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Skea, Derek

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Caring: what we and those we know may be missing.

A Psychological Perspective

Derek Skea  Senior Lecturer
Department of Behavioural Sciences
University of Huddersfield
What is a Psychological Perspective?

• A distinguishing feature of Psychology is its rigorous scientific measurement and assessment.
• This is applied to a diverse range of Psychological phenomenon not least to Service Evaluation, Quality of Life research and:
• How others are cared for
Main Points

- We need to see what we can find in order to get some idea of what may be missing.

- How does what we have found (and not) help or hinder the growth of knowledge and real front line care practices?

- How do we care for others fully/better?
Measuring and Evaluating Caring?

• In a wide range of client or service user groups, since the re-organisation of Health Service Provision in the 1980’s

• Government, Health and Social Service and public funding bodies supporting research into service provision and assessing the Quality of Life and Care for Service users
Continued…..

- Public, Private & Voluntary Sector organisations working together to increase value and decrease institutionalisation.

- Physical factors and well-being, satisfaction, actualisation of abilities.

- Physical indicators are sensitively measured when looking at Caring.
How we ‘treat’ others

- ‘Engagement’ as a further indicator: Quality measured by the Quality of Interactions Schedule further possibilities..

- Positive Social, Positive Care, Neutral, Negative Protective and Negative Restrictive ways of behaving or caring
Published Work

- Quality of Staff Interactions in 2 Day-Centres for Adults with Learning Disabilities also Alzheimer’s re-location study (3 and 5 years respectively)

- Independent Sector Residential Context too, Life Experiences seen as: Home; Leisure; Freedom; Relationships & Opportunities.

- Population comparison from same district (450).
Key Findings (Private Care)

- A lower QoL than the general population regarding *Relationships, Opportunities and Freedom*.
- Comparable QoL regarding the ‘Home’, and higher scores with respect to ‘Leisure’.
- 12 month stage increase reverting at end of the study
- Sustained improvement in one home
- Effects of feedback reports, could explain stage 2 effect, but hopefully not baseline reversion
- Sustained improvement in one home due to ‘intervention’
Some Issues

- Use of (proxies), staff that answer for those they care for?
- Political context? (confounding use of proxies), sector sensitive issues
- The Questionnaire used?
- The ‘residents’ (Aquiescence & Communication)
- The real experiences/context?
Day Care Quality of Interaction

Findings:

*The majority of interactions were of a positive nature at 87% of total across both Day-centres*

Q1/. Service users in the smaller day centre would receive a higher rate of interaction from staff than those in the larger centre.

Q2/. The proportion of interaction in the smaller day centre which is of a Positive type, as opposed to Negative or Neutral, will be higher than in the larger day centre.
Further inspection led to...

- More positive care interactions seen in the smaller centre and positive social interactions in smaller centre.

- The greatest use of Verbal and Non-verbal interaction combined was seen in smaller centre.

- Lengthier verbal interactions were seen in smaller centre and greater amounts of short verbal interactions were seen in larger centre.
When initiation of interactions: smaller day-centre, more staff-initiated and fewer client-initiated interactions were seen, but in the larger centre more client initiated was seen. Finally, the smaller day centre showed less, and the larger centre more, very short (1-2 word) interactions than would be expected by chance.
Is this it?

• 10 years research in caring systems for adults with Learning Disabilities and people suffering from Alzheimer’s Disease

• I asked myself then as I do now: is this it?
• Unchallenged (Scientific) data?
• How does this develop knowledge and practice.
• Very complex, (artificial) social environments.
Unknowns?

- Cultural differences in how we care for others? What can we learn from other cultures.
- Eg. differing notions of ‘value’ of the elderly to our society
- Caring for the carers
- Paradoxes found such as more staff does not mean more care
- Front line staff, least qualified, high turnover, lowest paid
Other Known unknowns

- Micro-political environments where care is delivered?
- The real beliefs of staff and management.
- Wider political pressures e.g. perceptions of the elderly and private sector care?
- Over caring? Fostering a culture of dependence?
Why Not look at…

- The ‘lived reality’ of carers, staff and those cared for?
- Yardstick measures are one valuable way…..
  - But not the only way forward.
- Thus a re-conceptualising involving personal interpretations of carers, staff, and the ‘cared for’ (when possible)
Getting to know the unknowns

- QUIS transcript data look at it again, not just PS, PC, Ne, NP NR but…infantalizing ‘power’ and aspects of ‘control’ in language used
- Training in interaction, ‘on line’ or role play?
- Training in empathic understanding?
- Research led innovations and practice implications
Immeasurably Important area impacting (sooner or later) on all of our lives thus:

...to know that we ‘really do not know’ and so to look for what may be missing.
Example publications


Cont

