



***Cultures of care:
approaches to risk and protection***

Liz Lloyd

liz.lloyd@bristol.ac.uk

**Healthy
Ageing in
Residential
Places**



Reimagining Long Term Residential Care: Ideas
Worth Sharing 11.04.2017





University of
BRISTOL



‘A society that treats its vulnerable members with compassion is a more just and caring society for all.’

World Health Organisation



Project questions

1. What promising practices are evident in residential care facilities?
2. What can we learn from these for the future of residential care?
3. What conditions support active, healthy ageing for residents and staff?





Approaches to care: promising practices

- A positive ‘culture of care’
 - ‘Person-centred’ care *plus*
 - Understood and promoted by everyone involved
 - Led effectively by managers
- Continuity and change in residents’ lives
- Healthy relationship between protection and risk, understood and put into practice



A positive culture of care

1. Shared values and commitment to put these into practice
2. Shared expectations
 - The day-to-day way of life, the usual pattern of doing things
 - Ways of relating to one another.
3. Creating tradition
 - Generating a shared view of how to go forward



Holding on to a sense of self

- Reminders of home (personal belongings, furnishings, photographs etc) can soften the impact of feeling institutionalised
- Knowledge of long-standing likes and dislikes
- Continuing relationships with families and friends
- Permeable boundary between care home and community



A developing a sense of self

- New relationships
- New experiences and activities
- Opportunities for developing new skills
- Overcome social isolation and fear of living alone in poor health



🌿 Living in the present



🔥 Both continuity *and* change

- Overemphasis on continuity reinforces the view of the care home as a ‘holding place’, where the task is to preserve individual residents as they were in ‘real’ life
- Overemphasis on change runs the risk of institutionalisation – expectation that the individual will adapt to a new regime
- Balancing these two requires careful practice.



🌟 Individualised/personalised care

- Respect for the individual resident's preferences and ways (food, clothes, sleep routines, spiritual life etc).
- Tensions between exercise of individual choice and promotion of social life in the home
- Dependent on good staffing levels, time available for individual attention

The resident is more than the recipient of care

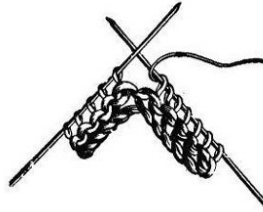


Relational care – knowledge of the person in person-centred care

- Biography: Their life prior to the care home and current. Easier when staff turnover is low
- Embodied self: Communication, touch, grooming, comfort, sensory pleasures
- Practical self: maintenance of long-standing skills and chances to develop new ones
- Cognitive self: opportunities for learning
- Emotional self: support with emotional pain, promoting sense of belonging, being at home



🔥 Attitudes to risk and safety



- Changing attitudes: more inclination to take risks in some places
- Tensions for staff between care and scope to take risks
- Context of care services affects attitudes and practices (eg fear of lawsuits)
- Staff-family relationships



🌿 Food and mealtimes can be a challenge to staff

- Emphasis on nutritional value might not be the 'healthiest' option
- Encouragement eat and drink when resident doesn't want to
- Management of access to food and drink
- Personal choice to eat alone but also encouragement to socialise
- Attitudes towards alcohol
- Whose job is it to assist a resident?



🌟 Conclusions: we've observed many promising cultures of care

Tensions can arise between

- promotion of physical and mental health
- the wellbeing of residents and staff
- bureaucratic accountability and direct care work
- protection and risk
- the culture of a care home and the political context



<http://reltc.apps01.yorku.ca>

Liz.Lloyd@Bristol.ac.uk

