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

A Psychological Perspective

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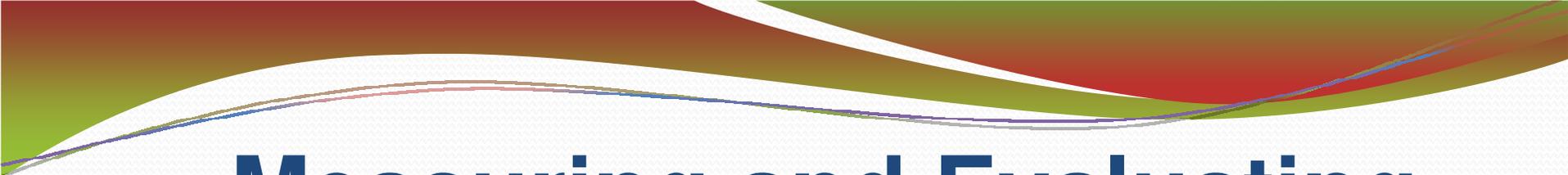
What is a Psychological Perspective?

- **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**



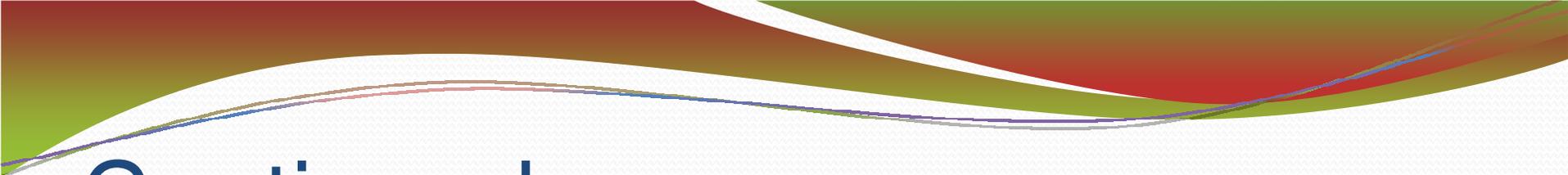
Main Points

- **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?**



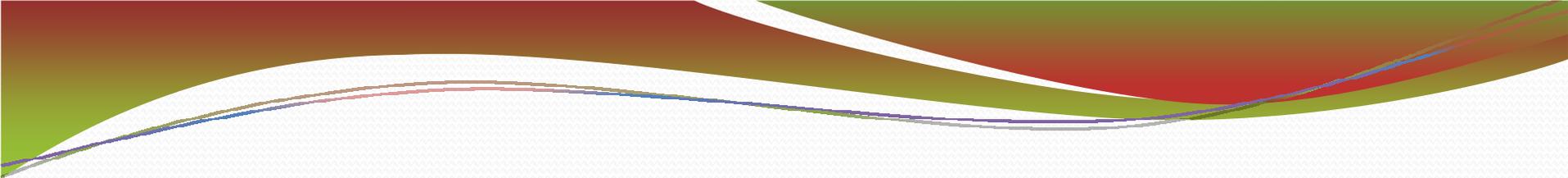
Measuring and Evaluating Caring?

- **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:

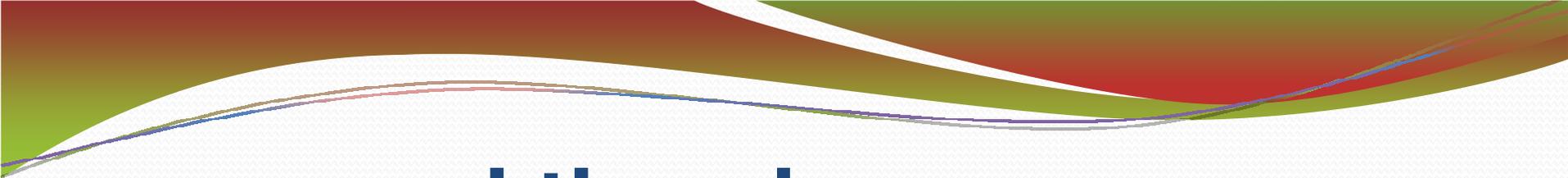
The majority of interactions were of a positive nature at 87% of total across both Day-centres

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.**



and there's more....

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

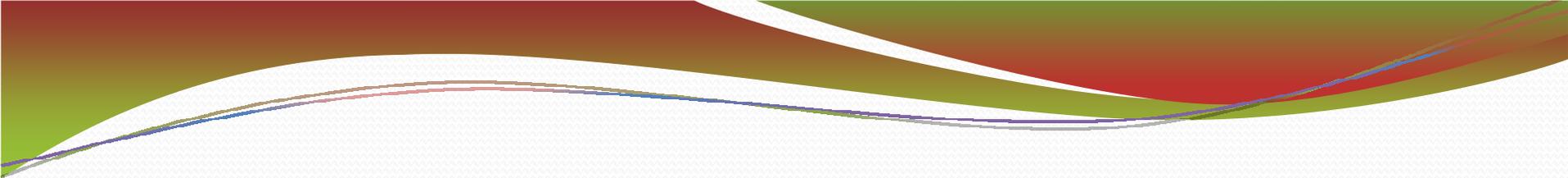
- **Micro-political environments where care is delivered?**
- **The real beliefs of staff and management.**
- **Wider political pressures e.g. perceptions of the elderly and private sector care?**
- **Over caring? Fostering a culture of dependence?**

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)

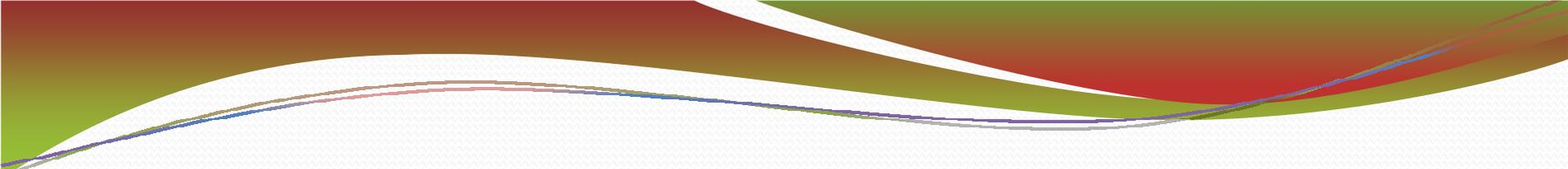
Getting to know the unknowns

- **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**



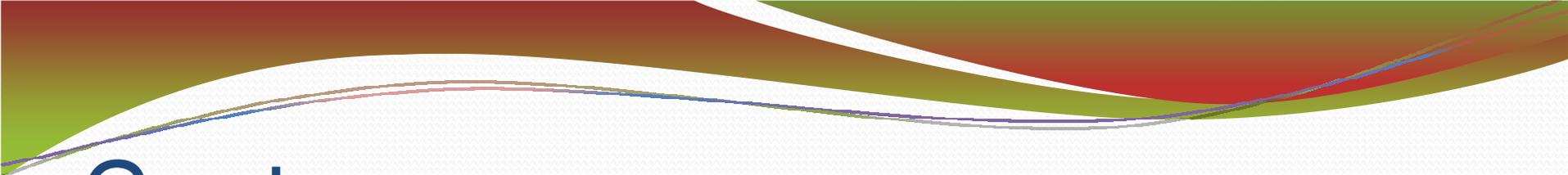
**Immeasurably Important area
impacting (sooner or later) on
all of our lives thus:**

***...to know that we 'really do not
know' and so to look for what
may be missing.***



Example publications

- Dean R., Proudfoot R. & Lindesay J. (1993). The Quality of Interactions Schedule (QUIS): Development, Reliability and Use in the Evaluation of Two Domus Units. *International Journal of Geriatric Psychiatry*. Vol 10, pp. 819-826.
- Lindesay J & Skea D. (1997). Gender and Interactions Between Care Staff and Elderly Nursing Home Residents with Dementia. *International Journal of Geriatric Psychiatry*. Vol. 12, pp. 344-348.
- Skea D & Lindesay J. (1996). An Evaluation of Two Models of Long-term Residential Care for Elderly People with Dementia. *International Journal of Geriatric Psychiatry*. Vol. 2, Number 3, pp. 233-241.



Cont

- Skea D (2008). Quality of Life for Adults with Learning Disabilities in Private Residential Care: monitoring aspects of life experiences over time. *Mental Health and Learning Disabilities Research and Practice, Vol 5, pp.252 – 265.*
- Skea D (2007). Quality of Staff-Service User Interaction in Two Day-Centres for Adults with Learning Disabilities. *Mental Health and Learning Disabilities Research and Practice, Vol 4, pp. 37 – 53*
- Skea D (2010). Caring Quality of Life and Service Provision: a perspective. *The International Journal of Interdisciplinary Social Sciences. Volume 5*, <http://www.SocialSciences-Journal.com>, ISSN 1833-1882