



Transitions into Supported Independence

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- Third Age – full independence
- Fourth Age – full dependence
- Those in between?



AN AGE OF SUPPORTED INDEPENDENCE

- a stage in later life characterised by frailty and increasing dependence on formal and informal care while remaining at home
- increases in dependency a positive adaptation strategy, if dependence in some areas is used to maintain independence in 'key' areas for that individual.
- the issue is not so much dependence on care, but the degree of autonomy and control over one's life



THE TRANSITION INTO THE STAGE OF SUPPORTED INDEPENDENCE

- The transition as a ritualised process—a rite of passage—albeit an uncelebrated one
- Three stages:
 - Separation: Being?
 - Liminality: Becoming?
 - Reconnection: Belonging?
- ‘a starting point of change, through a period of instability, discontinuity, confusion and distress to a new beginning or period of stability’



SEPARATION EXPERIENCES

- Assessments for eligibility for care
- Interactions in the assessment process are accompanied by feelings of confusion, anxiety and anguish:
 - ‘I wasn’t sure what was going on’,
- ‘Excruciating’
- ‘Strong resistance to accepting being in need of ... help.’



THE EXPERIENCE OF ASSESSMENT

- ‘Somebody came whilst I was in hospital and asked me what I had at home and so they bundled me up into an ambulance and took me home to see what I could do and what I couldn’t do. ... They put rails up for me and rails in the bathroom and in my bedroom beside my bed so that I could pull myself up. And they supplied me with boxes to put my chair up a bit higher. ... *I got terribly depressed, I’m sorry I just -- I can’t cry, I have no tears. And sometimes I wanted -- I felt if only I could have a damn good howl I’d feel better, but I can’t.*



THE EXPERIENCE OF ASSESSMENT

- *Who are you really? You become a set of ticks in boxes.*
- *'Bundles of expertly defined needs'*
- Together these experiences constitute a significant *'biographical disruption'*



EXPERIENCES OF LIMINALITY: SPATIAL DISRUPTIONS

- Home arrangements express identity
- New spaces are created to house ageing bodies
 - Private spaces become public, and public spaces begin to be used for private functions
- When 'home' becomes a site of service delivery, it challenges these meanings we attach to 'home'



EXPERIENCES OF LIMINALITY: TEMPORAL DISRUPTIONS

- Biographical disruption
- Time identities; daily rhythms
- Formal care introduces multiple time-scapes into the home challenging the rhythms of daily life



EXPERIENCES OF LIMINALITY: RELATIONAL DISRUPTIONS

- New relationships, new rules, new social roles and new obligations
- A social limbo
- Socially invisible



The liminal experience

- Robert Murphy (1987): the individual [becomes] alienated from his old carefully nurtured and closely guarded sense of self by a new foreign and unwelcome identity (p.109)

- How are we to respond?



RESPONSES TO THE LIMINAL

- *It is precisely when the individual begins to experience the erosion of freedom and agency that often comes with impairment and frailty that public policies should be designed to provide the resources needed to resist the loss of agency and allow the individual to exercise as much autonomy as possible under conditions of impairment*



The importance of home care practice

- Home care workers as guides through the rite of passage
- It is the qualitative components of the care relationship which allow recipients to ‘express who they are and to preserve their identities as something other than sick, declining persons’ (Stone 2005, p.283)
- This type of care relationship provides a ‘foothold’ (Sacks 1991:77)



CARE FOR/CARE OF/CARE ABOUT?

- ‘Will they really care about me, or are they just there for the work?’ (Hale,2006:186)
- ...excellent care in terms of good practical skills is less appreciated by recipients than poorer physical care from more compatible workers’ (Eustis & Fisher, 1991:283)
- The conversations which envelop the practical, physical tasks of caring that ‘give clients their lives back and make a difference – which is more important to them than say giving a bath or a meal.’ (Eustis & Fisher, p.283)



HOME CARE

- Needs to extend beyond ministering to the clinical and functional limitations
- Emphasis should be on facilitating autonomy/control
- Flexibility is a key principle - budgets and task selection should promote greater client involvement in goal setting and the development of care plans.
- There is a case to recast the care industry to enhance its ability to play a greater role in supporting individuals in these situations to achieve social valued roles and forms of social engagement - to achieve a sense of belonging



WHAT ELSE?

- Housing?
- Informal neighbourhood care?
- Parish support?
- Community?

