Silver Empowerment

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Silver Empowerment: Fostering Strengths and Connections for an Age-Friendly Society.

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Empowerment is the overarching perspective of this book. On the one hand, this paradigm challenges the stereotypical image that older people are, by definition, vulnerable and fragile; on the other hand, there is ample recognition of vulnerability and the need for care. Therefore, we do not go along with a discourse of successful ageing versus non-successful ageing in which older people who need less care are considered more successful than those who need more care. Silver Empowerment aims to include older people and give them a clear voice and say in their care process and in policy, and it simultaneously addresses existing structures that disempower older persons. Silver Empowerment appeals to the strengths and competences of older persons but does not imply a call for further individualisation and self-responsibility whereby the cost of care has to be kept as low as possible and every citizen has to maximise their economic return. It avoids one-sidedly blaming the victim or the system, and it instead emphasises a shared responsibility for exclusion, whereby individuals, organisations and the system all have agency to counteract exclusion within certain boundaries. For this, connections to others and to society, based on relationships of trust, are of the utmost importance.

Every older person deserves to age in dignity and with a high quality of life. Unfortunately, the way the care and support system for older persons is structured insufficiently values their strengths and respects their dignity. It is crucial to take on a person-centered, inclusive and holistic approach with regard to the care and support system for older persons, and in regard to their lives in general. In large-scale institutions, things are, for example, too often done for older persons instead of with or by them. Further, the dominant negative image of ageing also reinforces ageism, discrimination based on old age. For a long time, psychological support in Belgium was, for example, reimbursed for all age groups except for older persons, although many older persons would also benefit from such support. This example demonstrates that
society and policymakers too often interpret older persons as unproductive and passive, and they focus too much on the medical side of the story and forget to sufficiently consider psychosocial needs.

Empowerment concurs with various current ubiquitous policy ideas such as deinstitutionalisation, person-centered care, ageing in place, caring neighbourhoods and active ageing. However, in contrast to some of these concepts, empowerment specifically emphasises the importance of having sufficient attention for social inequality, vulnerability and disadvantage and not imposing a singular ideal of how older people should live (e.g. ‘active’). Rather, empowerment focuses on expanding meaningful choices through which older people can gain more mastery over their own lives. This framework emphasises the importance of participation, reciprocity in relations and inclusiveness, and it can be used to guide a wide variety of empowering interventions on the individual, relational and structural levels. The lifeworld of community-dwelling older persons who are confronted with age-related adversities (e.g. health and mobility limitations, decreased social networks) increasingly revolves around their own home and neighbourhood. In this respect, empowerment stresses the importance to adapt individual and environmental characteristics to their individual needs, so that they can fully participate in society, sustain a satisfying social network and safeguard their quality of life. Indeed, the place where older persons live matters and can hinder or stimulate their mobility, participation and general well-being. It is, for example, important to provide sufficient psychological support (to learn to accept vulnerabilities that cannot be overcome) and to take away the structural barriers that impede older persons to participate, for example, by adjusting pavements and public transportation so that they are wheelchair friendly or by providing accessible and affordable individual transportation for older persons who are unable to use public transportation. Further, it is equally crucial to provide sufficient meeting places, green spaces, local shops and public services in the local neighbourhood or, in some cases, to stimulate ‘moving in time’ in order to age in place.

Further, this book shows that loneliness is one of the most important indicators for well-being and that it is accompanied by enormous economic and opportunity costs for individuals, families and society in general (e.g. related to health and care expenditure). Therefore, this subject merits necessary attention from policymakers, social organisations, individuals and society in large. However, although loneliness is a complex phenomenon that needs a wide range of interventions on the micro, meso and macro levels, often an all-encompassing vision is lacking, and too little emphasis is in particular placed on preventive measures. In this respect, empowerment is useful to
improve loneliness interventions because it starts from a strengths-based perspective that focuses on resilience, strengths and connections. This is especially important for older persons who are too often unjustly considered to be vulnerable and fragile, which negatively affects their possibilities to create and maintain social relations. Based on the empowering principles (i.e. strength and connection, integral perspective, positive stance, participation and inclusiveness), loneliness interventions can be developed that reinforce the strengths and connections of older persons: health promotion, stimulating general resilience, reimbursing psychological support, taking away structural and financial barriers to participation, stimulating ‘the power of giving’ and ‘moving in time’.

The empowerment framework is also useful to guide ‘caring neighbourhood’ initiatives, since the place where people live matters in old age and can both stimulate empowerment and disempowerment. In this respect, the inclusive view behind neighbourhood-oriented care implies that caring neighbourhoods should not start from a deficit view but rather seek transversality and mutual support in the community by focusing on the strengths and connections of people. Such a strengths-based approach not only counteracts ageism, but it also stimulates social cohesion and weaknesses in a neighbourhood. Moreover, empowerment considers the vulnerabilities of individuals and neighbourhoods (e.g. limits to mutual support by neighbours, not all neighbourhoods are good places to age well), which is crucial to avoid reinforcing existing inequalities or establishing new ones with those ‘caring neighbourhood’ initiatives. Further, with respect to the triadic care between client, professional and informal caregiver, professionals can use empowering principles to create enabling conditions that enhance collaboration and mutual support. Indeed, stable connections between this care triad that are based on trust are prerequisites for a positive outcome. For this, policy should be directed at supporting and empowering informal caregivers and consider them as co-experts ‘with their own specific needs’. Hereby, it is again important to take some pitfalls into account. Such initiatives could reinforce inequalities or establish new ones because both neighbourly support and citizen initiatives are often reserved for those who are better off, and vulnerable citizens often have more difficulties appealing to informal care networks. Also, policymakers and professionals should not take over these bottom-up, informal initiatives but rather respect their informal, often organic nature (which is often their actual power) by acting on the basis of equity as an empowering method of action.

Further, participatory action research with older persons can both lead to empowerment and disempowerment. Therefore, it is crucial to reflect on
normative and ethically challenging situations and to consider the specific situation of the older person (experiences, desires, capacities) to avoid disempowerment. For this, one has to develop oneself as a reflexive practitioner and consider individual emotions and hardships when collaboratively working out the right course of action. By creating enabling conditions during such research, more instrumental and proportional knowledge can be co-created, which is empowering for all actors involved. Similarly, in academic collaborative centres where scientific knowledge and societal impact is co-created by older persons, professionals and researchers, it is crucial to give voice to older persons and professionals and involve both actors in an equitable way during this process as empowering methods of action.

Silver Empowerment is based on five core principles: strengthening in and through connecting, an integral perspective, a positive stance, participation and inclusiveness. These principles form a useful guide to develop, implement, evaluate and improve the care and support system for older persons – be it in policy, practice or research. Therefore, it is not just another rhetoric but, on the contrary, it requires a different way of thinking and acting and a different design for care and policy. Not only words but also actions are needed to put Silver Empowerment into practice. Let us start together to deal with this challenge and strive for a warm, inclusive and age-friendly society.