Intentional Safeguards For Older People

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Why Are Intentional Safeguards Needed?

It should not be assumed that older people are essentially equivalent to each other as this classification of "advanced age" is woefully vague as to what it precisely means. Notwithstanding this caveat, people in the aged category may be beset by any number of vulnerabilities normatively affecting all people of all ages, as well as many that are specifically "age-linked" even if not caused by age itself. For instance, age is no insulation from the workings of the general economy, and older people whose income is fixed, may find themselves quite disproportionately vulnerable to phenomena such as inflation that can substantially erode capital.

Additionally, elderly people may face a veritable onslaught of vulnerabilities as they age that, if cumulative in nature, may combine with damaging impacts on their well-being and overall best interests. This is most obvious with people with seemingly catastrophic and life changing illnesses, or with the significant degrees of physical, functional and psychological impairments that may come to some people with age. It also can be seen, even with the relatively healthy aged, in their greater risks of social isolation, segregation from community, increased encounters with stigmatising role perceptions and treatment, decline in social status, comparative poverty and increased frequency of aged abuse in our modern society. This elevated vulnerability, or "at risk" status, is often recognized by governments and other bodies as is seen in their specific development of intentional safeguards designed to counter these risks. Older people are, in the general societal sense, "at risk" even if some older individuals may elude many of these dangers.

One strategy to cope with these dangers, however remote they may seem to some older people, is to simply rely on good fortune, and hope that such a positive outlook will be enough to provide a defence against these vulnerabilities. The danger with this approach is, of course, that it will work perfectly as long as one is invulnerable. For

obvious reasons, more sensible and prudent people recognize that having intentional safeguards in place in advance of these eventualities significantly improves the likelihood of offsetting the risks and minimizing the consequences of dangers that cannot be escaped.

Fortunately, it has been quite normal for eons for countless ordinary people to anticipate difficult developments and to plan and prepare safeguards in anticipation of their onset. Even in simple sayings like "saving our pennies for a rainy day", we see the deeper recognition and wisdom in people accepting their vulnerabilities as real, and "managing" them as adaptively as is possible. It is quite feasible to see much of old age as something that can be properly planned for, as well as intentionally and usefully safeguarded even at a time when such preventive activities have been neglected until rather late. In reality, all human beings are vulnerable. Nevertheless, some may be proportionately more vulnerable than others and this recognition gives a greater urgency to the question of intentional safeguarding.

What Is Meant By The Term "Intentional Safeguards"?

This term refers to those measures introduced into the situation of a person or group that serves to strengthen existing "in situ" or indigenous safeguards, create new ones that are needed or to renew or redevelop these as may be helpful to preserve and protect something of value. Such *intentional* safeguards need to be distinguished from what might be thought of as safeguards that exist without any specific intention that they exist. Such "accidental" safeguards may be quite potent and useful such as can be seen in the presence of a very dependent elderly person in a valued social role in their extended family. Nonetheless, this is not a case of the specific deliberative creation of such a safeguard that might be consistent with the term "intentional". Naturally, intentional safeguards have the advantage of being under our conscious control and thus can be developed advantageously and with thoughtful design.

Formal Versus Informal Safeguards

Many people accustomed to the presence of the modern bureaucratic human service systems of the affluent societies often assume that intentional safeguards are something to be exclusively developed by such bodies. This is often in line with the assumption that there is, and ought to be, a formal human service for every conceivable human need. There are many difficulties with this much too narrow concept of intentional safeguards. The most worrisome of these would be the failure to recognize that the vast majority of vulnerable elderly people find their safeguarding strategies largely within everyday life and from non-organizational and non-professional sources i.e. informal safeguards. For instance, residential care affects only a very small minority of older people as most older people will live out their entire aged years within the community.

Informal safeguards can co-exist, of course, with formal safeguards, and so it can be expected that for many vulnerable elderly people a "unique-to-the-person" blend of informal and formal safeguards may arise or be deliberately constructed as they are

needed. In regards to informal or "naturalistic" safeguards many elderly people may be rendered less vulnerable by many safeguards that come from community and familial sources rather than service agencies. For instance, friends, family, neighbours, voluntary associations, grass roots groups and alliances, self-help initiatives, religious groups and so forth may all be feasible" informal" sources of useful intentional safeguards *but only if their potential safeguarding role is properly appreciated and nurtured*.

It may actually surprise many people to appreciate that "informal" sources can be consciously developed as a potent safeguard for even extremely vulnerable and devalued older people. It may come as an even greater surprise to learn that formal safeguards such as guardians, protective service workers, case managers, quality assurance mechanisms, and even legal rights for the old, may be far less potent in practice than having one good friend or family member to monitor a vulnerable person's situation and act as a determined advocate for them. Further, greater contact with formal services, agencies, and the system within which these are embedded, may actually heighten the vulnerability of many elderly people to various types of harm much in the same way that "iatrogenic" dysfunctions embedded in the mainstream medical system harms patients.

Some Examples Of The More Overarching Strategies For The Intentional Safeguarding Of Vulnerable Persons

- **Cultivate A Greater Appreciation Of The Vulnerabilities That May Be Present**

It is impossible to intentionally safeguard oneself or other people if no effort is taken to better understand what are the vulnerabilities that are present. These may arise from quite different sources such as the vulnerabilities brought about by who one is, how one behaves and other matters related to one's personal circumstances. These are internal to one's life as compared with vulnerabilities that principally arise from forces or conditions outside one's life, as in the case of race and ethnicity, the economy, social attitudes, the character of one's neighbourhood or even government policies that deprive poor elderly persons. Naturally, there may well be a denial of the existence of vulnerabilities due to the self-image of society as well as the aged themselves as can be seen in the denial and cover-up of appalling forms of elder abuse even by its victims. Such realities offend and threaten our illusions about ourselves and may therefore be prime targets for repression and denial.

- **Develop A Sense Of Priority And Hierarchy Of Needs And Vulnerability**

It is commonsense that not all vulnerabilities are either immediate worries or of equal weight. Hence, some manner of priority and focus needs to be developed so that vulnerabilities or dangers that are most fundamental, urgent and threatening receive the greatest energy and attention. For instance, while one's health is fine, but one's financial circumstances are dire it may be important to focus on safeguarding this latter part of one's life as being the more urgent of the two at the time. Were this person's pattern of

life to change suddenly, or to develop in a way that permitted some advance preparation, it would make sense to gradually revise one's priorities for safeguarding accordingly. For instance, it may be possible to anticipate the onset of dementia and prepare for its management while the person is still capable of being involved in the planning and preparations involved in intentionally safeguarding their best interests and wishes.

It would seem self-evident that the energy and resources available for safeguarding activities is not infinite, and it must compete with other good things for priority. Consequently, it is not always possible, or even desirable, for energy to be given over to safeguarding minor concerns when this competes for the needed energy to attend to more gravely crucial matters. For this reason it is prudent to establish some means, however informal or otherwise, that achieves the desired result of the weighing and resolving of priorities and the making of the subsequent commitments that come with them. For instance, in the case of an aged individual with a degenerative disorder there would naturally be a tendency to let safeguarding energies be drawn to the complicated care and support arrangements that such a disabling condition may entail. However, the achieving of this care may actually serve to dampen attention on the other things in life that have brought the individual purpose, pleasure and life-interest. What is the good of obtaining adequate care and support if it comes a t a loss of all that livens one's life. Hence, a balancing of priorities underlies the safeguarding function, since both support and life enrichment have their place and need to be adaptively reconciled.

- **Identify The Values And Principles That Ought To Guide The Making Of Safeguarding Decisions**

It is common enough that in the interests of protecting and supporting people that those undertaking this role stray into decisions that result in their values usurping the values and preferences of the person affected. It is also possible that in the solving of one problem, other problems are created unintentionally. These and other normative dilemmas constantly arise in the process of resolving safeguarding issues, and are not at all restricted solely to those undertaking safeguarding on behalf of or with vulnerable people. Such questions of values are invariably at the heart of any "well-being"/"best interests" question and are as intensely problematic for the vulnerable person to make as anybody else.

Values and principles are rarely self-evident, even when they appear in written form, as they always need interpretation and application to specific instances, and this requires the constant action of human judgement. Human judgement, for its part, is always fallible and influenced by factors that often remain largely unconscious and inexplicit. Values, assumptions and beliefs

often masquerade as being "self-evident", or as "givens" when, in reality, they are usually far more problematic and contestable than is recognized. There is no panacea to the potential fallibility of human judgement, but there are certainly advantages to be had by

establishing as consciously, and explicitly as may be possible, what are the values and principles that will serve as "bottom lines" in the taking of safeguarding decisions. This all the more crucial when the party affected has helped define these.

As a note of caution, it should never be too readily assumed that the people involved in a vulnerable person's life share the same worldviews and assumptions, as the pressure of action and events often reveals deep rifts. For instance, in one family their may be family members who feel that it is their almost sacred duty to ensure that the vulnerable person receives "good and professional" care in a residential setting such as a nursing home. At the same time, other family members may be horrified at the prospect of having to institutionalize their family member. When such hugely disparate views of the place of residential institutions exist, it should come as no surprise that what exactly is being safeguarded begins to get muddied. To make matters worse, the vulnerable person may be unsure or ambivalent themselves thereby complicating matters even further. This is even more reason to create a process whereby the values that guide decisions be discussed as thoroughly and as civilly as possible preferably before events pressurize people into decision.

- **Identify Who Has The Authority To Make Safeguarding Decisions**

It is not uncommon that people are reluctant to interfere in the affairs of others, and many people quite naturally dislike it when people do intrude. Often the vulnerable person has resisted prior attempts to include others in their affairs and thus may leave many key matters undecided when desperate circumstances suddenly materialize and require prompt decision-making. The obvious case may be in regard to a health emergency, particularly when the person may be temporarily incompetent or of unknown competency. There are certainly many formal public processes that can be brought to bear in such instances, though they tend to be quite burdensome to initiate, slow to act and unknown as to the degree to which they will act with the person's best interests.

This question of safeguarding decision-maker status is certainly best resolved before the onset of a crisis in which such persons might be expected to play a key role. This may be particularly true in the case where people have no identifiable next of kin to act on their behalf or where the individual has expressly forbidden family involvement but has not specified any alternative. It is best not to think of this only in the legal "power of attorney" sense but also

more broadly in the spokesperson role for the persons overall "well-being", given that so much of what people need in life is not a legal but values matter.

It is also useful to explore ideas such as partial authority being assigned by the vulnerable person, or by their legally recognized substitute decision-makers, to some explicitly identified people for specifically circumscribed matters. For instance, Anne has authority to manage my farm, Robert has authority to oversee my investments, Marie has

authority on all health matters and my friend Jacques can act as my personal advocate. In this sense, we can se that safeguarding can be both a collective and legitimate undertaking with all parties agreeing to some overarching values and principles. When such arrangements are not present, or are in dispute as to their legitimacy, then there probably is no other option available other than resorting to the public and formal safeguarding machinery if it exists and is responsive.

- **Identify And Strengthen Existing Safeguards As May Be Helpful**

It would not be particularly advantageous to automatically presume that all vulnerable people are without at least some safeguards in place as many of these may be hidden from view, not properly appreciated, insufficiently legitimised and supported, latent and underdeveloped or simply inactive because they have not been called upon. Taking a systematic inventory of what these may be will help further their more effective use, point out areas in which no safeguards exist and help create a sense of what balance of safeguard would be most adaptive. Since many safeguards are informal in nature the seekers of these may need to have a keen eye for how "naturalistic" safeguards operate and how to mobilize them. People with a much too professionalized, technocratic, or even narrowly legalistic view of the world may miss a great deal of what can be enlisted to support and safeguard people.

- **Identify Areas Of Vulnerability Where Insufficient Safeguards Currently Exist**

Invariably, when a systematic stocktaking of vulnerabilities is undertaken, vulnerabilities are either discovered or confirmed for which not much of substance stands in place to offset the vulnerability. It is at junctures like this that the full imagination, resourcefulness and analytical abilities of the safeguarding persons is most crucial as this instance affords both an opportunity to craft needed safeguards and to rigorously evaluate the potency, dependability and relevance of whatever safeguards may exist in conjunction with what remains to be done. For instance, a given person may well have their usual life circumstances properly safeguarded, but has not thought a great deal about what might occur should an accident or unexpected injury occur that would make them dependent on strangers coming into their home. Equally, another person may have never given thought to how their present habits of not keeping their personal papers in order, may leave them unable to defend their interests should these papers become a central means to address problems. In both cases new safeguards might well be needed.

- **Targeting Safeguards On A Person-By-Person Basis**

It needs to be recognized that we live in a world where all manner of standardised solutions are offered as "across the board" remedies for what ails people. This phenomenon is quite acute in bureaucratic regimes where formulaic thinking takes precedence over more thoughtful and flexible deliberation and practice. Under such conditions, particularly where the vulnerable person has become subject to the authority of professionals and agencies, there may well be pressures to enforce "across the board"

safeguards on people whether they need these or not, simply to deal with the agency's generalized sense of liability, the extremes of family insecurity, habitual practice, or even the requirements of the funding bodies.

As in all other matters of service design and practice, the individual loses when group thinking trumps discrimination of issues on a person-by-person basis. Safeguards ought to be able to vary according to what people actually need rather than simply arise from some indeterminate calculation of lowest common denominator needs. It would be common in some services that if one individual were to "wander", then all people in the service may be forced to live under supervisory restraints designed originally for this person. A person that has difficulty with choking may not be an average client of a service, but the choking may nonetheless need scrupulous attention, given that it can be life threatening. In this sense, the logic of letting individual needs take precedence over group needs becomes apparent and compelling.

- **Recognizing The Potential Developmental And Remedial Dimensions Of Safeguarding In Addition To Solely Preventive Safeguards**

It is understandable that when people think of safeguarding that their minds are inevitably drawn to the preventive and protective dimensions of safeguarding given that these are normally quite important. Nevertheless, the desire to prevent and protect may well obscure the other needs of people including the needs for them to remedy harmful things once they have taken place and to have in place the means to develop in their lives. Even with good safeguards it would be sensible to recognize that sometimes damaging things do still happen, and there will be a need for safeguards that help to undo the causes for the misfortune. For instance, if a frail elderly person is dropped by an inept or neglectful support person and is injured, there will be a need for safeguards to be put in place that correct this lack.

Both preventive and remedial safeguards are, at least in some important ways, necessarily oriented to recognizing and offsetting various potential negative developments for the person. At he same time, what many vulnerable people may also need is to have the good in their life strengthened and enriched, rather than simply to have bad things prevented. To do this one needs to put in place strategies that add value to people's lives, not just keep them safe. While safety and security do have their place as a value, they are by no means the only values when the otherwise "safe" person has no social life, limited life interests they can pursue, subject to onerous and invasive scrutiny and other hazards that may be just as undesirable as a life without safety. Developmental safeguards may well need to be as strong as preventive safeguards in supporting other crucial aspects of what makes a life worth living. Sadly for many people, they must have their lives die in order for others to be assured they are safe.

- **Develop A "Safeguarding Mentality"**

In the normal course of things it is not systems, methods or technologies that actually "think" and make wise decisions but rather the people who oversee these. When people become enslaved to method, then the proper order of dominion is replaced at considerable cost to human beings who become subjugated to something that they were supposed to guide. The mere presence of safeguards in a situation may actually serve to reassure and delude people into thinking that matters are well in hand. However, when it comes to actually being attentive to the vulnerabilities and perils that may lurk in an otherwise benign situation there is no replacement for human attention and alertness. Nevertheless, such alertness and vigilance should not be taken for granted, as it is quite perishable.

A preferred strategy of intentional safeguarding would be one where vigilance about the person's well-being, interests and vulnerabilities is as systematically supported as may be practical. Much of this rests on the presence of a well cultivated "safeguarding mentality" that operates on the assumption that things may never be what they seem, much cannot really be counted on, error and perversity are eternally ingenious, good intentions are never a sufficient guide to what will actually happen and so on. This is suggested not as a means to have people become paranoid, but rather to erect a standard of vigilance that is always alert to what may happen and thus as prepared as may be humanly possible.

Conclusion

It is important to recognize that there does not exist a package of safeguards of any kind that could bestow onto vulnerable people an assured sense of security and relative invulnerability. All safeguarding strategies are, by definition, only superior to the extent that they exceed the merits of an alternative formulation of safeguards. Thus all such strategies are limited, prone to their own unanticipated dysfunctionalities, and consequently always of a relative rather than ultimate degree of quality. This shortcoming should not at all detract from their very real potential potency and effectiveness, notwithstanding whatever limitations they have. With vulnerable people, particularly those who may be unwanted, socially devalued and otherwise outcast or even abandoned, we do not have the luxury of such a degree of perfectionism about safeguards that we do nothing until we can do everything. Social realism requires that we do our best with what we have while there is still time.