OCCUPATIONAL THERAPY WITH OLDER PEOPLE

INTO THE 21ST CENTURY

GAIL ANNE MOUNTAIN

Occupational Therapy With Older People into the Twenty-First Century

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Occupational Therapy With Older People into the Twenty-First Century

BY

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It has been a privilege to be able to document what I have learnt from my long career and what I hope for the future, both as an older person and as an occupational therapist.

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Chapter 1

The Realities of Later Life

My Aim

The aim of this book is to enthuse and inform occupational therapists and others working with and for older people. This area of practice is complex, challenging and demands comprehensive understanding of how ageing impacts individuals and societies. It also requires empathy from practitioners. The book will assist readers to put themselves 'in the shoes' of those who are older, foster a deep understanding and in so doing develop skilled responses to needs. I refer to occupational therapists throughout, but this should not negate the value of this knowledge and some of the described approaches for others working with older people, including researchers.

The chapters of the book are not structured by the illnesses and disabilities of later life, but by the functions and lifestyles that occupational therapists and others might enable and support in the context of the various impacts of longevity; and the resources that may be accessed to achieve this. Additionally, the reader will notice that how we can work with and support those caring for older people is largely woven into the overall content. This is deliberate; my prime aim is to describe how older people can retain their independence and well-being. This does not negate the valuable role that others can provide in assisting those who become compromised.

The policy and service context within which occupational therapists work now and are likely to work in the future is raised only towards the end of the book. One of my overarching goals to encourage occupational therapists to remain true to their professional beliefs and knowledge as far as possible, irrespective of the many external factors. Examples include the whims of policy-led service developments, the short-term gains of generic working which can sometimes set aside professional expertise, implementation of non-evidence-based guidelines and adverse workplace culture. All these factors can create a need for external recognition, particularly by junior and isolated therapists and drive individuals to undertake roles that are not within our professional remit, thereby negating the fundamental importance of occupation for health.

There is a concerning tendency to reinvent the wheel rather than learning from the substantial body of existing evidence and knowledge about ageing. I have attempted to set the record straight by referencing the best research and knowledge relevant to occupational therapy generated over past decades as well as using

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the best contemporary work. The extent of what I have tried to cover is extensive which means that some important aspects could only be outlined. I have tried to redress this by consistently referring to other evidence, so that the reader can access it to provide more detail.

The centrality of the views of older people is crucial. In Mountain (2004) I used the anonymised narratives of older people who had participated in my research studies to personalise the content and highlight the issues of most importance to them. For this book I am using my own narratives and those of my contemporaries (anonymised and with permission), as well as the anonymised accounts from participants recruited to studies conducted in the latter years of my career. Each chapter concludes with implications for occupational therapy and pointers for practice.

This first chapter sets the scene, raising some of the many issues for us as we age, as members of societies and as individuals.

Societal Perceptions and Influences

Is ageism the last form of discrimination to remain unchallenged by society? When switching on the TV or radio news you will frequently hear the term 'the elderly'. But to whom does it refer? What images come to your mind? Research into portrayals of older people in the media revealed that two-thirds of the news stories they analysed portrayed older people in a negative way, painting a picture of older people as being in ill-health, being victims, or being a burden on society (Centre for Ageing Better blog, 2023). Even positive stories often referred to negative attitudes, usually to emphasise a positive theme but none the less reinforcing negative stereotypes.

Does 'the elderly' mean everyone who is retired from working life? This is problematic as statutory retirement age is a thing of the past and indeed in some countries it has never existed. Many people in later life continue to make a significant contribution to society in both paid and voluntary capacities. Does it mean everyone over a certain age such as 65 years? This is also problematic as many populations across the globe are experiencing extended longevity due to improved public health. Given that the numbers of people reaching 100 years old is increasing year on year, being elderly can therefore span several decades.

Does the term only refer to those in society who have the illnesses and/or disabilities associated with later life? If so, what are the defining health features of being elderly? Policies heavily promote the notion of healthy ageing, but almost everyone will become physically compromised over time. Nevertheless, we can continue to live a fulfilling life as we age. Perhaps being elderly reflects a person's physical presentation, but we all know how unreliable such judgements can be. Or by the elderly do we just mean those who have marked cognitive decline and/or dementia? These discriminatory attitudes have been noted elsewhere; guidelines for media reporting by the UK Centre for Ageing Better and the Welsh commissioner for older People published on the Centre for Ageing Website blog (2023) reject use of the term elderly, as well as old people and old age pensioner.

This is now echoed in guidance to journalists provided by the Independent Press Standards Organisation, but it is not being necessarily adhered to as yet.

Policy makers and journalists can perpetuate concerns about older people being the root cause of crises in service delivery and a burden upon society. It is true that when we need expensive residential or community care or unpaid assistance from others, the financial and emotional costs of later life really do accelerate, for the individual older person, for families and for the State. So perhaps it is when we are no longer able to live independently that we become 'the elderly'.

At the time of writing this book I am 68 years old, just retired from my paid work and professional registration as an occupational therapist but continuing to make an academic contribution. I am now officially an old person, and so the topic has by necessity, become personal. As I have become older, I have found myself becoming sensitised to the terms discussed above as they may be applied to me, serving to diminish my assets and personhood. Also do not know what purpose they serve, apart from triggering a series of prescribed responses on the part of others.

In common with many other people of my generation I have more than one health condition which I manage successfully for now, retaining an active lifestyle. What am I to you, the reader? If you encountered me when attending appointments at health care settings, you might label me as elderly. If you met me in other situations, you might call me Professor.

Is ageing socially constructed? In Mountain (2004) I noted how society continues to have polarised and often conflicting views of older people and this has not significantly changed over time. The negative stereotypes that used to be associated with ageing are now being challenged; that is until a person is deemed to be elderly. Overt stigmatisation of ageing in the society where I live seems to have decreased, to be replaced with the more subtle denial of age. We endorse and celebrate the achievements of certain older people. At the time of writing the current president of the United States is in his ninth decade. The Queen of the United Kingdom died in 2022 while still in service at the age of 96, with her vulnerability being largely refuted and treated with surprise until after her death. Ageing pop stars continue to headline at festivals and male newscasters over 65 years are commonplace. However, it has also been noted that women in the media face a 'double jeopardy' of sexism and ageism. There are far fewer older women presenters on TV than men.

Twigg (2018) conducted an interesting exploration of lifestyle magazines aimed at older women, identifying that the images within them are trying to be more reflective of mainstream lifestyle, but this also means that older women are being encouraged to try to maintain a youthful appearance and outlook rather than accepting being old (which has been termed growing old gracefully). Thus, the holy grail of retaining youthful looks despite the inevitable physical consequences of age predominates, particularly for women in the public eye; irrespective of how this is achieved. For most of us, this makes our own ageing process challenging; how can we possibly match up to the physical appearance and achievements of

those who receive such plaudits and have the resources to maintain external appearance?

On a positive note, there is increasing reference to people with dementia in the UK media, both in popular soap operas and in reports of daily life, including portrayals of people continuing to fully participate in life. Increasingly older people themselves including those with dementia are beginning to redress societal perceptions by providing their own life accounts through social media. This is very positive. However, stigma and poor provision can still predominate when people need health and social care and have problems advocating for themselves.

Some Statistics About Our Ageing Populations

As well as observing how older people are portrayed and viewed by societies, it is important to understand the facts about ageing and appreciate how statistics can be presented and interpreted in different ways. Versions of the facts are frequently reiterated by the media, particularly when the focus of a report is concerned with how health and social care services are being compromised, though there has been some recent moderation of this following the COVID-19 pandemic.

Policy-led interpretations of when later life commences vary; some documents state that older age begins as early as 50 years. Therefore, later life can span 40 or even 50 years. It remains the longest period of the normal human lifespan in the twenty-first century. Therefore, the period defined as later life will involve substantial change for the individual, for their environment, their society and across the world.

The demographics of our ageing population as we move forwards in the twenty-first century is described in many documents, for example, by international policy influencing bodies such as the World Health Organization (WHO), Age International and the United Nations Population Fund & HelpAge International, as well as from national agencies such as the UK Health Foundation and the UK Centre for Ageing Better. We know that the global population will age significantly during the twenty-first century due to population ageing combined with lowered fertility rates. In their fact sheet about ageing, the WHO identified that the proportion of the world's population aged 60 years and over will nearly double from 12% to 22% between 2015 and 2050. Interestingly they also identify that in 2050, 80% of older people will be living in low and middle-income countries. The pace of population ageing is occurring at the fastest rate in developing countries across the globe (Guzmán et al., 2012). The European commission (2017) predict a doubling of people aged 80 and over across Europe between 2016 and 2050.

At the level of individual countries, the facts are more nuanced. Globally, Japan currently has the greatest numbers of people aged 65 years and over (28%), followed by Italy (23%) and then Finland, Portugal and Greece all at just under 22% (Population Reference Bureau, 2022). Life expectancy increased dramatically in the United States and United Kingdom over the last century, but this is now beginning to decline in the United States and level off in the United

Kingdom with the reasons for this being contested (Raleigh, 2022). In the United Kingdom life expectancy is now lower than that of similar developed countries apart from the United States. Despite this, the proportion of people aged 65 years and over in the United Kingdom is predicted to increase by almost a third from 2022 to 2042 (Centre for Ageing Better, State of Ageing, 2022).

The social and economic implications of our longer lifespans are significant at all stages of life. For example, more people will be required to provide treatment, rehabilitation and care to their older citizens.

Japan: A Case Study of the Reasons for Increased Longevity

Life expectancy and longevity are not the same. Life expectancy is the average number of years that a population is expected to survive, whereas longevity is used to describe the lifespan of individuals as well as the maximum numbers of years that a population might survive. An examination of what has occurred in countries where the population is significantly aged sheds understanding upon why we are living longer. The life expectancy of the Japanese is due to a small number of interrelated factors which have resulted in improved average population health and lowered health inequalities (Ikeda et al., 2011). From the 1950s onwards public health strategies in Japan included educational opportunities for all and financial access to care. This led to a reduction in both communicable and non-communicable diseases. Additionally, the use of advanced medical technologies to proactively detect and treat a disease was promoted through a universal insurance scheme. The trend in Japan towards increasing longevity, alongside decreasing birth rates, was identified early. The Japanese government responded in the year 2000 by introducing mandatory life insurance is to help people retain independence in the extended lifespan and support families to provide the necessary care (Tamiya et al., 2011). This was in the context of care being traditionally provided by families. However, stories coming out of Japan suggest that despite services such as home care being funded through mandatory insurance, families and services are beginning to buckle. Ikeda et al. (2011) conclude that health challenges of this ageing population cannot be entirely met by the strategies that have been employed to date. This is concerning for policy makers and implementers; if a well-prepared country is experiencing such issues, what about those that are less prepared?

Longevity – Cause for Celebration?

There is no doubt that our extended lifespan is a wonderful achievement, but we remain confused regarding whether to celebrate or worry about our ageing demographics. Analysis published in 2012 (Guzmán et al., 2012) identified the potential benefits of the extended lifespan, as well as the implications and subsequent need for change. The following examples are illustrative of the many issues that can lead to plaudits or alternatively concerns.

The Grey Pound

This is a common expression, used to describe the purchasing power of older people and in particular the so-called baby boomers born after the Second World War. This purchasing power continues to be underestimated and ignored (Centre for Ageing Better, 2021a). 'Aged economies' is an alternative term describing the same phenomenon. In 2010 there were 23 such economies globally (22 in Europe as well as Japan) where the purchasing power of people aged 65 years and over exceeded that of those under 19 years old. Guzmán et al. (2012) comment upon the recent emergence of these aged economies and the need to track their impact. However, it has been observed that for many reasons older people tend to spend less than other sectors of society (Brancati & Sinclair, 2016). One proposed way of encouraging the unlocked spending power is to make the environment more age friendly, so that people are encouraged to engage in activities such as eating out, going to the theatre and cinema and shopping (age-friendly environments are discussed further in Chapter 2).

A further dynamic affecting the grey pound is the sharing of finances within families, for example, to support adult children.

Cessation of Working Life or Extending Working Life

Across the world, skills shortages due to retirement and decreasing numbers of working age adults are beginning to be experienced by all industries. The United Kingdom could have a skills shortage of 2.6 million workers by 2030 if current trends continue. This is twice the existing workforce of the UK National Health Service. The old age dependency ratio is the number of people who have reached the state pension age and divided by the number of working age (16–64 years) adults, thereby providing an estimate of the proportion of older people relative to those who pay for them. It has been pointed out that this is a blunt instrument in that it ignores the numbers of people living a healthy old age and actively contributing. It also sets aside the purchasing power of older people (Spijker & MacInnes, 2013). Nevertheless, the reality is that the UK pension system and others across the globe are becoming compromised as people are living longer in retirement than in previous generations.

It should be noted that only one third of the world's countries provide pensions, and even then, access may not be universal (Guzmán et al., 2012). In the United Kingdom the age at which an individual can obtain state support based on age is gradually increasing, with this shift also occurring in other countries. However, in some counties and cultures, and particularly those without state pensions and where farming is the main work, cessation of working life does not occur at any one age, people just continue to work for as long as they are physically able to, leading to a different set of challenges.

The extended lifespan combined with the costs of pensions for individuals and for economies has led to a global focus upon how to support and extend working life. Evidence confirms that the health benefits of extending working life vary depending upon job role; for example, people in highly demanding jobs or those

with low rewards may experience adverse health impacts if they continue (Baxter et al., 2021). This can lead to health inequalities between those able to make a positive decision to continue working and those that are obliged to continue for financial reasons. The UK Trade Union Congress (2021) recognised the adverse impact of COVID-19 upon older workers which included being more likely to be furloughed or lose their job. There is a lack of interventions to support older workers beyond the usual retirement age. Nevertheless, a substantial number of UK living older people are choosing to continue to contribute in a paid or unpaid capacity. According to the UK Cabinet Office survey of volunteering (2021) 70% of people aged 60–69, and about 50% of people aged 70 and above were either working or engaged in volunteering, community activities and hobbies. New initiatives are being introduced to enable people to start a new career or project in later life. Also, 70% of UK companies have now extended their retirement age, which has led to more older people in the workplace during the past decade.

Just as emerging technologies continually reshape not just the types of jobs we do, but how we do them, demographic change will continually impact upon our ways of working. We must continue to innovate in this area. Attracting and retaining older workers can require workplace adjustments and task redesign in some instances. The COVID-19 pandemic demonstrated how we can successfully use technology to work remotely from the office, changing work life for many of us forever. In 2022 the UK office for National Statistics predicted that the trend towards home working would retain older workers for longer. By comparison, the benefits for younger people are lesser due to the isolation that home working can create.

Older People as Carers

In many families across the globe older people act as carers within families, looking after children, so that parents can work, with women most likely to be fulfilling this role. Women in mid-life with work and family responsibilities can often be looking after older relatives. Spousal caring is also common, particularly in later life.

Carers are valuable to economies. Their contribution provides support to others which may otherwise have to be found and paid for by the State. A press release by Age UK in 2017 stated that people aged 65 and over living in the United Kingdom are providing excessive amounts of care due to the inadequacy of the care system. Moreover, many those providing care are aged 80 and over. Some people do not recognise that they are acting as carers and therefore do not avail themselves of the support that might be available such as carer assessments.

Healthy Ageing or Global Burden

Despite the benefits of living longer, the financial implications and specifically the staggering costs of health and social care for those who need it is a major reason for the politicisation of ageing. While public health is prolonging lifespan,

unfortunately the period spent in good health, is not increasing at the same rate. We are living longer but not healthier. Global burden involves quantifying the population level gaps between living to old age in good health and life that is shortened and/or compromised by illness, injury, disability, and premature death. Prince et al. (2015) identified that 'the worldwide epidemic of chronic diseases' is largely attributed to population ageing, with 23% of the overall burden of chronic disease being in people aged 60 years and over. However, the many opportunities for primary, secondary, and tertiary prevention and treatment of conditions where the burden is often disability rather than risk to life (for example, dementia, stroke, chronic obstructive pulmonary disease and vision impairment) was also noted.

Healthy ageing, including physical and psychological health is the holy grail of health promotion strategies for the older population. It is of crucial importance going forwards, which is why a chapter of this book is dedicated to health promotion and the contributions of occupational therapy.

In their fact sheet about ageing the World Health Organization (2022a) note that *All countries face major challenges to ensure that their health and social systems are ready to make the most of this demographic shift.*

The United Nations decade of healthy ageing (2021–2030) (WHO, 2020a) is a clear signal of the importance of the demographic shift for governments and for nations. The associated action plan is built on the premise that 'good health adds life to years', promoting the notion of healthy life years. However, how many of us were aware of the WHO ambitious action plan? Is it making a difference at policy and community levels?

In common with the rest of society, the older generation is being encouraged to maintain health, fitness, and a healthy weight. However, this has not always been the universal understanding. In the recent past in western populations, a sedentary post retirement lifestyle was perceived to be normal and acceptable. As described by King (2001), factors influencing take up of physical activity by older adults include the knowledge and attitudes of the individual including confidence in one's own abilities; the population we belong to, and medical concerns including fear of injury. There are a range of potential barriers concerned with the location of opportunities for exercise such as classes and the nature of the exercise on offer. The relevance of the population we belong to is demonstrated in Asian countries where it is normal for older people to engage in exercise together. On visits to China and Hong Kong I have been struck by the vision of groups of older people engaged in group exercise such as Tai Chi and dancing. This is, of course, fostered by a climate which encourages outdoor activities.

The Oldest Old: When Healthy Ageing Strategies Might Be Redundant

Who are the oldest old? When we become very old is in question; is it 75 years or 80 years? The number of people aged over 80 years is the most rapidly growing group of older people, and the number of centenarians is growing at an even more rapid pace (Guzmán et al., 2012). It is projected that there will be half a million