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## **An Assessment of Care Provision for Older People**

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### **Abstract**

This study sets out to examine whether current care policy and care measures available to older people in Ireland is appropriate in providing for their enhanced quality of life and health outcomes. Establishing the main mode of care delivery for older people and examining the quality of life issues older people have are the main themes. The research invokes much theoretical discussion concerning how the social construction of old age can have repercussions for older adults' treatment in society through the exploration of images and theories of old age. An in-depth policy review portrays the evolution of policy in regard to the care of older people, while the primary fieldwork research allows the reality of the care situation to be seen. The fieldwork investigation includes personal interviews in analysing how the care and quality-of-life needs of older people are supported on the ground. Recommendations and conclusions of the adequacy of the dominant mode of care delivery in providing for the care and quality of life needs of older people in Ireland today concludes the study.

**Key words:** Care policy; quality of life; health outcomes; old age

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<sup>1</sup> This research is dedicated to my beautiful grandmother. She is the inspiration for the research topic of care for older adults, not because of her age but because of the wonderful care she has always given me since the day I entered this world. Your love and support is always with me, your guidance is never far from my heart. This document is a testament of my love for you.



## **Introduction**

Older people make up a large proportion of Irish society. According to the Central Statistics Office report, *Ageing in Ireland* the population of older people is increasing and this trend is expected to continue. The figures show that between 1996 and 2006 the number of people over 65, the designated mark over which one is considered to be in old age, increased by 54,000. With the heightened risks associated with old age such as ill health and poverty, the same report noted in 2006 that 20% of older people were at risk of poverty. It follows that research into their quality of life and care outcomes is very important.

The broad area of investigation for this research is the adequacy of care provision for older adults and includes an exploration of the extent to which positive quality of life outcomes are achieved in Ireland today. In short, this project aims to offer: An assessment of care provision in relation to older people with a view to identifying a dominant mode of care delivery and its affect on older people's health and quality of life outcomes. There are five objectives designed to achieve as full an understanding as possible of the most relevant issues. These are as follows: To examine the main theoretical influences on care policy and care provision for older adults through an exploration of images and theories of old age. To evaluate the main social policies which affect older adults in Ireland at present. To examine the development of current policies in regard to care provision and particularly those related to positive quality of life outcomes for older people. To establish whether there is a dominant mode of care delivery for older adults in Ireland and to explore the issue of whether or not care provision serves older adults in achieving for them the best health and quality of care outcomes. To examine the adequacy of support available for the care of older people and those who provide care in Ireland through a primary investigation of the opinions of those active in providing care to older people.

This research is based on a qualitative analysis of literature, policy and field investigation employing an interpretivist ethnography. Blaikie (1993) outlines effectively what this entails. He states that 'human behaviour depends on how individuals interpret the conditions in which they find themselves' (Blaikie 1993:96).

The primary fieldwork research presented here involves 7 personal interviews with a number of individuals who play a central role in caring for older adults and are currently involved in delivering care to older people, namely three informal carers, a home help provider, a blue cross volunteer, a GP and a community based nurse. It was necessary to interview those on the front line of care delivery to older adults to obtain a clear understanding of services on the ground. It was also important to interview a range of people involved in this care delivery to capture an accurate reflection of opinions on the care situation for older people.

### **The Social Construction of Old Age – Images, Theories, Quality of Life, and the Welfare State**

Throughout the literature age 65 predominates in the administrative definition of what old age is (Coleman et al 1993:6). Sixty-five is promoted as the standard point at which one enters into 'old age' but as Coleman, Bond and Peace (1993) argue, this age is associated with social factors, most notably that of retirement and receipt of the State and private pensions. Views of old age may arise out of people's own relationships with older adults like grandparents, aunts, uncles, parents and neighbours. There are also stereotypical views or social constructs of a period of life which can be categorised by a simple image, somewhat like that of 'youths' or 'teens' which exist at the opposite end of this spectrum. Images in this way denote specific positive or negative connotations of a specific time in the life cycle. Carroll L. Estes sums up how old age can be categorised by society in the following quote:

The experience of old age is dependant in large part upon how others react to the aged: that is social context and cultural meanings are important. Meanings are crucial in influencing how growing old is experienced by the aging in any given society; these meanings are shaped through interaction of the aged with the individuals, organizations, and institutions that comprise the social context (Estes, 1981: 400 cited in Estes et al 2003:18).

Critical theory and social constructionist theory hold a similar view that 'age is social rather than a biologically constructed status' (Fennel et al 1988:52) and that therefore 'we need to see many of the experiences affecting older people as a product of a particular division of



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labour and structured inequality rather than a natural concomitant of the aging process' (ibid: 52). Featherstone, Hepworth and Bond consider that as a consequence of using images of old age as a 'truth' older people can become relatively 'isolated from normal interaction' with 'inevitable consequences for the way he/she is perceived' (Featherstone and Hepworth, in Bond et al 1993:315). They go on to speak about using images as 'truths' by pronouncing that there is a real danger in mistaking 'images for reality' and the possibility of therefore using images as 'concrete evidence of the actual social relationships and activities' which are performed on a daily basis (Featherstone and Hepworth, in Bond, et al 1993:304). However, they do raise the observation that 'images and reality clearly interrelate' (Featherstone and Hepworth, in Bond et al 1993:304). This implies there are forces unrelated to the individual older adult which affect how they are viewed by the public at large and by the welfare system. Functionalist theories of Role/Activity theory and Disengagement theory are important to this study. Fennel, Phillipson and Evers (1988) state that theories of old age help to diagnose old people's place in the social structure which can impact on policy and practice. Role theory's main hypothesis is exploring 'the impact of social roles in determining individual behaviour' (Fennel et al 1988:43). The loss of a job due to retirement for example, may lead to feelings of losing one's identity as a result. It implies that society places such high value on the role one has in society and associates that role primarily with one's occupation. Cantillon (2001) relates quality of life issues for older adults with participation in society and the loss of self esteem, self worth and value through the loss of their occupation. He states that, 'without self respect a person can have no sense of self worth and consequently will have a lower feeling of well being than those who do' (Cantillon, 2001:100). Anne O'Loughlin (2005) gives an insight into ageing and older people in an Irish context. She highlights ageism as a major by-product of social constructionism. She offers the working definition of Bytheway and Johnson for Ageism:

ageism is a set of beliefs originating in the biological variation between people and relating to the ageing process' and that it 'is in the actions of corporate bodies, what is said and done by their representatives, and the resulting views that are held by ordinary ageing people, that ageism is made manifest (O'Loughlin in Quin, et al 2005: 207).



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Ageism can have negative connotations with regard to what is perceived as older people's ability to contribute and be productive in society. This may underrate their value in society and reduce their quality of life significantly. Gabriel and Bowling emphasise how it could be argued that 'societies overall hold a common core of values and their presence or absence influences macro-societal quality of life' (Gabriel and Bowling in Walker and Hagen 2004:14). Therefore, the values held by society at large can be generated by their relation to the stereotypical views created out of images and theories of old age. Old age and the Welfare state are linked closely to the social construction of old age. Negative and erroneous connotations can arise out of stereotypical images and theories of old age. The question that must be asked is whether this encroaches into the policy of the Welfare State. Theoretically the Welfare State in Ireland is unique in that it is not solely the responsibility of the state to provide for the welfare of its citizens. The mixed economy of welfare involves a sharing of welfare provision within society between the public/state, private, voluntary and informal sectors. Kirby (2006) promotes key ideas about the changing role of the Irish state and its transformation from a welfare state to a competition state, by highlighting the past failure of the state to bring into existence a fully developed welfare state. (Kirby, 2006:119). He argues in an age of economic success and progress the focus has remained sternly on market forces in a bid to maintain economic success through an adherence to principles of neo-liberalism and right wing ideas. Social factors are not placed as a high priority in this model of the state. Schumpeterian Workfare politics are a visible force in the new welfare politics Ireland has employed in a bid to keep economic forces situated primarily on the national agenda. The principles of Schumpeterian politics are laid out by Bob Jessop and endeavour to restructure social policy in accordance with workfare principles i.e. people are required to work for their welfare. This economy is tied closely to principles of the work ethic and involves the 'hollowing out' of the national welfare state. Relate this to older people, where the dominant images and theories of old age promote redundancy and non-productivist models of aging. The social construction of old age bases old age on retirement and loss of identity arising from the loss of occupation so how then are older people meant to 'work' for their welfare?



## **Policy**

*The Care of the Aged Report* (1968) was the first major policy initiative seen in the Irish context relating to older adults and their care needs. The report was commissioned to examine ‘general problems’ around care for older people and to recommend changes in provision. It marked a shift in thinking and policy in the mid-twentieth century around care. The main recommendation of the document is, ‘based on the belief that it is better, and probably much cheaper, to help the aged to live in the community rather than provide for them in hospitals or other institutions’ (Inter-departmental Committee 1968:22). There were four main aims of the 1968 report –

- a) to enable the aged who can do so to continue to live in their homes,
- b) to enable the aged who cannot live in their homes to live in other similar accommodation,
- c) to provide substitutes for normal homes for those who cannot be dealt with as at a) or b), and
- d) to provide hospital services for those who cannot be dealt with as at a), b) or c)

(Inter-departmental Committee 1968:49).

However, by 1986 it had become clear to the Working Party on Services for the Elderly that although progress had been made and health services had expanded there were still ‘shortcomings in services and many gaps in service provision’ (Quinn 2005: 211).

The emphasis placed on ‘partnership between the family and public and voluntary organisations’ (Quinn, 2005:211) is important to note in the context of care for older people. With the under-development of services for older adults a reality, the pool of family, community and volunteers could act as a safety net. The emphasis on the idea of a partnership between sectors is important in analysing the evolution of policy in Ireland as it appears repeatedly, especially with regard to the care of older people. The *Years Ahead: A Policy for the Elderly* in 1988 was the next attempt by government to place the care of older adults on the policy agenda. The *Years Ahead* report was guided by the principles of comprehensiveness, equity, accessibility, responsiveness, flexibility, co-ordination, planning and cost-effectiveness (Quinn 2005: 213). The language used suggests recognition of a



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previous lack of attention paid to services for older people. It attempts to emphasise old age as an equal stage of life to all others and one that should be respected as such. Its aims went further in emphasising the maintenance of dignity in old age, through allowing older adults remain in their homes with the possible support from state services. Ten years after its creation a thorough evaluation of the *Years Ahead* report was undertaken by the National Council for Ageing and Older People, entitled *The Years Ahead Report: A Review of the Implementation of its Recommendations* (1998). This asserted that the *Years Ahead*, a main determinant policy document, is 'no longer an adequate blueprint for the development of older people's health and social services' (Ruddle et al 1998:1). Services provided for older people at the time of this report were provided at a discretionary basis with no legislative framework for implementing the recommendations of the *Years Ahead* document. This resulted in a lack of coordination and responsibility for providing services for older people. Older people and their carers as a consequence are reliant on, 'the goodwill of the health boards and other service providing agencies to provide the essential services they require' (Ruddle et al 1988:2).

The Health Strategy 2001 *Quality and Fairness: A Health System for You* viewed primary care located in the community as the best model of care delivery. The principle of a partnership of care for older people between the state and the community is one of the main results of this document in line with the two previous reports.

The policy documents reviewed indicate that there has been a definite consensus on where care for older people should take place, in the community, through a partnership. National Economic and Social forum Report *Care for Older People 2005* is an important resource for those trying to understand current social policy relevant to older adults in Ireland. It provides an in-depth analysis of the current policy situation as well as proposing policy changes required if the care and quality of life needs of older adults are to be fully met. The report is based on examining the: 'current set of choices available to older people in respect of health and social care and identifies gaps in the continuum of care that currently exists' (NESF 2005: iv). The growing reality that more and more older adults wish to remain in their own homes and communities 'as independently as possible for as long as possible' (NESF 2005: iv) is a main motivating force in the report. According to the National Economic and Social Forum



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this is not close to being achieved for the following reasons, ‘under – developed community care system, which is crisis driven, lacks sufficient coordination and resources and does not afford older people the choice, independence and autonomy they seek and deserve’ (NESF 2005: iv) .The movement of policy towards a more ‘person-centred’ community care response is a core theme of the report. A shift in the approach to policy is suggested as being necessary to achieve these aims on the grounds that Irish society is changing, and the number of older people is increasing as well as the fact that ‘our families and familial relationships and traditional support structures are altering’ (NESF 2005: iv). At the centre of this report is a ‘new vision of care for older people’ and a ‘different mind-set to inform service planning and delivery’ Extending the choices made available to older adults, supporting their independence and empowerment, developing flexible responses to needs and supporting carers, are the central guiding principles (NESF 2005:41). These highlight a change in language and enthusiasm in the care for older people from the earlier policy reports reviewed here. The document highlights the inadequacies which exist in the current care system, that services are not ‘tailored around the individual’ but that older people have to ‘fit in with what is available’ or ‘go without’ (NESF 2005:41). This is felt to be inappropriate in achieving the best health and welfare outcomes for older adults. Necessary changes to the current care and service provision for older adults are outlined. They aim to ‘put the service user at the centre of the service’, recognising:

the value of early intervention and the importance of moving away from the current model where the older person often gets help only when they have reached crisis point; and moving forward to a model where services are flexible, timely and barriers to access are actively addressed ... it is important that services shift to a stronger focus on better outcomes for older people and that they are measured on an on-going basis. A key factor to secure the necessary changes in all of this is providing leadership to drive the implementation process forward (NESF 2005: 41).

The report notes a partnership between the state and community is ideal but there is a consensus that the full development of community infrastructure has not been achieved. This



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places extra pressure on acute hospital services and on the informal partners involved in the delivery of care. The need for a clearly articulated legal grounding of community care considered to be an obstacle for older people in receiving services.

*Towards 2016* is the current partnership agreement which is a ten-year framework for development in Ireland. The vision the partners have is as follows, 'An Ireland which provides the supports, where necessary, to enable older people to maintain their health and well-being, as well as to live active full lives, in an independent way in their own homes and communities for as long as possible' (Government of Ireland 2007:60). It is of yet too soon to measure any results from this document, but it can be seen that the language used is very inclusive of the needs of older adults and also brings together many of the tenets of the policy documents outlined above.

When all the policy has been reviewed it is evident that the dominant mode of care envisaged for older people is that of a partnership between community - informal care and the state.

### **Primary Research**

Three core areas were identified out of the initial research aims which work as the coding mechanism. Interview questions assessing 'Attitudes and Understandings of old age' concerns the interviewees opinions on whether there are views of old age which affect older people in society. Here the majority of those interviewed believed there are prevalent images in society especially stereotypes of old age which can be negatively construed. An example is that of, 'people look on elderly people as being feeble and unable to do anything'. Other interviewees referred to the lack of visibility of older people in society, 'you're there but you're dead, you're invisible'. In relation to whether there exists negative or derogatory images of old age, the response was related to financial or monetary aspects of old age. Issues concerning financial strain on an aging population were highlighted along with the view that older people are unable to contribute to the economy of a country.

The second area is 'Care and Quality of life' which raised points around the interviewees' personal experiences with older people. When asked about the key issues for, or threats to,



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older peoples' quality of life the attitudes of the participants were not dissimilar. Isolation, lack of human contact, interaction and communication were highlighted. Loneliness, insecurity and vulnerability were said to be results of isolation and were named as some of the main contributors to reduced quality of life. Other points of interest were issues of mobility and dependence. Fear of who will care for you and how to get services to help oneself in old age were raised, 'if you're immobile and dependant on others the system doesn't come together well' was one such reflection. The issue of resources was reiterated by the home help participant who stated, 'the main problem I see is the limited time allocated to each client'. These points were linked with the issue that all clients are different yet the services do not reflect this. It was unanimously felt that good care is necessary for good health outcomes for older people. 'Care is directly linked with quality of life especially, their physical and mental wellbeing is served well by good caring as well as their dignity which is of the utmost importance' was one such articulation of this point of view by an informal family carer. Another good example of this arises from a community based nurse, who states, 'I think mostly they need to feel loved, wanted and not be made feel a burden'.

The issue of the responsibility for and adequacy of the care for older adults was a main research area in this section and for this research generally. When asked who bears caring responsibility for older people, the majority expressed the view that family bears most of the responsibility currently. The majority of interviewees stated a type of partnership or mix between the informal network of family with community and the State is the best model if the needs of older people are to be met.

The final section is 'Older people, Caring and Quality of Life' which addresses the adequacy of support structures made available for the care and maintenance of the quality of life of older people. When the question of whether there is adequate support for carers to support the care and quality of life needs of older people was posed, the reply was absolutely unanimous; that there is not enough support available.



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When asked whether there should be changes to the current care services for older people the reply was a resounding ‘yes’ by all the participants. Resource allocation was the main recommendation given by most. This includes more spending on building infrastructure for day care centres as well as funding for more home help hours. Financial support for family carers was a big issue coupled with the expansion of the community sector through funding of infrastructure such as more day care centre development.

Clear findings emerged from this primary research which relate to the research aim and objectives of assessing the dominant mode of care delivery for older people and how this achieves for them the best care and quality of life outcomes. These include; There are images of old age in public discourse which can have negative connotations for how they are viewed in society. Key issues for and threats to older people’s quality of life were viewed in a similar manner by all participants. There was a consensus among those interviewed that older people experience high levels of isolation, loneliness, vulnerability, fear of and worry about resources, as well as insecurity about their care needs and the lack of contact and communication with family and the wider community. The majority felt that responsibility for the care of older adults should be a partnership between the informal network of carers, community care and the state. Good care is directly linked with quality of life. The majority believed that although there are services and support available for the care of older adults in the community, this needs to be expanded and upgraded with more information and infrastructure required to successfully maintain and enhance the quality of life of older people. These included: Visits from the General Practitioner and the Public Health Nurse must be increased, especially for those older people with little or no family or those who live alone. Infrastructural development such as more day care centres and respite centres are necessary. More support in the form of training and monetary support for carers.

**Conclusion and Recommendations**

Recommendations through this research regarding old age, and the needs of older people, areas within the system which require attention have been uncovered. These include issues around infrastructure and resources, there is a need for funding to expand the infrastructure of



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primary care in the community. There is a need for more information on what is available to support the maintenance of older people in their own homes and communities. Physical infrastructure such as more day care centres and community centres are required. Linked with the issue of support for community care, more allocation of resources to public health nurses is required. The lack of public health nurse visits was highlighted as a major concern throughout the primary research. Greater allocation of resources to carers is an immediate requirement if the care and quality of life needs of older adults are going to be fully met. Policy requirements are also required: Existing policy in relation to the care of older adults should be put into action such as the recommendations from the *Care for Older People Report 2005* or the implementation of actions from the *Primary Care: a New Direction*, part of the 2001 Health Strategy. Implementation of recommendations of policy reports is slow at present and leaves older people without sufficient care support. The creation of new policy reports should be informed through user participation, that of informal and formal carers, and older people themselves, as these are the groups who know exactly what is required and what needs to change. The mainstreaming of pilot projects for community care is required in order to expand the sector effectively. Policy aimed at a more tailored approach to care provision for older people and the introduction of case management techniques is required. This issue was prominent in the fieldwork of this research. It was felt that the needs of older people differ from case to case but this isn't recognised by the current system. A national strategy for older people is required in order for older people's needs to be recognised fully by the state and society generally. This would work to raise awareness of current issues and place older adults on the political agenda.

The core themes which emerged from the literature are that there are images and theories of old age which correlate to how old age is viewed and provided for by society and the welfare state. The policy review demonstrates the existence of an 'ideal' dominant mode of care delivery which continues to be that of community care in a partnership with the state. However, little has progressed in effectively developing the theory of these policies on the ground level by mainstreaming the ideas. In closing this research established that there is a dominant mode of care delivery for older adults in Ireland. The policy conveys this as being a



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partnership model between the state and the community sector. On the ground amongst the people involved in providing care to older people this too is the model in operation. However, support for the community sector has not been developed to a substantial degree. This has negative effects on how well the care and quality of life needs of older people can be met. At present the need for infrastructural development in the community for care provision is what this research has identified as a major necessity for the wellbeing of older people and their carer's.



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