



Elder Care Experiences are Shared World Wide

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We are able to look at elder care through various mediums to get a worldwide perspective. Whether it's through taking online courses, reading international articles, newsletters, joining international organizations or travelling and working in other countries it is much easier to share our knowledge today.

Last year I had the wonderful opportunity to take a course that was offered on line, world-wide. This course happened to be through Johns Hopkins University which is just one of many universities around the world that takes part in on line education programs. Can you imagine 15,000 students from around the world taking a course at the same time on the same subject with the opportunity to communicate and share ideas with each other? It was an amazing opportunity.

This particular course was called Living with Dementia: the Impact on Individuals, Caregivers, Communities and Societies. What I learned is that people all over the world struggle with the same issues regarding caring for those with dementia however, how we manage these issues varies greatly from country to country. There were doctors, lawyers other professionals as well as family members, caregivers, people with dementia all taking this course. We were encouraged to talk about our personal experiences and learned about theory and ways to get results through problem solving. We shared our many ideas with each other and were able to support with ideas not just in relation to caregiving and family issues but also how to develop working systems to support neighbourhoods, cities, states and countries.

I had conversations with people from Korea, Japan, Australia, Kenya, Tibet, Austria, England, U.S.A., Sweden and many other countries. Over all it seems Canada is on the right track, and well ahead in some cases, as we are working on creating systems that support people with dementia; as well as recognizing the needs of the caregivers and families. Some third world communities have no support for people who are showing signs of dementia. Families are still living in the belief that an elderly person with dementia or Alzheimer's is crazy or possessed by the devil and so they are kicked out of their home. They truly are living on the streets with nowhere to go and no support whatsoever.

This leads me to tell you of a colleague/friend who practices law in Vancouver now but before she left South Africa she happened upon a woman who was basically living on the streets. This woman knocked on my friend's door asking for a glass of water. My friend learned that although this woman came from a well-known wealthy family she had been estranged and was living in a little coal room in the bottom of an apartment building. The owner of the building gave her a key and allowed her to stay there to keep warm. No kitchen or bathroom just a six by 10 room holding bags of coal. Some tenants would bring her food on occasion.

This experience led my friend to take on the task of pulling together a team of people to help raise money to renovate a large home that had been donated. This home was for the Chinese elderly who were experiencing homelessness or decline in cognitive or physical abilities and was the first and is still the only Chinese care home in Johannesburg. It was difficult to raise the funds and to get the licenses required to renovate and run the home because the government had different rules for whites, blacks and people of color. Eventually over a few years they received additional funding and licensing to open and to this day the home is still operational with 40 residents.

On another note I would like to tell you about a little publication I receive called Voice of Senior Citizens. This publication is a window into another part of the world specifically in Nepal focusing on advocacy, social support, social security, active ageing, development, emergency, elder abuse, neglect and elderly in crime.

In this publication we are shown the efforts made to mark International Workers Day May 1st and to raise awareness with the major theme of "Elderly as an Emerging Workforce".

But the news we read about highlights how vulnerable the elderly are in that part of the world. An elderly woman receives compensation because she was physically abused in accusation of practicing witchcraft. Social Security Funds meant for elderly are stolen and encouragingly 200 elderly fight back in a way that they will be heard, chanting slogans demanding action. Older people are still struggling to have homes built after last year's devastating earthquake; and a whole community is facing starvation.

On a positive note Social Security Allowances for senior citizens over age 70 have doubled, they now receive Rs. 2000 per month (approximately \$38.00 Cdn) and Old Age Allowance goes up finally by the same amount after protests for three years. Other positive news highlighted a woman in her 80's deprived of education is now attending classes so she can read a newspaper and use a cell phone and there are more of these uplifting stories.

But I would like to draw attention to a section of the newsletter where statistics are posted in each edition. These statistics are of elder abuse, neglect and elderly in crime. I think what's interesting here is that they go into great detail listing name, age, sex, address (by district only), the reason, the culprit, the form of abuse, the status (dead or not dead) and the date and the source listed which may be police report or newspaper. It also reports unattended deaths of senior citizens found.

I wonder if we could learn something from this. Can you imagine if we listed all of the abuse cases of the elderly here in B.C. or in each community? Oh the embarrassment and the shame but perhaps shaming would make people think before they consider such an act.

Throwing someone out on the street to survive seems unimaginable to us but, really, it is unimaginable to think of elderly here who experience abuse at the hands of family members or care workers. We are working on changing the statistics on abuse here but these things take time and persistence and continued awareness raising.

Overall the course through John Hopkins opened my eyes with the many dialogues I was able to have and I remain in contact with some of my fellow students. It is with conversations like these around the world that we are truly able to make change. It is also by attending World Health Organization meetings and sharing with other national and international organizations that we can improve the quality of life for all vulnerable seniors.

..... with care, integrity and heart in mind for you.
Barb