simply, successfully, and

independently, and by listening to their requests and making small changes through effective programs- for example removing tubs and replacing them with showers, installing sturdy banisters, assisting in the garden, and installing outside lights we can avoid larger and more detrimental issues down the road.

By refusing to divorce elderly people from the general population, and by refusing to label them as an 'other', we can begin to see that they have many of the same requests that 'we' do. For example, we may understand that by stripping away all of the aspects of their lives that could potentially help them cope, for examples access to buses or vehicles, we may be significantly damaging their emotional and physical state and their will to thrive. However, by granting them unlimited access to public transportation, they remain able to conduct their lives as they see fit without putting others at risk. It is important for us to understand that, even if an individual is 98% medically dependent, allowing them to maintain the remaining 2% of independency is vital.

One concept that programs in Great Britain work to erase is the idea of eliminating general practitioner visits to create Activities of Daily Living (ADL) formats and corresponding limits, but rather to have home health nurses who come in to the homes to assist the individuals. Although the elderly individuals must 'qualify' for the nurses by having critical and substantial needs, this works to push the individuals to be as independent as possible while still understanding that certain levels of assistance are not only necessary but acceptable. This can be seen as a 'care and repair' approach, where the main objective is to grab individuals and pull them out of the secluded lifestyle they may be unnecessarily living before they have damaged their bodies and minds to the point of being completely dependent.

Furthermore, by offering alternatives to methods of living- rather than just defaulting to dependency- the elderly population can engage in an 'active ageing' lifestyle that allows them to expand their life expectancy while remaining active, healthy, engaged, interested, and happy. It was also noted by many elderly individuals that whether or not they were allowed a certain level of self-sufficiency often played a big part in whether or not they requested assistance when they truly needed it. Ideas of pride and even entitlement in healthcare can affect how often and in what form elderly individuals choose to request any assistance they might need.

Additionally, a unique concept held to high standard in the United Kingdom was the idea that poverty may not be the issue for many of their elderly people as much as unemployment was the issue. Upon further consideration, the main concern was a rampant case of age discrimination, via which many elderly people could not locate of maintain employment due to their age and the conditions that come with it. However, by working with the local companies, the local government created small jobs specifically for elderly people in order to not only give them a sense of meaning and fulfillment within their day, but also in order to provide them with additional income, and provide the company with an individual who harbored a wealth of untapped knowledge- the Older People's Commissioner in Wales quoted an estimated net worth of four billion dollars of elderly knowledge (Commissioner's Report, 2011). Once the age discrimination was moved past, all boundaries were torn down and every party benefited spectacularly. In this way, the elderly population can be seen as an economic solution, rather than a burden or problem.

Although a wealth of knowledge and ideas were acquired from this research, there remain solid gaps and leagues of advancement that could take place before it could genuinely be said that we care for and offer enough aid for our elderly, however these are just some steps that could be taken to move in the correct direction. By considering the ways in which another culture- one that employs an entirely separate government, policies, and health care system- maintains the lives of their elderly population, we can gain insight into a variety of options that we may have for our own culture, and could potentially work to reformat these ideas to fit into our own systems.

Citations:

2010 United States Census Bureau. *Sixty-Five Plus in the United States.*
http://www.census.gov/population/socdemo/statbriefs/agebrief.html

2011 Older People's Commissioner for Wales. *Commissioner's Report*: *Annual Report 2010 2011.*http://www.olderpeoplewales.com/en/Publications/annual-reports.aspx.