

## VALUING AGE?

### **The problems and possibilities of improving care for older people.**

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In the mid twelfth century the Knights Templar founded a preceptory in this part of Warwickshire and from this base (Temple Balsall) had oversight for parts of Warwickshire and Leicestershire. Their preceptory, now called the Templar's Hall, is still intact. As you will remember from your history books, the Knights Templar were dissolved in 1324 and their lands passed to the Knights Hospitaller, who built St Mary's Church at Temple Balsall, later that century.

Henry VIII gave the manor of Temple Balsall to his last wife Catherine Parr. It then passed to Thomas Dudley, the Earl of Leicester, and then to his granddaughter, Lady Katherine Leveson. She died in 1674 leaving all her estates, including Temple Balsall, to governors to erect and endow a hospital or Almshouse for poor women and a free school for twenty poor boys.

I am the Foundation's eighteenth Master since 1674 and the core aims of Lady Katherine's Will still continue to be fulfilled to this present day. Temple Balsall consists of an attractive courtyard of flats which comprise thirty-nine independent units within which older people live and receive appropriate care; a small rural Church of England Primary School; a thriving and a lively Parish Church and the Leveson Centre for the study of Ageing, Spirituality and Social Policy, contained within the Templars' Old Hall. It is a place of retreat where we offer hospitality to pilgrims and visitors. It is a place where some glimpse the mystery, wonder and peace of God.

In this article I want to think aloud with you about some of my thoughts and reflections in the area of care for older people. This thinking is, I hope, open and provisional - and I encourage you to challenge it and help refine it. The thoughts emerge out of nearly four years work, along with others, in trying to improve the quality of life for older people.

#### **1. Institutions, Homes or Communities of care?**

Organizing care for over forty older people, many of who are frail, is no easy work. There has to be a measure of structure and organization - a rhythm and a routine. Although we are a charity with some very modest resources to help keep up these ancient buildings, the books have to be balanced, the bills paid and a range of expectations met. These include the proper desire by national and local government to improve the quality of care for older people, the necessity to provide an environment where staff are supported, encouraged and rewarded for their work: and, of course, one where the expectations of residents and their families can be met with energy and realism.

There is, I believe, a natural instinctive tendency towards institutionalisation in any organisation and it's one that those of us working with older people should try and resist at all costs. In other words, we need to ensure that the residents, our older people, are at the centre of our thinking and action. I remember a Health Service manager who had behind his desk a reminder to all staff: " Don't ever forget - the patients pay our wages"! This reminder challenges us to translate the institution of the home into a community of care where residents are at the centre of our work. Those of us working in this area do well to spend a little time standing back and reflecting on the culture of care that we promote through how we organise the care and how we engage with older people. Put rather more sharply, if old people's homes have got a poor reputation for care across the country then we do well to ask ourselves about our responsibility for that image of older people sitting round the edge of a room with the television on in the corner and which no-one is looking at!

## **2. Linking research and education to practice**

The establishment of the Leveson Centre in 2001 was an attempt by the Foundation to express the critical link between research, education and practice. Over the past year we have worked hard to think through a number of issues and questions in relation to the care of older people. The Leveson newsletter is available to any **CHERP** readers who would like to join our mailing list.

We have had a number of conferences on a diverse range of subjects; the funding of long-term care; spirituality and older people; the use of the creative arts and older people and worship and older people. These conferences and seminars have drawn together a wide range of individuals working in the field of care.

One critical feature of the Leveson Centre lies in its appreciation that what we are able to do in care will always be limited by the social and political environment within which we work. There is, therefore, an inescapable political dimension to care. In particular the serious under-funding of care for older people remains a constant scandal in relation to the limitations put upon us and the choices that the residents are enabled to make. I hope that agencies can work together, especially Church agencies, in being a prophetic voice to local and national government about how they think about and resource the care for older people. We need to continue to lobby for the provision of free personal care and to enable more resources to be put into this area, so that the older members of society can have as much freedom and choice as possible.

We need also to challenge the negative stereotypes and images of old age and ageing. There is too much negativity around our understanding and appreciation of the ageing process and this ageism takes so many shapes and forms. It may be that older people are the Christian Community's natural spiritual constituency?! Free from the pressures of work and family, they are able to engage with life's meaning in a different kind of way and with

a special kind of wisdom. We do need to challenge the church's ageism how ever and wherever it occurs.

## **Listening to older people**

When I1 was organising a conference recently a matron from a care home wrote to me offering her apologies for not being able to attend. It was a kind letter from a very committed carer. Reflecting on the non-physical needs of her residents, she wrote: " I am concerned to meet these spiritual needs - the difficulty is that older people do not tell you what they want".

Without wishing to be too judgmental, the comment represents a tendency, which lies in all of us. I think here words also reflect the factor that most of us have never found language to talk about spiritual things: the priest does that and we listen - all through our lives. From this perspective we should hardly blame the matron! This tendency, as articulated above, seeks to exercise professional power over those we care for by disabling or silencing them. Perhaps we do not engage with older people with the time, sensitivity and energy that we might? Listening to older people and building into our care their perspectives and voices is a costly, but very important part of care.

For those of us from a Christian perspective the whole question of meeting the non-physical needs of older people within a model of whole-person care needs much further work, energy and imagination. While there is a widespread recognition and use of the word 'Spiritual' in relation to the care of older people, this word lacks definition and clarity. I think we need to do more work on defining the nature of the spiritual as it relates to our understandings of the needs of older people.

Perhaps those religious involved in the **CHERP** network might further reflect with us on the nature of Christian experience through their experience of ageing. I wonder, with them, what aspects of spiritual and religious care they find creative and helpful and where our perspectives need challenging or changing.

## **Conclusions**

There is much more work to be done in this area at a variety of different levels. I suppose, to a bit more at ground level, questions arise about the provision of material of simple forms of personal prayer. Perhaps we all need teaching and guidance on how to stage services for older people, including eliciting participation whilst not losing 'holiness'.

There is also the matter of linking up with local communities to ensure that older people are not isolated. There are many exciting opportunities for intergenerational work, where younger people can contribute to the lives of older ones and our older residents contribute to the life and with wisdom of younger people. In this and all our work we should promote

every opportunity for old people to tell and reflect on their Christian story. Perhaps, above all, I think simple kindness goes most of the way as far as our Christian basis is concerned.

I would be very interested to learn more from you about your perspective on some of the issues and questions that this article has raised. Please do not hesitate to contact me:

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Others consider a person old if at the age of 50 or 60 and are unable to support themselves. It is estimated that by 2020, the number of people aged 60 years and older will outnumber children younger than five years and that in 2050, 80 percent of older people will be living in low and middle-income countries. Old people are prone to many injuries and diseases. Covers an ageing society, theories of ageing, images of old age, the religious and spiritual needs of older people, older people and memory, sexuality, diminishment, worship with older people, life learning, retirement, housing, politics and social policy. Valuing Age. Pastoral Ministry With Older People. By James Woodward. Valuing age offers a network to share information, promote advocacy, and understand the wisdom of older people and age. See more of Valuing Age on Facebook. Log In. or. Create New Account. See more of Valuing Age on Facebook. Log In. Forgot account? Valuing Old Age Without Leveraging Ableism. By Clara W. Berridge and Marty Martinson. Our medical model of "successful aging" without disability sets up the majority of the population, especially women, for failure. Gender and Age: A Focus on Women. Women are particularly impacted by disability. Women are more likely than men to have adults in favor of other age groups that are non-fatal chronic conditions and disabilities and deemed needier. Valuables are a type of item in Dragon Age: Inquisition similar to junk in Dragon Age II. They can be found in various lootable containers and from corpses, and are placed immediately into the valuables section of your inventory. The majority of the valuables have no practical use and exist solely to be sold to vendors for currency. There are, however, some items marked as valuables that are used in Requisitions as well as Creature research. Creature research items are displayed in the inventory with...