**Closing Remarks – Pat Armstrong**

Clearly there’s a consensus about certain conditions and staff is a huge one. Tamara and I were very amused at the quote we heard from the family member who said “there are not enough hands”. We used that a long time ago for a report we wrote also quoting a worker. So obviously staffing is a central issue.

And we know that there needs to be continuity. We know that they need to have some autonomy. We know that we need to have licensed staff, nursing staff, and we know that we need time to learn to care. And we need appropriate training. I was reminded of an interview I did with a young woman who had been hired as a recreation person and I asked her if there were any surprises and she said ‘Yes, I had to look after the cat and secondly that I had to help feed people and in order to do that I was given a video.’ And she said ‘I was terrified because there’s a huge difference between watching a video on feeding someone, which maybe terrifies you that they’re going to die of choking or some other thing that you’ve done to them, and actually feeding them It doesn’t really help you deal with people.’ So I think that’s a really important issue. And I think we did agree there needs to be decent pay.

But then I think that there are a whole lot of other separate issues that we still have lots of questions about: questions we still need to be debating and figuring out. I started to make a list of what was missing and then the next speaker would raise those issues. So I had a list of things such as the needs of younger residents, a question of number of you raised. Morgan, who is connected to this project, is just finishing her thesis on younger people in long-term residential care. Her thesis tells you a lot about the kinds of things you’ve been talking about, especially in terms of the basic conditions. What these younger residents want is very similar to what older residents want in terms of how they define good care; more staff, more continuity, more autonomy, more respect, and more time. And I also was thinking about absences due to illness and then the next speaker raised the issue. So a lot of the things that came up for me about the safety versus risk have been raised.

But some subjects it seems to me are still missing. One thing that was absent was the extent to which health care workers teach each other on the job every single day. They teach each other about the residents, they teach each other about families, they teach each other about equipment that doesn’t work. They teach each other a whole lot of things and they need the time to do that. And we’ve also seen a lot of places taking more and more students thinking that they’re getting free labour. The consequence of that is more time is taken away from the care worker and these workers don’t really get any help with the labour. So I think that we have to make sure that the time to learn is also recognized as the time that workers teach each other whether that’s in report or in charting or whatever.

We didn’t talk enough I don’t think about how do we ensure that people work in teams, how we get over the hierarchy to provide integration. Integration of those other people we started to list should be there, you know, the pharmacist, the nutritionist, the music therapist. What really impressed us in a place in Norway was that music was integrated totally into care. It’s what you did when you were giving people a bed bath. It was what you did while you were walking down the hall with a resident. It wasn’t a guitar coming in Tuesday afternoon for a half an hour. It was totally integrated into care. And they claimed that they had dramatically reduced the use of psychotropic drugs and of violence as a result of the way they use music. They made a lot more claims that we were a little skeptical about but we certainly saw the other things they were talking about. We even saw there a choir made up of primarily people who were non-verbal. It was really about integrating the doctor into the care, integrating the social worker into care, integrating the physio into care on a regular daily basis, and not for the five minutes a day as we saw in a place in Vancouver; that is, five minutes during weekdays.

And I don’t think we talked about the importance of full-time versus part-time work. We talked about continuity but not about that distribution and not about the extensive use of agency staff. When you have people called in, what does that mean for care. We have seen places that have their own staff that work as the call-in, providing continuity in staff and thus in care.

We didn’t talk about the aging of the labour force either. Kate Laxer and I have done some work on this. In her thesi, Kate has expanded on the aging of the Canadian health care labour force. While we have those experienced nurses that I was talking about earlier, we’re not going to have them for very long.

Another issue that didn’t come up that I thought is interesting as an indicator of skills and hierarchy and the division of labour is uniforms. We’ve seen huge debates about whether staff wear uniforms and if they wear uniforms should they be in different colour depending on our rank? I think there’s a very interesting debate to be had about whether you should have uniforms, whether they should be connected to a hierarchy and what does this mean for team work and a home-like atmosphere?

We didn’t talk much about technology. It was raised briefly. But what about the hand-held computers that pop up a picture of the resident and tell you what medications in what amounts to provide when? We’ve seen that being used as a way to say anybody can do meds. Is that okay? We have seen call bells that record how many calls, how long it takes to respond to the call and keeps those data on a computer. We’ve heard that that’s good because it allows us to respond to complaints, etc. It shows that we did respond. We’ve heard it’s really bad because it’s a form of surveillance that they use to punish us. So I just think that there are some questions about technology and skill that we really didn’t explore very much.

We didn’t talk a lot about racism and race and in fact the distribution of the labour force, not just in Canada but in every place we’ve been raises issues about race. You go to the kitchen, it’s often immigrant labour. You go to the laundry, it’s often immigrant labour. You look at health care aides especially of course in large urban centres, it’s often immigrant and or racialized labour. We hear from workers who say that a family will say ‘I’m not having that black guy look after my mother.’ What does that mean? How does that relate to skill and division of labour? And how do we handle that if we’re into residents first?

And then how do the kinds of equipment and skills people are taught to use relate to the kinds of equipment and the kinds of teams that are available. I think this is really important in terms of skill. We were in one place very recently, I won’t even say what city, where they put in the ceiling lifts they were very proud of but they didn’t go over the bed. So, you know, the equipment can make a difference whatever your skills are. Of course the staff worked out you could move the bed every day and put it under the lift.

And we didn’t talk much about gender and social care. To what extent do we think social care is a thing women do because it comes naturally and to what extent do we see that then as something that can’t be taught, doesn’t need to be taught, isn’t worth the money? What about areas such as recreation? We just did an interview with five people who do recreation and they said ‘We’re seen as a frill. We’re the kind of add-on, extra. If you have to cut back, you cut back on us. We see ourselves as the people who make life worth living, that we put the life into years rather than the years into life’ as we heard in Germany. And we didn’t really talk about those people here today. And the very term recreation makes it imply that it is a kind of extra, an add-on, right? So I think we also need to think about who we are missing.

We really wanted to shift the discussion of skill. If you’re a sociologist like me who has been working on skill forever and especially worked on it around issues related to pay equity, you know that there is often confusion between the individual and the conditions in which the individual is located. And I think Govind Rao put it very well when he talked about the importance of the condition. You can have all the skill in the world but if you don’t have the equipment, if you don’t have the time, if you don’t have the other kinds of resources that you need, then it’s pretty hard to do the work.

So I think what we’ve been doing is raising more questions than answers. My favourite line from the interviews we did with residents and families is ‘You should walk for two weeks in my shoes.’ They were talking about the people in charge of the place. I think that that should be a requirement before you could work in the Ministry of Health and that then maybe we would see some difference. I certainly understand the call for making change and the frustration expressed when we talked about report after report after report and we don’t seem to get much changed. I think it’s really, really important to remember that a labour of love is still labour; that all of the work that happens in long-term residential care is skilled and that we have to recognize those skills. It’s really hard to love under conditions of the sort that Govind was describing.

So we really want to work with our partners. We certainly want to share what we know. We’ve learned a lot today with you as I hoped we would. We’ll continue to ask questions. We haven’t figured out the right answers and I’m not sure there is a right answer but I think that we’re pointing in some good directions. And part of me thinks of that old feminist slogan from the ‘60s that was ‘Don’t go mad. Get angry.’ And, you know, increasingly I think it’s time to get angry.

So thank you all very much for being here and I hope that when we do another one next spring you’ll be here too. And I also hope you’ll let us know what you thought of this. If you have different ideas, additional ideas, things you want to share with us let us know. You know how to get in touch with us. Thank you again.