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Leading the way: Supporting functionality and autonomous action in providing mobility assistance in a Finnish care home[1]

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Abstract
This study discusses methods for supporting and constructing autonomy in escorting and leading residents in a Finnish care home for older adults. The data have been collected in Finland, and the study concentrates on a microanalysis of multimodal action. The study reveals the multifaceted nature of autonomous action in assistance. Different sections (wheelchair, walker, escorting without devices) highlight individual and situational differences. Supporting autonomous action requires negotiating the desired action with respect to both relevant physical assistance and motivational aspects. The emphasis varies: sometimes physical support is minimized, but sometimes assisting might include close bodily contact while also supporting a resident emotionally. Assisting residents' mobility helps maintain existing resources and mundane routines and, on the whole, the ability to function in everyday situations.

Keywords: autonomous action – assistance – functionality – care home – mobility – older adults.

German abstract
Diese Studie erörtert Methoden zur Unterstützung und Konstruktion von Autonomie bei der Begleitung und Führung von Bewohnern in einem finnischen Pflegeheim für ältere Erwachsene. Die Daten wurden in Finnland erhoben, und die Studie konzentriert sich auf Mikroanalysen multimodalen Handelns. Die Studie zeigt die vielseitigen Seiten unterstützten autonomen Handelns auf. Einzelne Kapitel (Rollstuhl, Rollator, Begleitung ohne Geräte) verdeutlichen individuelle und situative Unterschiede. Die Unterstützung des autonomen Handelns erfordert das Aushandeln der gewünschten Handlung sowohl in Bezug auf relevante körperliche Unterstützung als auch auf motivationale Aspekte. Der Schwerpunkt variiert: Manchmal wird die körperliche Unterstützung minimiert, und manchmal kann die Unterstützung engen Körperkontakt beinhalten, wenn ein Bewohner emotional unterstützt wird. Unterstützende Mobilität hilft, vorhandene Ressourcen und alltägliche Routinen zu erhalten und insgesamt die Funktionsfähigkeit in Alltagssituationen zu erhalten.

Keywords: Autonomes Handeln – Unterstützung – Funktionalität – Mobilität – ältere Erwachsene – Pflegeheim.

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1. Introduction

This study discusses assistance in escorting and leading older adults in a Finnish retirement home. The physical help of care workers is often necessary for residents to get from place to place, and some of them need guidance to find the right place. Assistance is coordinated and regulated in this specific context depending on the situation and the individual physical and cognitive differences of the interactants. The micro-level analysis highlights mobility, which occurs collaboratively and in which agency is co-constructed through requests, questions, confirmations and embodied actions. The main question is how autonomous action is supported in a care home focusing on mobility.

All human action is basically dependent on others' collaboration, even though the illusion of independence is strong when people manage the mundane tasks in their lives by themselves (cf. e.g. Kendrick/Drew 2016; Jansson/Plejert/Lindholm 2019). When control over everyday actions is diminished, as happens – for instance – with age, and people need support for the tasks they managed before (Lindström 2005), questions of autonomy and dependence come to the fore. Offering and requesting assistance, or recruitment (Kendrick/Drew 2016), take on different nuances as the roles of the interactants change and asymmetries become more obvious.

In itself, assisting with movement means supporting activity and involvement (cf. Ekström et al. 2017), for example, when care workers help residents to participate in mundane activities such as coming to eat and going to rest. To assist the resident functioning in these activities (in this case, especially in mobility) is referred to here as supporting autonomous action. However, the nuances of this action and the importance of both the participants are revealed only through a detailed analysis.

Contrasting examples are given to illustrate the scales of situations; each will highlight the dynamics of cooperation in this context as well as participant orientation to the action, in which functionality includes preferences and emotional aspects. These are intertwined with the varying competences of the assisted. Overall, the article sheds light on how agentic space (Pirhonen/Pietilä 2018:33) is created in a micro-level interaction. The importance of invoking interpersonal relationships has been noted as a part of good care (Backhaus 2011:142; Heinemann 2009), and it will be argued that it also contributes to successful cooperation when mobility assistance is needed.

All in all, assisting with movement is inherently less intrusive an action than, for example, changing a diaper (Heinemann 2009) or helping give a shower (Jansson/Plejert 2014). It can be accomplished in various ways. This study highlights the negotiations of functionality in mundane situations and allows the consideration of how an older person's resources can be activated in order to support their autonomous action.

2. Research background

Residents in care homes have lost some of their previous abilities and they are under institutional care and control (Backhaus 2009; Marsden/Holmes 2014). However, in these conditions it is also possible to some extent to maintain a sense of dignity and independence (Jansson/Plejert 2014). In fact, supporting the residents' ability to control their personal lives seems to increase well-being (Backhaus 2018:206), and it is also identified as one the characteristics of person-centered care (e.g. Bamford et al. 2009; Kitwood 1997).

Pirhonen/Pietilä (2018) have studied residents' perception of feeling agentic in assisted living, and they identified three facets of it: competency in managing tasks, motivation for an activity, and surroundings that facilitate possibilities to act. Considering assisted mobility in care homes, these facets can be defined as the ability of a person to move (in interaction with the staff, using assistive devices), their desire to move inside the institution, and the facilities the institution provides for moving (including space and physical arrangements, aid devices, and the availability of human support). Choice and control can be increased through small mundane details that people are able to manage themselves, but those possibilities to exercise control, like pouring coffee themselves, are easily overlooked or ignored (Finlay/Walton/Antaki 2008:353-354).

Support of autonomous action can be detected in the various ways interactants display and construct their agency. Even though the other party has reduced competences to move, and therefore needs the embodied resources of the caregiver and assistive devices, the caregiver can still treat them as an active agent in moment-by-moment interaction. Similar observations are presented in Goodwin's well-known study, where interactants do so with Chil, who has limited vocabulary but rich prosody (cf. C. Goodwin 2013:12-14). The turn-design has relevance for agency. In Antaki/Crompton's (2015) study, interactional style appears to be important in creating potential for the disabled service users' agency: for instance, using *we*-forms in speech presents the activity as shared. In addition, participants can achieve their interactional goals by formulating their turns in such a way that they are not held accountable for them – for instance, a customer service agent gets the interlocutor to tell their name without directly asking for it (Sidnell 2017). Concerning the turn-taking system, Backhaus (2018) has shown how a resident's lack of access to the FPP endangers their agency because responding calls only for reaction, not action. However, the responding interactants can work to manipulate the social action (see, e.g., Vatanen 2016 for timing in agreeing turns; Stevanovic/Kahri 2011 for prosody on constructing the active status of response). In the current study, the overall goal is to show how residents and caregivers accomplish mobility together and how default asymmetry in agency in a care home is being balanced and negotiated in vocal and embodied ways in proceedings from place to place.

As stated, supporting autonomous action in mobility means supporting functionality; an assisted person still has many resources that can be supported so that they are not a target of care, but rather an agentive actor in mundane activities (Ekström et al. 2017; Hydén/Antelius 2017). Assisting with mobility is a cooperative action in which residents participate together with their care workers (cf. e.g. Majlesi/Ekström 2016). This aligns with the idea of participatory agency, which emphasizes "the constant interdependencies with others' actions, which means that to a considerable extent we rely on their agency (or a partly joint agency), rather than exclusively on our own" (Linell 2016:43). Additionally, in the field of intercorporeality, the focus is on "joint and mutually anticipated motion"; that is, in assistance, bodies co-perform actions while taking into account the embodied experiences of one another and the surroundings (Meyer/Streeck/Jordan 2017:xxviii; see also Käll 2017).

Negotiating mobility and assistance needed in a given situation consists of layered, or "laminated", resources (C. Goodwin 2013), such as pointing (C. Goodwin 2003), gaze (Streeck 2014), and verbal advice (Antaki/Kent 2012). Regulating proximity between participants includes special considerations in retirement homes, as assisted persons are adults and there is a professional relationship between care workers and residents. Assistance in this context is inherently different than the parental shepherding of children, in which tactile engagement aims specifically at monitoring the body of the child for compliance (Cekaite 2010:19). With older adults, the overall roles are different and the balance in directing is an even more sensitive and challenging issue (for instance, when assisting a person with memory problems). In this kind of interaction, the questions of obligation and the power to decide are relevant (Kent 2012; Stevanovic/Peräkylä 2012). Conflicting interests might arise when negotiating participant rights. In addition to this, institutional duties sometimes keep caregivers busy, and they cannot respond to resident wishes immediately.

In this specific context, devices can support a feeling of agency in residents (Pirhonen/Pietilä 2018:27-28); people might be able to move by themselves with the help of a wheelchair or walk with the help of a walker. Wheelchairs and walkers are material objects to which participants orient themselves, but the human body can also be seen as an object and is an essential resource for assistance (cf. Nevile et al. 2014:4-5). Concerning material objects and their role in action in different contexts, Due/Lang (2019) show how the blind navigate in an urban environment with the help of a white cane and how collision with unpredictable objects on a familiar route causes movement to stop, as the physical environment is not ideally organized. In assisting with locomotion, participants make assistive devices relevant in interaction as they hand and move them, but they can also treat them as worth a mention when they refer to them (cf. Tuncer/Licoppe/Haddington 2019:387-388; Muñoz in this special issue). In addition, assistive devices are a crucial part of the interaction in a similar way to when a material object is passed from one to another in medical contexts: this happens collaboratively, with both participants anticipating and then feeling the other person through touching the object (Heath/Luff 2020).

Furthermore, human touch is one central resource in assisting and assistance regulation in care work (Gleeson/Timmins 2004:21; Marstrand/Svennevig 2018). The affective aspect has also been studied concerning childcare (Cekaite/Holm 2017) and care for older adults, illustrating relationship building between care

workers and residents (Mononen 2019). Touch may work to achieve a common goal, for instance, in moving from place to place. Marstrand/Svennevig (2018) found an orientation to touch in instruction for older persons with Parkinson's disease as a sensitive resource; touch often occurs after using other semiotic resources which have failed. An instructive touch can be seen as invasive manipulation of the body of the other interactant and, thus, may pose a risk to self-determination (Cekaite 2015). Similarly, moving someone from place to place by wheelchair means manipulating the body of the interactant without their own effort, but, in this case, it is possible to avoid having haptic contact with the assisted. Touch has different functions in care for older adults: instructive touch compensates for a lack of resources and is not a tool used in overcoming resistance (Marstrand/Svennevig 2018); affective touch, however, can have a calming function and, in that case, can modify and direct resident action (Mononen 2019).

3. Data and methods

The data have been collected in a care home in Finland from 2015 to 2016. The data were either recorded by the author of this study, with their assistant, or by the assistant alone. The staff collected individual consent, and care was taken to be sensitive to individual situations. All personal information has been anonymized. The data consist of 55 hours of video-recorded material, with 43 occasions where a care worker helps a resident to move from place to place. These occasions can be categorized as follows:

- 18 cases where a careworker assists a resident with a wheelchair
- 14 cases where a resident moves with the help of a walker and a careworker guides and assists (for instance, in getting up and giving direction)
- 11 cases where a resident moves, walking without aid other than a human body or vocal advice

In addition, there are some cases where a care worker moves only the chair on which a resident is sitting – for instance, while eating. Moving a chair also occurs sometimes when a care worker assists a resident in standing up and starting to walk with a walker, but this is included in the above-mentioned occasions. In the collection, there are shorter excerpts and quickly passing cases where the activity is already ongoing, and longer cases with negotiations regarding the direction of the activity. The cases in the collection usually show either the beginning of the assistance or the end of it, as the camera was situated in the dining hall. Because recording occurred in one place, it is generally not possible to analyze the whole trajectory of assisting, and the focus has to be elsewhere – on specific moments that illustrate different capacities and collaboration in mobility.

This study concentrates on a microanalysis of assistance situations by using multimodal conversation analysis tools, which reveal how actions are mutually adjusted in real time (Mondada 2016). I have chosen to use various degrees of granularity in transcribing embodied actions: the key actions focused on for analysis are described in detail, and others mainly in a less detailed way. Ethnographic information on the studied community and people is utilized (see Lindholm 2016a). CA offers a method for analyzing micro-level interactions between care workers and residents:

negotiations related to ongoing activity and instructions (Jansson/Plejert/Lindholm 2019; Majlesi/Ekström 2016), roles in care situations (Backhaus 2011), as well as questions relating to the loss of autonomy (Heinemann 2011) and agency (Backhaus 2018).

The analysis focuses on how moving is negotiated both vocally and in an embodied way. How are different capabilities supported or taken into account in moving to a certain place, and how do the participants seem to share the responsibility and goals in the action? There are three sections focusing on three different means of moving: via a wheelchair, with the help of walker, and solely with human support. These examples were chosen to illustrate aspects of supporting the autonomy and functionality of residents with different preconditions. Cases vary accordingly; sometimes the focus is on guiding verbally, and sometimes a care worker and the assisted have closer physical contact (for instance, when a care worker is holding a resident by the arm). How is autonomous action supported in these different cases?

4. Analysis

4.1. Helping to move with a wheelchair

In this section, the focus is on residents who use a wheelchair. As mentioned above, assisting with a wheelchair can happen such that the caregiver does not touch the assisted while helping the person to move. However, this type of assistance requires touching a personal object, and verbal negotiation plays an important role.

Here, how care workers help two residents to move will be discussed. Additionally, how autonomous action is supported and created differently will be examined. The first example outlines how a care worker assists a resident called Saima[2] in returning to her room. Special focus is paid to minimizing physical support and, thus, giving more freedom to the resident to move independently. The care worker and Saima have been sitting at the table reading a journal. The resident initiates going (l.1-3).

Extract (1): Go

Participants: C: care worker,[3] S: Saima, resident

```
01    S:    ei mua tartte viedä sänkyyn.
            you do not need to take me to the bed.
02          mä pääsen huoneeseen.
            I'll get to the room.
03          (-) [istu tuolissa.
            (-)  sit in the chair.
04    C:        [°no.°
                 ok.
```

[2] The names are pseudonyms.

[3] The care worker is not a native Finnish speaker, which can be heard in some of her expressions.

```
05    C:    +no ni. ota ^si- sitten [lehti mukan.+^
            ok.     then, take the journal with you.
            +.....................................+hands out the
                                                   journal to s
      s:              ^.........................^takes the
                                                    journal
06    S:                                [joo.
                                         yes.
07          %^(2.1)% (0.3)^ (1.0)
      c:    %......%turns the wheelchair-->
      s:     ^............^puts the journal back on the table
08    C:    otatko lehti +mukaan.+
            will you take the journal with you.
                         +.......+grabs the journal
09          +(0.9)%
      c:      --> %
      c:    +...->hands out the journal-->
      s:    moves hand
10    C:    o^+ta.
            take.
            ->+,,,,
      s:     ^grabs the journal,,,
11          (1.2)^+%(0.3)
      c:    ,,,,,^+
      c:           %hand to wheelchair-->
      s:    ,,,,,^holds the journal-->
12    C:    &tai mä vien ^+se lehti ja &%sinä tuut perässä.%
             or I'll take the journal and you'll come after me.
      s:                 ^
                          +takes the journal
            &.........................&stands up
                                       %slightly turns the
                                        wheelchair        %
13    C:    mene.% (0.3)% *1.1          (0.2) %
            go.
                 %......%gesture forward,,,,,%
```

Figure 1.1: Go.

```
14          %(0.5)% (0.1)*1.2%  (0.3)%    *1.3 %(0.2)   %
c:          %.....%touches s's
                        hand %      %gesture %,,,,,,,,%
```

Figure 1.2: Touching the resident's hand.

Figure 1.3: Gesturing forward.

```
15          (3.9)
      c:    goes ahead of s, takes the mug from the table
16    C:    %(0.4) tule.*1.4%
                   come.
            %steps slowly forward, gazes at s -->>
```

Figure 1.4: Come.

```
17          (0.7)
18    C:    Sai^ma.^
      s:       ^...^wheels the chair-->>
```

Saima's initiative starts with justification: she disapproves of the assumption that she needs to go to bed (l. 1) but claims instead that she could sit in the chair in her room (l. 2, 3). The care worker interprets this turn as a request to move and shows an orientation to start assisting with the particle *no* ('ok', l. 4), which overlaps Saima's turn. Thus, she marks the shift to a new activity (cf. Sorjonen/Vepsäläinen 2016). After that, she begins the assistance sequence with the particle chain *no ni* (l. 5, VISK § 859) as she begins handing the journal to Saima. In addition, as a preparation for movement, she starts to turn the wheelchair (l. 7). After offering the

journal twice to Saima, the caregiver changes implementation of this action. She introduces an alternative by uttering *tai* ('or', l.12) and formulates a declarative (l.12), which closes the negotiation (Etelämäki/Couper-Kuhlen 2017:228).

In the following action, the care worker produces two imperative forms and changes her position accordingly. First, she uses the imperative form *mene* ('go', l.13, figure 1.1), and, immediately after the verbal request, she makes a gesture in the direction she intends to proceed; the gesture elaborates the verbal request (C. Goodwin 2007:209). It is post-positioned, unlike many place/space related gestures showing direction (Schegloff 1984:282). However, the caregiver stands behind Saima, so she is not in an optimal position (C. Goodwin 2000). Thus, the recipient has trouble receiving the request (Keisanen/Rauniomaa 2012:349). In addition, it may be that Saima has difficulty in hearing her verbal request. The care worker repeats her action, now gesturing by lightly touching Saima's hand, and this is combined again with demonstrating the gesture forward (figures 1.2 and 1.3; cf. Ekström et al. 2017:107, *embodied directives*). Touch is used as a new resource to draw Saima's attention, and it can be seen as more invasive than using only a gesture (Marstrand/Svennevig 2018). In this moment, the care worker does not repeat the imperative, but as (again) the second pointing gesture paired with haptic contact seems to be inadequate in getting Saima to move, the care worker reorganizes the participation framework through the positioning of her body (Kendon 1990; C. Goodwin 2007:209-210; M. H. Goodwin /Cekaite 2013); she relocates to a better position for giving instructions and passes Saima (l. 15). In fact, her movement not only creates a shared focus of attention, but her leading by example also demonstrates to Saima the desired direction of locomotion.

The care worker turns to face Saima and is now situated in front of her, and she produces the imperative again – this time *tule* 'come' (l. 16, figure 1.4). When Saima does not start to wheel herself, the care worker addresses her by her first name to get joint attention (l. 18, see Marstrand/Svennevig 2018). As the care worker produces her name, Saima starts to move forward (l. 18). An affirmative response is given by action – no words are needed (Rauniomaa/Keisanen 2012:831). The instructions must be examined in context; the caregiver utilizes an imperative, but asking the resident to come is in line with her wish. The resident's commitment to the action gives more legitimacy to the instructing involved (Marstrand/Svennevig 2018), and, possibly because these requests are concrete and immediate, they afford the speaker greater entitlement (Antaki/Kent 2012:887).

Thus, instead of pushing Saima in a wheelchair and letting her take the journal, the care worker starts guiding her verbally and with gestures and urges Saima to move by herself. The implementation of the action is reorganized and negotiated, which results in a slightly longer period of time used in assisting. However, the situation emerges in a moment when the caregiver is spending time with the resident and, thus, allows space for a common endeavor like this. The caregiver does not choose the fastest way of moving the resident from the dining hall to her own room because the assistance mobility is, in fact, also accomplishing the activity of spending time together.

In the second example, there is another resident (Raisa) in her wheelchair. Raisa is able to move her wheelchair by herself, and she often comes to the dining room

independently. The situation is rather different, though; even though assisting mobility is a crucial part of the interaction, the focus is on inviting the resident to come along and choose decorations (i.e., new tablecloths).

Before this extract, the care worker has suggested changing the tablecloth on Raisa's table. Raisa has refused because she likes the current one. In the beginning (l. 1, 3), the care worker still tries to persuade her to choose one for herself from next to the wardrobe.

Extract (2): Tablecloths

Participants: C: care worker, R: Raisa, resident

```
01    C:    tuus [kattoo mun kans
            come and see with me
            speaks outside the picture-->
02    R:         [e
03    C:    tohon kaapille.
            to the wardrobe.
04    R:    ei ei siellä oo.
            no there is nothing there.
05    C:    kato mulle ^muille pöytiin sitte,
            look for me for the other tables then,
      r:              ^moves her wheelchair backwards
                       from the table-->
06    C:    mä työn*2.1nän ^%sut ni,
            I'll push you so,
                   -->.....%grabs the wheelchair
      r:           ------->^
```

Figure 2.1: Caregiver approaches the resident in her wheelchair.

07 C: %tuu maku- *2.2 makutuomariks sinne?
come be an arbiter of taste there?
%moves the wheelchair-->>

Figure 2.2: Moving the chair while making the request.

Raisa denies the possibility of finding a suitable tablecloth for her table (l. 4), and the care worker gives in but sticks to asking Raisa to come along, offering her a new goal – choosing tablecloths for the other tables. Raisa shows alignment to the suggestion, as she moves her wheelchair backwards away from the table when the care worker is still formulating her second suggestion (l. 5). The care worker walks to Raisa and grabs the wheelchair in the middle of her announcement about pushing the wheelchair (l. 6). This verbalization functions differently here than in cases where the resident has challenges orienting to the situation (cf. Lindholm 2016a:836; see extract 3); however, it can be seen as smoothing the transition to the next action and also showing her orientation to justify interfering in the resident's physical integrity. The caregiver starts to move the wheelchair before getting verbal affirmation for her announcement, but the movement is a continuation of Raisa's moving of the wheelchair. The appeal to come be an arbiter of taste happens simultaneously with the pushing (l. 7). The request gives Raisa the role of an expert who is able to make proper decisions and seems to legitimize the move, which has already been negotiated for a while. Pushing her facilitates action, but it also keeps the focus on the main issue: decorations. Raisa is interacting without orientation problems and does not show any resistance to this part of the interaction.

These two examples illustrate how care workers assist people who use wheelchairs, and in both they support the functionality of the person in different ways. The two tasks are different, as – in the first one – the resident has initiated to go to her room, whereas – in the second – the care worker suggests that the resident come help her choose tablecloths. In the first case, moving from place to place is the focus, and, in the second, the tablecloths are the focus. This is reflected in the interaction: in the first scenario, assisting mobility is important, whereas, in the second, participation in another activity – decision-making – is the focus, and assisting mobility serves this aim. In both, involving the resident in the action requires more effort, but supports the resident's functionality.

4.2. Leading to walk with a walker

In this section is discussed how autonomy in mobility is supported when a person uses a walker but needs assistance. In the extract (3), a resident called Ruusa is sitting in the dining room. Ruusa is active in asking for help, and even though the care worker initiates the actual move in the following case, Ruusa has requested to go to sleep, and she has been waiting for help for some time. Due to their institutional duties, the care workers were not immediately available for this kind of non-urgent assistance. Thus, self-determination is restricted both by physical competences and institutional conditions.

Ruusa's need for physical support in moving varies from day to day; here she needs help in getting up, but sometimes she gets up by herself. Sometimes she sits in a wheelchair, and occasionally she also walks with only human support. However, in general, she needs the verbal guidance of the caregivers.

Extract (3): This way

Participants: C: care worker, R: Ruusa, resident

```
01    c:    comes, takes gloves
02    C:    &%Ruusa, lähetääs lepäi^lee.
            Ruusa, let's go have a rest.
            &puts gloves on-->
             %moves closer to r-->
      r:                          ^turns to c ->
03          (1.7)%^
      r:    ----->^
      c:    ---->%
04    C:    ^lä%hetäänkö lepäilee.*3.1
             shall we go to rest.
               %bows down to r
      r:    ^gaze on c-->
```

Figure 3.1: Question to the resident.

```
05    R:    #e# %lähet sie viemää.%
            #e#  will you take me.
      c:        %takes step to r,
                 raises up slightly%
06    C:    joo.^
            yes.
      r:    --->^
07    R:    %#j#hoo. (0.9)
              yeah.
      c:    %goes to walker -->
08    R:          [(--)
09    C:    *3.2 &[otetaan tä%mä.
                  let's take this one.
                         -->%brings walker closer-->
              ->&
```

Figure 3.2: The caregiver goes to get the walker.

```
10    R:    mul on niin vaikea olo.
            I have such a difficult feeling.
11    C:    no joo.
            oh yeah.
12          (0.4)%&       (0.7)%&
      c:    ---->%.............% bows down -->
      c:    &.....&left hand
               on the chair.....& both hands on the chair
13    C:    mä käännän %sut.%
            I'll turn you around.
                     ->%twitches her body
                     upwards%
14          (2.1)
      c:    turns r's chair towards the walker,
            left hand stays on the chair
```

15 **C:** **%no ni?*3.3 %(0.9)**
okay?
%..........%draws walker -->

Figure 3.3: Getting the walker closer to the resident.

16 **&(0.4)**
c: *& left hand off the chair*
17 **C:** **sitte pääset.%**
then you'll get.
c: *---->%*
r: *moves hands under the blanket that is on her shoulders*
18 **&(1.1)**
c: *&right hand off the walker*
r: *moves hands under the blanket*
19 **R:** **^%&iha&naa.%*3.4 (0.2)%**
wonderful.
^.......-->
c: *&....&right hand fingers on the walker-->*
c: *%looks to the*
corridor%,,,,,,,,,%

Figure 3.4: The resident prepares to grip the walker.

```
19    C:    %joo.&
             yeah.
               -->&
            %.....-->
20          %(1.2)   ^(0.1)*3.5          ^
      c:    %goes to the corridor, comes back to r-->
      r:    ......-->^hands on the walker^
```

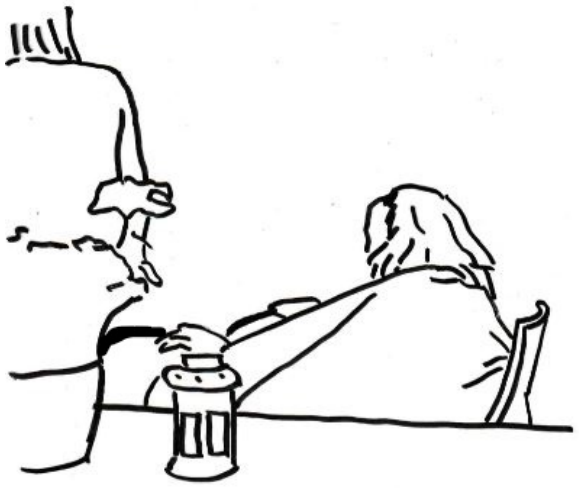

Figure 3.5: Both hands momentarily on the walker when preparing to stand up.

```
21          ^(0.2)         ^   (3.7)    ^
      r:    ^right hand off^arranges the blanket with the
                           right hand^
22    C:      %otetaan viltti %mukaan.
              let's take the blanket with.
            ->%.............%lifts the blanket to the walker-->
23    R:    (--)
24    C:    jos mä otan tän ni,
            if I'll take that,
25    R:    no  jo[o.
            all right.
26    C:          [pistetään se vaikka tohon ni se pysyy mu%kana.
                  let's put it here so it comes along
                                              ---------->%,,,,,
27    R:    ^%hy%vä.^
              good.
            ^.......^right hand on the walker
      c:     %..%right hand's fingertips on the walker
```

```
28    C:    jes.*3.6 ↑sit ylös ^vaa.
            yes.      then just up.
      r:                    ^leans forward-->
```

Figure 3.6: Encouragement to stand up.

```
29          %(1.3)%^  (0.6)^   (1.1)¤
      c:    %.....%hand on r's back, supports-->
      r:         ->^jerks
                   her body^........¤right hand on armrest-->
30          ^(2.6)
      r:    ^...-->
31    R:    hhhhh
32          (0.2)^¤%
      r:    ---->^stands up
      r:     ---->¤
      c:     ----->%
33    C:    no ni,
            okay,
            ,,,,,,-->
34          (0.3)%
      c:    ,,,,,%
      r:    stands
35          ^%(1.0)%^(0.7)
      r:    ^pushes walker
                    ^ walks-->>
      c:     %.....%*3.7 puts her hand on r's back, escorts-->
```

Figure 3.7: Socioemotional touch: hand on the resident's back.

```
36    R:    tänne päi.
            this way.
37    C:    joo-o?
            yes?
38          (0.5)%
              -->%
39    c:    goes ahead, opens the door
```

Having taken the gloves, the care worker summons the resident by name and gives the reason for her coming (*Ruusa, lähetääs lepäilee*, 'Ruusa, let's go rest', l. 2); these elements function as an opening for the assistance (cf. Backhaus 2018:209-210). Ruusa does not respond, and it is possible that she does not hear this utterance. In addition, she is unable to see the care worker coming, as she sits with her back toward her, but when the care worker steps closer, she turns to her (l. 2-3). The care worker reformulates the suggestion into a question as a part of the negotiation process (cf. Antaki/Crompton 2015). Ruusa responds with a counter question (l. 5) that can be interpreted as a sign of surprise and satisfaction. The caregiver simultaneously continues her course of action as she puts on the gloves. The affirmation of the care worker is followed by an affirmative from Ruusa (l. 7). The inter-sequence seems to be creating mutual co-presence as the goal is already clear.

When the caregiver has brought the walker near Ruusa, the next move is to get her to stand up. The turning of the chair is preceded by an announcement (*mä käännän sut*, 'I'll turn you', l. 13), but the physical movement of bending down has already started (l. 12; cf. Frick 2017). In the context of care, the verbalization of the actions – as seen here – can be seen as plain announcements to inform the recipient of the next move that affects them. Verbalizations like these can be seen as helpful for residents with certain communication challenges (cf. Small et al. 2017; Lindholm 2016a:836). The caregiver also announces taking the blanket that was on Ruusa's shoulders that Ruusa had been arranging (l. 22) and does not get an audible response from Ruusa. She reformulates the action anew into a conditional clause without a superordinate clause (*jos mä otan tän ni*, 'if I'll take this one', l. 24, cf. Lindström/Lindholm/Laury 2016). Ruusa interprets this as a suggestion and complies with it (*no joo*, 'all right', l. 25). Ruusa has shown active orientation to moving by arranging her blanket and gripping the walker (l. 20-21).

Finally, they both grip the walker (l. 27), the caregiver with only her fingertips beside the handle, probably trying to prevent the device's abrupt movements, and the resident with both her hands on the handles. She orients to it without any extra advice on how to use it. This all shows how naturally the assistive device belongs to everyday movement, as a trusted resource in proceeding (cf. Due/Lange 2019). The process is negotiated, and, through this negotiation, participation is made visible. The care worker not only assists but considers the other participant a legitimate actor in the situation, taking the different resources available to the interactant into account. The caregiver encourages Ruusa verbally but also gives Ruusa space to get up.

To assist the resident in getting up, the care worker puts her hand on Ruusa's back and holds it there. This can be seen as physical support, as the getting up takes time and effort: Ruusa jerks her body and moves her right hand to the armrest probably to get more power to raise herself up (l. 29), and she also makes a loud exhalation during the getting up (l. 31). However, after Ruusa is standing, the caregiver

takes her hand off of Ruusa's back for a moment but then puts her hand there again (l. 35). This can be seen as more of a socioemotional action, as Ruusa has already moved the walker forward. However, she takes the first step as the caregiver's hand is again on her back, and this haptic contact might encourage her to advance further. In addition, she is still seeking confirmation for the direction of motion (l. 36), and – in this sense – the touch can be seen as creating co-presence that helps the proceeding to continue (cf. Goffman 1963; Cekaite 2016). Physical support from the caregiver's hand is no longer necessary for the physical effort, but this formation functions as steering – or scaffolding (Cekaite 2010:11) – in the common project of moving and confirming the route of motion, which is challenged by the resident's uncertainty, not their unwillingness to go (cf. Cekaite 2010). This holding their hand lightly on the resident's back by the caregiver when the resident uses the walker is typical in the overall data.

The socioemotional aspect can be seen all the time in assisted mobility, but in focusing on the touch at the end of the extract (3), a moment when physical assisting slides into a more social action can be detected (l. 35). This kind of emotional support contributes to accomplishing the activity smoothly; many residents need support and encouragement to act due to cognitive challenges even though they are able, for instance, to move physically. The last section highlights this aspect of intimate support in escorting – when a resident does not have any physical difficulties in walking without aid, but, instead, has challenges caused by memory and orientation deficits.

4.3. Human-assisted leading

This section will discuss how a resident is assisted without a walker or wheelchair. This may happen by leading someone who needs mainly physical help, but here the focus is on cases in which a resident has no physical restrictions but, rather, memory and orientation problems. That is a common case in care home assisting, as many residents walk actively by themselves, but they need guidance in where to go. This is often the case with those who need physical support; however, when there are no physical restrictions on movement, other aspects of assisting autonomous action may be seen more clearly. Assisting aims at proceeding to a relevant, mutually recognized place. In cases of orientation problems and the need to negotiate the direction of the locomotion, touch can be especially useful as a mitigating and persuading measure in communication (cf. M. H. Goodwin 2006; Mononen 2019).

In the following extract (4), a care worker escorts a resident (Reija), holding her under his arm. This formation of bodies is intimate, like "an ecological huddle" (Goffman 1964:135), which highlights their orientation to each other (C. Goodwin 2007:57). In the following, the vocal replies are Reija's, and the most striking feature is Reija's and her caregiver's physical interaction while proceeding to the table.

Extract (4): Oh how nice

Participants: C: care worker, R: Reija, resident

```
01          c escorts r under his arm, r strokes c's stomach, c
            stretches his hand to the chair *4.1
```

Figure 4.1: Escorting the resident.

```
02          %&(0.3)%
      c:    %......%grabs the chair
      c:     &right hand on r's back-->
03          %^(1.1)          %^
      c:    %draws the chair %
      r:    ^takes right hand
             off c to her side^
04          ^(0.9)                ^
      r:    ^bends, stretches
            left hand to the chair^
05          %(0.4)*4.2                          (0.4)%^
      c:    %draws the chair with the left hand%
      r:    ^pushes the chair with the left hand^
```

Figure 4.2: Moving the chair together.

```
06    R:    ^no niin, näin.
            okay, so.
            ^turns her body-->
      c:    left hand stays on the chair
07          % &(0.7)^*4.3
      c:    ->& right hand to the chair
      c:    %moves his left hand on the chair-->
      r:        -->^
```

Figure 4.3: Sitting down.

```
08    R:    §^kiitok§sia?%
              thank you?
             ^sits down-->
      c:              -->%
      c:    §one step behind
            the chair§
09          %(0.8)^%
      r:      --->^
      c:    %......%bends slightly to push the chair
10    R:    %ai ku ^kiva.
            oh how nice.
      c:    %pushes the chair-->
      r:          ^ .........-->
11    R:    oi. %^ (juku) nyt.
            oh.    (gee) now.
              -->^strokes the table cloth
      c:     -->%turns away, leaves
```

Here, the emotional aspect is prominent in guiding the resident to sit and have a meal; the resident orients actively to the encounter, and her exclamation indicates positive emotion (*ai ku kiva,* 'oh how nice', l. 10, VISK § 1719). In cases like these, the personal encounter is especially important, because it creates a basis for cooperation and mutual agreement for the next relevant action. If humor and good feeling are prominent, these inevitably promote the accomplishment of everyday actions (cf. Heinemann 2009). In this example, close physical contact occurs, and both participants are active in it (l. 1). Thus, concerning autonomy, the assistance happens with mutual agreement; intimate bodily contact creates a positive encounter that supports the resident in joining in dining.

Cooperation is clearly visible in the movements of the interactants; they orient to the same destination – the chair – and, as the care worker draws the chair, Reija

takes her hand off of his body and orients to sitting down. She joins in the action and, after grabbing the chair, they draw it together (l. 5). Simultaneous movement is the result of anticipation (Meyer/Streeck/Jordan 2017:xxiii; Heath/Luff 2020), and they move the chair as one unit.

Reija thanks the care worker for the help, using a prominent pitch with rising intonation, which underlines its interpretation as a polite response (l. 8). She does not treat the assistance as a self-evident routine; she acts as an active agent, not as a passive target receiving help, and responds to the assistance with gratitude. The care worker does not say anything during this short excerpt; he uses only embodied resources, and this seems to be adequate in the situation, which highlights their mutual momentary connectedness.

In this case, the resident shows satisfaction with the assistance in the action. The same applies to the next example (5), but, in addition, the next example shows how a caregiver initiates assistance with the same resident, Reija. Reija has been walking around, and she has also gone to the medicine board, which is not for the residents. Her behavior often seems restless, even disturbing for the other residents, and the care workers calm her down. Now, a care worker suggests that Reija have some fruit, and, with this initiative, she accompanies Reija to sit down by the table. In the beginning, they are standing a couple of meters away from each other. The caregiver summons Reija to get her attention (l. 1).

Extract (5): Fruits

Participants: C: care worker, R: Reija, resident

```
01    C:    Rei%&ja? (0.3)&
              %gaze on r
02    c:     &lifts bowl of grapes from
                the table&
03    R:    ^&nii.%(0.4)&^
             yes.
      c:     &step to r &
      c:          %....-->
      r:    ^step to c   ^
04    C:    &^mä annan sulle *5.1%vähän &^hedelmää.^
            I'll give you        some fruits.
      c:    &walks to r                 &continues walking-->
      c:    ..................%grips r's arm
      r:     ^walks toward c             ^.........^
                                  right hand on c's back,
                                  continues walking-->
```

Figure 5.1: The caregiver invites the resident to a common movement.

```
05    R:    ai ku ihanaa.
            oh how wonderful.
06    C:    tai mikskä [viinirypäle nyt,
            or how does grape now,
07    R:               [juu (--) joo ihan%^
                        yes (--) yes quite
      c:                                 %puts the bowl onto
                                          the table-->
      r:                                ->^....-->
08          (0.3)
      c:    ...-->
09    C:      %nii.       %
                yes.
            ->%draws chair%
10          ^%(1.9)    *5.2(1.2)^%
      c:     %holds lightly on r%
      r:    ^sits down         ^
```

Figure 5.2: Holding the resident lightly.

```
11          %(0.9)       %(0.3)
      c:    %step forward%lifts bowl-->
12    R:    täs on mu%kava kyllä nyt.
            it's nice here now.
      c:    -------->%
13    C:    nii-i?
            yes?
14    R:    ↑joo.
             yes.
15    c:    goes away
      r:    starts to eat
```

In the beginning of the extract, the caregiver reconfigures a focus of attention verbally and physically – summoning Reija, making an announcement, and approaching Reija (cf. Tulbert/M. H. Goodwin 2011:83). In this case, moving to a certain place is the caregiver's initiative as a part of organizing actions and part of Reija's being in the dining hall. The care worker's announcement of the grapes also functions as an offer. In addition, her position with an outstretched hand invites Reija to a common movement. Reija aligns immediately, both bodily and verbally, to the action at hand (cf. M. H. Goodwin 2006:519). She proceeds with the caregiver towards the table and expresses satisfaction with the goal, producing a positive emo-

tional exclamation (*ai ku ihanaa*, 'oh how wonderful', l. 5), similar to the exclamation in example (4), but with a more intensive adjective. Also, the result of the assistance provokes a positive evaluation from Reija (*täs on mukava kyllä nyt*, 'it's nice here now', l. 12), and, thus, she indirectly gives the caregiver credit for assisting. The caregiver receives this evaluation emphatically with the prolonged particle *nii-i* ('yes', l. 13), and, in this way, recognizes the state of affairs Reija has described (cf. Sorjonen 1999:180-181). In summary, staff-initiated assistance seems to create a meaningful encounter; it supports the functionality of the resident as it provokes a positive affect and active orientation to the action at hand: sitting down by the table and having something to eat. Thus, the motivation is created only momentarily, but the resident complies and joins the action, showing pleasure.

Embodied co-presence plays a crucial role in the process of steering, similar to how shepherding plays a role in interactions with children (Cekaite 2010), even though the roles are different. Here, steering aims at regulating the resident's behavior and gives her the possibility to participate in a meaningful way in everyday life in the institution. Holding Reija lightly (fig 5.2) can be seen as supporting the embodied action already in progress, as discussed in a similar manner by Marstrand/Svennevig (2018). In examples 4 and 5, the caregivers end up assisting the resident in sitting down, situated behind her in a C-formation, which allows the caregivers a controlling position over the resident (Cekaite 2010; Kendon 1990). However, Reija cooperatively allows both caregivers to help her in this way.

In the last two examples, the care worker closes the interaction by walking away (cf. Broth/Mondada 2013), while in the others the initiation of assistance is visible, and closing is not analyzed. Motivation arises in the given situation and is visible as the resident complies with the offered assistance and reacts to it in a manner that suggests satisfaction. To secure the overall functioning of mundane life in a care home, the caregivers focus the attention of the residents to relevant issues and, for instance, guide them in movement; this protects the personal well-being of the residents in question as well as that of other residents. This requires guiding and controlling but also sensitivity to the situation.

5. Discussion and conclusion

This study has discussed the types of assisted mobility used in care homes for older adults, with a special focus on aspects of supporting resident autonomy. The starting point was that agency is participatory and co-constructed (Linell 2016). Care home residents have lost some of their earlier functionality, and they need support in their everyday actions, which means that questions of autonomy and agency are especially nuanced. Besides physical restrictions, the assisted often has challenges of attention, hearing, sensorimotor skills, and memory, which increases the complexity of assistance. It has been shown how residents move in collaboration with their caregivers, and this has revealed some aspects of professional care work, when autonomy is supported in negotiating verbally and in embodied ways. Thus, mobility assistance is relationally achieved. Caregivers assist and leave space for autonomous action by making suggestions, waiting, and encouraging both verbally and in embodied ways; residents, for their part, contribute to being assisted as they, for example, request help, comply, confirm, and express their emotions.

There are differences in the focus of assisting action. This was illustrated by showing two different cases of using the same assistive device: a wheelchair. In the first, the focus is assisting mobility, where the resident is encouraged to move herself, whereas in the second, participating in decision-making was the focus. In the latter case, the caregiver gives maximal support in mobility and pushes the wheelchair, which helps to shift concentration onto an activity other than moving itself.

This leads to another difference: how the goal of assisting is created. Either the resident is the initiator in movement from place to place, because they have physical challenges that hinder walking or movement (extracts 1 and 3), and the negotiations deal with the assistance and moving itself, or the caregiver suggests moving and creates a common goal for mobility that supports resident functionality (extracts 2 and 5). In one example, the initiation of assistance is not visible. Negotiation to accomplish movement reveals how competences are adjusted to relevant physical assistance. On the other hand, when moving serves mainly other aims (as in extracts 2, 4, and 5), the type of assisting is not so prominently under negotiation.

There are also differences in haptic contact due to the assistive device and the restrictions of the resident, but this effect is not straightforward. For instance, a wheelchair enables one to avoid touching another human, even though this cannot be seen as a goal itself. Touching the assistive device is one important part of the proceeding, and it might help to regulate the movement, as in the case of touching the walker while the resident is getting up. Haptic formations have also relevance in steering, for example, creating co-presence (cf. Cekaite 2016:37). Occasionally, the caregiver minimizes haptic contact, which is seen especially in extract 1, when encouraging the resident to wheel the chair independently; alternatively, sometimes embodied contact is prominent in joint movement, which might be important emotionally, even though the assisted person has the physical capability to walk. Socio-emotional touch becomes important in the last three extracts: in extract 3 it is used at the point when the resident is standing after a longer episode of preparation, and it functions as steering and encouraging the resident to move further. In the last two illustrated cases, where the resident had no physical restrictions but had problems in orientation, socio-emotional touch intertwined with steering forms a crucial part of the assisting, and in extract 4, embodied means compensated for vocal interaction, as seen in the data, but the duration of the assistance in its entirety was not recorded. In addition, this kind of intimate assisting may include humor.

In all of the cases, both the care worker and the resident adjust their movements to each other, and the help needed is also negotiated in an embodied way as well as via wishes expressed verbally. Vocal advice, imperatives and instructions are essential in helping residents function on their own, but trying to get a person to move may often include *embodied directives* (Ekström et al. 2017:107). The caregiver could use gestures or go ahead of the resident, showing the route and providing an example and encouragement. For instance, holding a hand on the back might help orient the assisted person to the next move. In many cases, the resident interacts actively in the process; however, verbalization of the action by the caregiver is often important as a way of indexing the next shift and creating a mutual understanding of the required step. In many of the cases, caregivers use questions in negotiations for proceeding, granting the resident the possibility to express their opinion, which they would not necessarily otherwise do.

The motivational aspect can be seen in the way in which the assisted person reacts and cooperates in given situations: in addition to complying, they can show satisfaction verbally, as in extracts 3, 4 and 5, or resist the current activity. In all of the cases, mutual understanding is achieved rather easily; in extract 2 there is more negotiation on the goal of the movement, but overall that resistance is a topic for future research. When assisting happens without vocal input, bodily cooperation is especially visible, but further research is also needed into the phenomenon of steering without words.

It was illustrated how autonomous action and overall functionality are supported when there are physical and cognitive constraints on moving. Helping the resident to move contributes to maintaining existing resources and fosters overall well-being. Caregivers support residents in living and in mundane routines by helping them to move but also by means such as suggesting relevant tasks. So, the role of initiation can belong to the care worker, but they must use different means to persuade a resident toward a given activity and create a common goal. This also holds true in cases where the resident is fully interacting but is persuaded to come along. This brings another aspect of autonomy to the forefront: being an active agent who may choose and decide. The possibility to choose, for instance, a relevant place to proceed to is threatened in cases of cognitive and memory deficits, but also by the workings of institutional life. Sometimes the resident needs to wait a longer time for mobility assistance. However, as has been illustrated, even in a care home and needing mobility assistance, there are many moments in which the resident still can be an active agent and exercise control over their life (cf. Finlay/Walton/Antaki 2008:253-254).

Time used for the assistance was considerably longer when the resident had physical obstacles and she was encouraged to move herself, with the help of either a wheelchair or walker (extracts 1 and 3). The socioemotional side, the importance of the care worker-resident relationship, is highlighted in cases where a person has memory and orientation challenges. All in all, taking time to assist seems important as it enables autonomous action and thus also supports future mobility.

The cooperative nature of assistance is visible physically – as participants react in an embodied way to each other – as well as in participants' mental orientation toward the goal. This study shows the importance of mutual negotiation and also how different resources serve to direct and assist residents in being able to move from place to place. However, it is important to note that sometimes performing on behalf of the resident is the best and most supportive way to assist – for instance, pushing a person in a wheelchair when they are tired. Situations vary, and care workers strive to provide assistance in a suitable way so that they can support residents' everyday functionality in this context.

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7. Transcription symbols

.	falling intonation
,	level intonation
?	rising intonation
↑	higher pitch
word	word emphasis indicated by underlining
[	overlapping speech
(.)	micropause, less than 0.2 s
en-	cutoff
#	creaky voice
°en°	talk inside is quieter than the surrounding talk
(--)	the words spoken here were too unclear to transcribe
(word)	expression is unclear

Multimodal action has been transcribed, where relevant, according to the conventions developed by Lorenza Mondada (see Mondada 2016):

% %	delimitate a speaker's gestures and actions descriptions
^^	delimitate another speaker's gestures and actions descriptions
^--->	action described continues across subsequent lines
----->^	until the same symbol is reached
draws chair	simultaneous embodied action marked under the line
….	action's preparation
,,,,	action's retraction
--->	action continues
-->>	gesture or action described continues until and after excerpt's end
r:	participant embodied action is identified in the margin when she is not the speaker
*5.2	the exact point where screenshot (Figures) has been taken is indicated, showing its position within turn at talk

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