Title：Enable or disable? The disjuncture between formal care program and user's everyday life

The elderly population in Taiwan has grown rapidly in the past decades. It accounted for 7% of the total population in 1993 and grew to 14% in 2018. It is estimated that it will become the Super-aged Society in 2026, and long-term care has become an important issue for the Taiwan government. According to concept of active aging which defined by WHO, "the process of improving the quality of life of the elderly and achieving the most appropriate health, social participation and safety". With the increase in the old adults, the disability and dementia caused by aging became a problem. Thus, the Taiwan government took long-term care as an important policy's direction and started a program "10-year plan for long-term care services" in 2007. This program emphasize that local organizations should be empowered to facilitate active aging and the old adults should aging in place. How to conquer the difficulty of aging including physical and mental still been an important consideration of Taiwan government.

The long-term care policy in Taiwan had some important change by time. We, at first, had "10-year plan for long-term care services" to construct a complete long-term care system to ensure that people with physical and mental dysfunction receive appropriate services, enhance their independent living ability, and enhance their quality of life in order to maintain dignity and autonomy. Under the "10-year plan for long-term care services", the government proposed a long-term care service network, and looked forward to the effective development of long-term care service system and professional to provide integrated long-term care services in 2013. For the rural, the Ministry of Health and Welfare have incentives to encourage the development of localized long-term care services. When "1.0 plan" finished, the Taiwan government launched "10-year plan for long-term care services 2.0" to address the shortcomings of the 10-year plan to improve long-term care services in 2017. The plan mentioned that policy should actively develop various preventive services such as preventive health care and health promotion to alleviate disability and to prolong the life of old adults. Besides, The plan emphasized on community and diversity, it focused on vitality aging which including that extension of the primary prevention, the health and well-being of the old adults, and improvement of the quality of life of the old adults. For improving the accessibility of long-tern care policy the Ministry of Health and Welfare launched The "Program of Preventing and Prolonging Disabilities" in 2017.

The goal of "The Program of Preventing and Prolonging Disabilities" were to prevent disability, delay dementia, and hopes to build a continuous, integrated community-wide preventive care model. Therefore, the activities

were made for risk factors that cause disability or dementia. The domains including Intensive exercise, life function reconstruction training, social participation, oral health care, dietary nutrition and cognitive promotion. The program provide integrated or single care solutions based on the needs and characteristics of the case. This program not only provides services, but also attempts to increase long-term care of human resources, so the program also includes plans to lead manpower training.In 2017, the project approved a total of 382 plan modules, serving 850 sites, and 1/4 in the area of insufficient resources. 17,117 people used this service, and men to women ratio was 1:3 (Tsai, 2018). At the same time, the program also produced 8,647 people who could lead different types of programs. The statistical results also pointed out that about 80% of the implemented plans are integrated plans, showing the diversity of life needs to the old adults.

We can see that this program or any other long-term care policy could have benefit by the data, but we know little about the subjectivity of old adults in the policy. Yang et al. pointed out that the use of integrated activities can improve the physical fitness (strength, endurance, softness), balance, and interpersonal opportunities of the elderly, and hope to promote the quality of life of elderly with mild cognitive impairment (Yang et al., 2017). The study by Chu and You also pointed out that long-term participation in activities such as physical functions, cognitive functions, oral function and nutrition, and social interaction can contribute to the physical health, mental health and social participation of the elderly. Even though the current research results suggest that participation in community activities contributes to the physical health, mental health and social participation of the elderly, these studies also point to the dilemma of current community long-term care in Taiwan. The willingness to participate of the elders, the funding plan, and the space setting are some reason which had mentioned in the previous articles. Among them, the elders' willingness to participate involves the physiological functions and cognitive abilities of the elders, as well as the subjectivity of the elders, but there are few references in the past.Therefore, the purpose of this study is to challenge the policy presupposition, to present the community activities with the elderly subjectivity, and to highlight the non-predetermined results of the policy implementation in the local community.

Method

The research location is a dementia center in a remote area. The area was previously known as a mining industry, especially coal mine. In 1990s, the labor was displaced due to the gradual decline of mining industry. Currently,

the proportion of the elderly population in the area is 25%. The center was established in February 2017. The current number of seniors is about 30. With the physical condition and living arrangements of the elderly, the elders who participate in the activities every week are between 15 and 25 people, all of whom are women. The physical function of the elderly ranges from sub-health to moderate disability and cognitive ability also covers sub-health to moderate dementia.

In July 2018, the researcher entered the center as an occupational therapist and provided occupational activities. Each group is 1.5 hours, including 45 minutes of physical activity and 45 minutes of cognitive activities. In October 2018, the activities and life of the elders were recorded weekly by participation observation and informal chat. The data used is the field notes from October 2018 to January 2019, and used Thematic analysis.

Discussion

The results of this analysis show that activity design, life experience, and role interaction are important factors influencing whether the elderly can continue to participate in the activity. In terms of occupational therapy, activity time and content arrangement are two of the elements of activity design. Over-standard activities are difficult to attract the interest of the elderly. "This has been done before" and "doing this is boring" is a comment often given by the elderly of standard activities.

Due to the time schedule of the center, the elderly need to participate in the activities at one o'clock in the afternoon. They will be affected by their exhausted body and mind, and it is more difficult to concentrate on participating in the activities.

> "The activity continued.
> I smiled and said, "Let's follow, don't fall asleep."
> Just someone said, "How can I fall asleep when I do sports?"
> I saw M bowing her head, then she heard the group's noise to wake up.
> Retorted: "This is my lunch break. I want to sleep at this time."
> Others said to her: "If you follow, you won't fall asleep~""

> "About 10 minutes after the start of the activity, G closed her eyes. W indicated to me that G was asleep.
> I shouted: "G, wake up and follow us~"

G opened her eyes and said, "I want to sleep~", she followed the group for a while then fell asleep again."

Situations like this are often encountered when leading an activity, even if the activity design is a physical activity that requires swinging the limb. For the elderly, it is difficult to meet the rhythm of life in the original lunch break, whether it is physical or cognitive activities. In addition, the local weather changes are also factors in the participation of the elderly. "The weather is cold, rainy, and the weather is too hot to go out." It is also the reason why I often hear the leave.

Furthermore, the government policy hopes to add cognitive training to the activities of the dementia center, but the elders are unfamiliar and uninterested in sitting on the seat to do "brain storming".

"W: "Why are we doing this?"
Y: "Test our minds and avoid getting worse."
W: "This is not fun~"
Me: "Would you like to provide an answer first?"
W: "A lot of it~ I can't finish it, I don't want to say it."

"Half of the cognitive activity, H quietly left behind the group, K was silent because of hearing problems, and M sat on my left front and slept."

The difficulty of cognitive activities comes from the inability to connect with life experiences. It is difficult for the elders to connect between good for themself and
check the color of the cards, do addition and subtraction exercises with playing cards, or associate objects with shapes. They didn't see any meaning of those activities. Another reason why the elderly cannot participate in cognitive activities is that more than 90% of the elderly are illiterate.

"I won't take a pen, don't ask me to write."
"Teacher~ My hand will shake, I haven't learned to write, how can I do this?"

In cognitive activities, paper and pencil are sometimes used, or numbers need to be used for practice, but these exercises also put pressure on the elderly.

However, when the activity design is linked to the life experience of the elderly or the cognitive activities are packaged in body movements, the motivation for the elderly to participate in the activity is improved.

> "Me: ... At this time, there was a small baby under the skylight, the villagers picked her up, ... everyone decided to raise her together.
> After that, I made the coat a small baby. Pass it to one of the members, and ask everyone to take turns to pass the little baby. When almost all the members get it, they held the jacket as a baby, and some people will pat it and someone will feed it.
>   Y: We have been raising this for a long time, and she should have grown up. When it turned to Y, she said this, then spread the coat and rearrange it to make it look like a bigger child."

> "Me: Pretend that there is a pot in the middle, what do we want to throw into the pot when we cook the soup?"
> I asked, and then the answers of tomatoes, cucumbers, potatoes, carrots, etc. appeared in turn, I want everyone throw these things in the middle of the pot, and everyone starts making the throwing action."

At the same time, I also noticed that another key to making the elders more easily joined into the activity is the displacement of power relations. At the beginning, when I entered the center, the elders called me "teacher."

> "At this time, E kicked my sole with her instep. This action was seen by W. She immediately stopped E.
> She said," Don't be rude, how can you play the teacher like this."
> I smiled and said: "It doesn't matter, at least she is moving.""
> "When I walked into the center. "Good afternoon, teacher." said by several members who just saw me in."
> "Me: What do you want to do today.
> W: Everything you ask us to do." At the same time, some else knock their head to agree what W said."

 Later, the elders began to call me in my name, joked with me. If I need something to take time off, they will also express disappointment.

> "I took things while D was helping me. I said, "I'm hungry, I didn't eat at noon." D immediately asked me if I wanted to eat noodles, then went to the kitchen to help me heat up the noodles left at noon."
> ""Chia-Chun, how come so early today?" Z called my name and said hello to me."
> "I put down the umbrella and walked into the center. When J saw it, she said, "you brought the rain." I smiled and said, "Hey~no, it's not me." Then M came over and said hello to me: "Why you bring the rain?" I went back to her: "J just said that to me.""

When the teacher's role goes, I become a friend or granddaughter, and the elders are more likely to enter my activity design. They seemed not only participate an activity but also contribute our relationship.

Community enablement activities are like a new thing that is unwarranted in life for the elderly. The interaction between the elders and the center has also been constantly changing. In the most recent example, some elders are gradually getting used to participating in the center's activities.

> "T: I don't know what I want to do at home. It's better to come here and chat."
> "G: Yes~ Going home is also a daze, sleeping, chatting and painting here is not bad."
> "D: There is a place where it is good for the elderly to have a place to go."

In this exploratory study, I found that whether the activity itself attracts the elders and the relationship between the leaders and the elders both affects the status of the elders participating in the activities. Through this research, I will have the opportunity to start from the position of the elders and respond to the predicament of the long-term policy formulation with the elders subjectivity.

Another feature of this center is that the members are all women, speculating that one of the reasons is related to women's life expectancy in their later years. Chen proposed that even though the stereotype of men and women including men should went outdoor, be action and being driving, in the contrast, women would stay at home, be quite and being passive didn't overturn, it already had loosen up in elder (Chen, 2009). Another reason is that men in the region have died of occupational injuries in middle age, but this proposition remains to be further studied.

In the future research, in addition to the activity design and relationship established in this article, and the gender perspective mentioned at the end of the article, I hope to learn more about how the community long-term care service interacts with the lives of the elderly.

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