

# Community Conversations about Aging

## What You Need to Talk about and How

*May 19, 2016 • Salt Lake City UT • regional cohousing conference*

### **I. Intro**

My battle with multiple myeloma, diagnosed Jan 31, 2016

40 years of intentional community living, mostly at an income-sharing group I helped start in 1974.

I've been a process consultant and teacher since 1987—almost 30 years.

I've worked with about 60 cohousing groups, many of them multiple times.

I've been to more community meetings than almost anyone. What I offer is rooted in practical application, many from both sides of the aisle.

The workshop will divide into two parts: a) theory and b) answering your questions.

### **II. Primary Point About Cooperative Culture**

Cooperative culture is foundationally different than mainstream, competitive culture. Not all intentional communities (or their members) understand this at the outset and confusion about this can lead to all manner of mischief. If you didn't grok this before, please do so now.

You want conversations about hard topics to take place in an atmosphere of inquiry and we're-in-this-together. We will help each other get more of what we want. It is *not* a struggle to see who gets the most of limited resources.

### **III. Talking About Limits**

Aging is one of a number of predictably difficult topics that cooperative groups face, because it: a) matters; and b) has not been discussed earlier. It's an example of putting things off until later, but it doesn't go away and it doesn't get easier because it's been incubating for a while.

Other examples of topics that many groups avoid:

- o Limits of diversity
- o How power is distributed among members
- o How you want to work emotionally
- o How you will work with conflict, which is a subset of the previous topic
- o Under what circumstances will you invoke emergency powers, who can do this, and how will it be done
- o How to live gracefully with residents who have opted out of engaging energetically with the community
- o The circumstances under which a resident can suffer an involuntary loss of rights

You need to create an environment where there is the least possible barrier to people asking for what they want, and it's OK to say "no." What you don't want is people being hesitant to ask for help because they might be turned down or labeled "needy." When that happens the group doesn't get the information about the person's situation and never gets the opportunity to say "yes." Not good.

### **WARNING:** Waiting too long

One of the dangers of delaying hard conversations is that they generally don't happen until circumstances force it upon you, at which point the stakes have been raised considerably. Now, it is no longer just a matter of what you think is best for the group as a matter of principle; the consideration is skewed by how the decision will land on specific individuals who will be immediately impacted by the outcome. This can be a real train wreck. (Prove that you love me and support my request for assistance.)

### **IV. Personal Preferences About Sharing**

If you agree that it's desirable to get full information about needs out on the table, then there needs to be a preliminary consideration about how to get there. What setting would be most comfortable (least uncomfortable) for sharing this kind of sensitive data? Unless you're different than most groups, your membership will be all over the map in this regard, and you'll want to think about a range of options, rather than one size fits all.

This may mean anything from talking in plenary to meeting with a discreet committee empaneled just for this purpose (a so-called Care Committee). Hint: Waiting for things to bubble up on their own is not a good strategy. While some that may occur (with those who have less trouble putting out their needs publicly) mostly this will result in low information flow and possibly great distortion. Good intended people will fill in the blanks with guesses and you're off the races.

### **V. Care Committee**

I'll approach this from two angles. First, the concept of committees holds considerable promise for dealing effectively with rough spots in community dynamics. Thus, there is a version of this response for all of the difficult conversations delineated in section III above. Of course, you won't realize that potential unless your group has a solid idea about how to delegate—something that many consensus groups stumble over. (See section XI. below for more on this.)

The second approach (see section VI below) is specific to aging, and how the committee can be developed into a sensitive screen for handling many of the tough questions short of resorting to plenary (the most expensive time you have).

#### *Qualities Wanted in Care Team Members*

Here's my pass at what I consider to be the qualities that groups might want in people serving on the Care Team. I have sorted the qualities into two categories: A Qualities are those I think you want in *all* committee members; S Qualities are the that you need in *some* committee members.

#### **—A Qualities**

- o Discretion (ability to keep private information private)
- o General open-mindedness about people who are triggered (doesn't think less of those who get upset)
- o Ability to collaborate well with other members of the team (group chemistry)
- o Doesn't always need to have things go their way
- o Ability to think clearly about what's best for the group, especially in the arenas of safety and health
- o Ability to hear critical feedback about how they're coming across without getting defensive

## —S Qualities

- o Ability to communicate clearly both thoughts and feelings, and to know the difference
- o Ability to function well in the presence of distress in others
- o Ability to empathize with people in distress, establishing to *their* satisfaction that they've been fully heard
- o Self-awareness about when *they're* triggered
- o Courage to say hard things
- o Has the bandwidth to be able to devote chunks of time to emerging needs (conflict doesn't erupt on a predictable schedule like Old Faithful)

### *Draft Mandate for the Care Committee*

- o Once this committee is brought into a dynamic, they will shepherd it until it's resolved.
- o They can be asked to be involved by any member or committee. In addition, they can pro-actively insert themselves into a situation if they perceive it to be generating unresolved tensions or otherwise adversely impacting group morale or functionality (**Note:** this is a key provision, giving the committee the authority to step in without an invitation from the people in distress. While no one wants this committee to become the "Conflict Police," it is relatively common for stuck people to not ask for help, and if the committee is responsive only, and not pro-active, their hands can be tied. Trust me, you don't want that.)
- o Whenever they are involved, they will decide what, if anything, it is appropriate to share with the whole group (in summary form) about the work they do. On the one hand they are trying to protect the privacy of individuals; on the other they are trying to be as transparent as possible about what's happening in the group. It's a dance.
- o This committee is charged with gathering up-to-date information about the situation, and may entail finding the most appropriate third party to assist in moving things along to everyone's satisfaction. They are expressly not restricted to Care Committee members, or even to group members (keep your eyes on the prize: the important thing is that people in distress get help; not that the help come from within the group).
- o This committee will have a budget, both for training members in the skills needed to be effective in care giving, and to occasionally hire outside people to meet needs.
- o This committee will not have authority to impose solutions. They can only suggest.
- o If approached to discuss a potential issue involving them, all group members will be expected to meet with the committee within a reasonable period of time, in a good faith effort to discuss their involvement. This is not an admission of guilt or an agreement to accept responsibility for any suggested solutions; it is a commitment to be available to discuss any care situations in which they are named as players or contributors.
- o The committee should be comprised of people willing and able to occasionally devote significant chunks of time to resolving issues in a timely manner.

How many people does this committee need? While it's a matter of style, I like 3-5. The larger number is nice for maintaining flexibility in the event that one or two are on vacation or otherwise unavailable to help at a given time. You may also want to establish terms for how long members will serve on this committee.

### *How to Select Care Team Members*

Here is a deliberate process by which some groups select people to fill committee slots other than by taking volunteers from the plenary floor--especially when you want a high level of trust and for which it is imperative that there be good internal rapport among team members. This is by no means the only way to do this; it is just one way:

- o Post the job description for the cmtee and desired qualities for the members who serve on it.
- o Ask all cmtly members if they are willing to serve and create a written ballot listing all those who agree to be available.
- o In plenary, select an ad hoc Ballot Team from among those members who have opted off the ballot. These people will be the only ones seeing the filled-in ballots and must agree to divulge to no one else how people voted.
- o Distribute printed ballots to all members, asking them to mark all those whom they find acceptable to serve (people can pick none, all, or anything in between).
- o After a set period of time (72 hours?) ballots are due and the Ballot Team tallies them in private.
- o After ranking people by the number of votes received, they privately approach people (starting with the top vote-getter and working their way down the list), asking them one at a time if they are willing to serve. As slots are filled, additional people are asked if they would be willing to serve with others who have already accepted the calling. This process continues until all slots are filled.
- o The Ballot Team announces the composition of the team (which does *not* require cmtly ratification), the ballots are destroyed, and the Ballot Team is disbanded.

### **VI. Aging in Place**

While many residents desire that the community support them to the extent possible at end of life, there are few communities where such an agreement is in place, and the delicate question distills to, "What can the community commit to in this regard, and how do we know we are at the limits of our commitment?"

In general (though not always) members tend to want more in this regard as they approach end of life. When contrasted with alternate end of life options—typically some form of nursing home—the community looks awfully good and it's understandable that residents want to stay there as long as they can. Who wouldn't?

Let's take a moment to walk through the care garden and look at some of the myriad ways that its cultivation can get complicated:

- o People age differently. That is, needs vary wildly among seniors at the same age.
- o Needs at end of life can vary greatly, as well.

- o The resources needed to support people living in community can vary considerably. This can have physical components (think amputee or recovery from a major trauma), mental components (suicidal depression or bipolar instabilities); social components (bullying or reclusive behavior), or any combination.
- o It makes a difference how much the person can still engage with the community (socially and in the work scene), offering balance to the give and take.
- o The level of support that people ask for is all over the map. Just because two people have similar circumstances does not mean they're equally comfortable in what they ask for.
- o The social capital carried by the person making the request enters in the equation of what other members are willing to extend on their behalf.
- o In evaluating any specific situation it matters a lot whether a person has family or partner support living in the home or nearby (support provided in this way does not draw as much on community resources, but not everyone has it).
- o To some extent, support (such as home health care) can be purchased locally. Does the resident in need have the money to cover this option?
- o It matters how the person receives support. If this lands graciously it is easier to continue (it feels good all around). If it lands with resentment or entitlement, people are chary about doing it more.
- o Resources are not allocated in a vacuum. Thus, there are other perfectly legitimate calls for community assets that need to be weighed against those being asked in support of residents aging in place. There are trade-offs.

By now (if not sooner) it has occurred to you that many of these needs can surface before end of life (people can and do encounter cancer much earlier these days; a young person may suffer from serious depression; orphans have special needs; maybe the community wants to take on refugee families) and that the responses you craft for Aging in Community may have a wider application for all residents in need. Good thinking.

Digesting the entirety of the previous paragraph, you can readily see how this topic can be an entangled mess, greatly complicating any effort to develop a fair policy for people and all situations. What I think *can* be accomplished is the delineation of guiding principles and the protocol that will be followed when individual requests bubble up to the plenary level.

## **VII. Range of Aging Requests**

### **o Social support**

People to visit, eat with, watch movies, play games.

### **o Daily routine and hygiene**

Dressing, laundry, bathing, cooking, cleaning, exercise, pet care.

### **o Concierge function**

Doctor visits, managing household repair and upkeep, bill paying, coordinating travel, shopping, writing letters and notes. Perhaps support at meetings when hearing is impaired.

Help thinking through choices.

- o Information assistance

Coordination of information and research, both within the community and with friends and family outside the community. It can be a large help getting everyone on the same page.

- o Financial assistance

When ends don't meet.

You can walk through all of these one by one and set out how the group wants to respond, or you can handle it generically, which will get you out of the abyss of constantly tweaking the answers as conditions shift. There is an important distinction between: a) providing the service; and b) collecting and making available current information about the needs (which will then be met, or not, on the individual level).

### **VIII. Checklist for Facilitating Conversations about Aging**

- o Creating and maintaining a supportive (not combative or defensive) container for sharing information.

- o Managing humor. What is tension-relaxing for some can be devastating for others.

- o Being able to name and work accurately with feelings as they emerge. Stay with powerful feelings long enough to establish what they mean to the person expressing them.

- o If agreements are reached about what help the community can provide, be sure to stay with an item long enough to establish implementation (who will do what when, and with what resources).

- o In these kinds of conversations it is more important that you are complete in your examination of an issue than that you reach a conclusion by a certain schedule. Better to add time or have an additional meeting than to cram the work into too small a time allotment.

- o It's usually an excellent idea to meet ahead of time with the people who will be expressing needs, to establish that they feel that you hear them well and can be there for them if the going gets hard in the meeting. This will help put them at ease about a meeting they may be anxious about. Note: It is not so much about you being at ease, as that they are.

- o Arrange the room so that everyone has good sight lines to one another, to the extent possible.

- o Take time ahead of the meeting to center your energy.

### **XI. Checklist for Delegating**

**NOTE:** When delegating, be sure the mandate is clearly captured in the minutes. Depending on the work, some of the following points will not apply. That's OK—just answer the ones that do. Others may be addressed by cmtty norms and policies—especially around expectations about communication.

### **1. What is the task/work expected to be done?**

- What is the cmtee expected to accomplish? Eg: do research for options, collect data for cmty to consider, identify issues/pros and cons, come up with a plan, bring back a recommendation, poll the cmty about a topic, decide on some action and implement it, etc.
- What are the products that are expected? Eg: A recommendation, a plan, a report, a decision, action, results of survey, identifying pros and cons, etc.
- If reports are expected, what are they supposed to address, how and to whom will they be disseminated, and when are they due?

### **2. What is the team's authority?**

- What license does the cmtee have to make decisions without coming back to the whole? (And the flip side: when is the cmtee expected to come back to the plenary for additional guidance?)
- Are there other cmtees they need to report to or get approval from before proceeding?
- To what extent is this cmtee expected to coordinate or share authority with other cmtees?

### **3. Are there constraints or guidelines?**

- What is the budget that the team must work within?
- Does the cmtee need to work with the Finance Cmtee for budget approval?
- Are there boundaries or limitations within which the team must operate? For example, there needs to be no less than two alternatives presented, the recommendation can only include organic solutions, ideas cannot exceed \$500, input must be gathered from every household, etc.

### **4. What are time frame expectations?**

- When is product due?
- Are there steps that have due dates in the process?

### **5. How is the cmtee struck?**

- Is this work being delegated to an ad hoc team or to a standing team? (Is it part of the on-going work for a standing cmtee, or is the work a temporary assignment?)
- How will cmtee members be selected? What say, if any, does the cmtee have in who's on it? What is the cmty's role in selecting the cmtee?
- If you create an ad hoc cmtee, will it be automatically laid down when its mission is accomplished?
- If standing, for how long do cmtee members serve?

### **6. What are the expectations around communication?**

- How often does the team need to update the cmty about their work/progress? Are sharing minutes sufficient? Can reports be posted? Is a report at a plenary needed?
- Is it clear how group members not on the cmtee can offer input? Is there a drop dead date for that input, after which the cmtee is not obliged to work with late input?
- How does the cmtee communicate the opportunity for input or feedback and by what method (Eg: announce an open meeting for those interested, put on plenary agenda, receive via email, etc.) Is this already established as a group norm? Do the norms need to be adjusted specifically for this cmtee?

### **7. Is there any consideration for non-monetary resources?**

- What resources will be made available to do this work (cmty labor, specific skills, and access to equipment, space, and information)?

**8. Is it clear how the cmtee will operate?**

—Can the cmtee self-organize (make decisions how it wishes, select its own convener, meet when it wants to, close mtgs when it chooses, etc.)

—Is the cmtee expected to have a convener (the person responsible for calling mtgs, drafting the agendas, making sure that minutes are kept and posted, and answering questions about the cmtee)? If so, who will serve as the start-up convener (at least until the first mtg, at which time ongoing responsibilities can be discussed and assigned)?

**9. What are expectations about evaluating the cmtee work/process?**

—Is it clear how and when the cmtee's work can be evaluated?

—How complaints will be addressed?

—Is there a way for the cmty to track successes and glitches so you can improve your systems and norms?

# ***CANBRIDGE***

*a process collective*

(Consensus And Network Building Resolving Impasse and  
Developing Group Effectiveness)

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