A DOSE OF COMPASSION?

MARGARET BUTTERWORTH CARE HOME FORUM
BACKGROUND

Increased attention on compassion in social care
Compassion included in the list of social care values identified by National Skills Academy for Social Care

### Recruiting for values in adult social care

#### What are social care values: why do they matter?

When we talk about values in social care, we mean things like:

<table>
<thead>
<tr>
<th>Compassion</th>
<th>Courage</th>
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<td>Respect</td>
<td>Responsibility</td>
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<tr>
<td>Empathy</td>
<td>Imagination</td>
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<tr>
<td>Treating people with dignity</td>
<td>Adoptability</td>
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<td>Integrity</td>
<td>Responsibility</td>
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These values underpin all the training, skills and competences that people have. They are the kinds of values that make the difference in the delivery of care.
CAVENDISH REVIEW (2013)

‘In social care, it was felt that staff needed to learn how to build relationships with each individual they care for, not just focus on a list of tasks performed mechanically. The future workforce will need not just to be “competent” (the word most commonly used in both sectors), but to start learning from their first day about how to act with compassion and respect ‘(5.2.1)
Compassion, respect and dignity must be at the heart of social care practice

The Winterbourne View scandal – revealed by the BBC’s Panorama – prompted calls for a review of how frontline care staff are recruited and trained. Photograph: BBC/PA

Compassion, respect and dignity are health and social care buzzwords, but are often expressed with such vagueness; it is assumed there is a common understanding about what they are. What’s more, there appears to be little understanding of how to translate these values into action. The discussion of these values in national policy circles remains distant from reality. This can create an illusion of certainty or...
3.1.5 **February 2010** At the end of February 2010 an Adult Safeguarding Alert was raised by a social worker regarding Mrs B. This related to unexplained bruising and poor medication administration. Mrs B had advanced dementia which impaired her mental capacity. There were also concerns regarding staffing levels in the home. When the safeguarding investigation was concluded and at a Case Conference in mid April 2010 neglect was substantiated regarding the medication concerns. Various actions were required from Southern Cross and further meetings were planned.

3.1.6 **March 2010** On 1 March 2010 the SSCC...
Secret filming appeared to show one resident being slapped.

‘Secret filming appeared to show one resident being slapped’
METHODS

Not in detail
AIM & METHODS

▪ Aims to increase understanding of the factors that facilitate or constrain recruitment and retention in the social care workforce in England

▪ Funded by the Department of Health Policy Research programme

▪ Unique selling point (USP) is a longitudinal design that enables us to ask those who changed post about reasons for movement, new role, satisfaction with working conditions
Surveys

Interviews

New phase 2015
300 QUALITATIVE INTERVIEWS (T1 & T2)

<table>
<thead>
<tr>
<th>Managers, workers, service users and carers</th>
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<tr>
<td>• Older people (including dementia)</td>
<td>129</td>
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<tr>
<td>• Learning disabilities</td>
<td>65</td>
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<tr>
<td>• All user groups (local authority staff/home care with mixed clients)</td>
<td>55</td>
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<tr>
<td>• Mental health</td>
<td>32</td>
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<tr>
<td>• Carers</td>
<td>4</td>
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<td>• Physical disabilities (non OP or LD)</td>
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<tr>
<td><strong>Total (awaiting details of final 12) so numbers don’t add up yet)</strong></td>
<td><strong>300</strong></td>
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FINDINGS
A taster of some initial analyses only
How do people define compassion?

What prevents compassion?

What promotes compassion?
'The person who takes care of me, I think that [paid] carer should be compassionate'
QUALITIES SERVICE USERS AND CARERS WANT

Staff are ‘friendly and ‘very nice people’

They are nice workers. Ben was very helpful. Ben [is] helping me a lot. Some of the people help you fill in the forms. Somebody else you can ask them and [they] can give me advice ... Ben is really helpful.

The[ important thing] is not to be fake friendly so that you think that I can only go so far with them and then they are going to snap ... I’ve had [care workers] in the past who ... have failed miserably in terms of they have been nice to begin with and then they have got a bit fed up with me after a while

I am a very open-minded person. To me, culture and other races or other things, even language, there is no barrier for me ... But my wife would prefer only a female. Even if it was a male and they are a friendly face, she doesn't mind
... But again it goes back to the compassion of individuals and I can’t leave here knowing that somebody has maybe got two or three hours left. Luckily, my whole staff team have that same thought. I think the only way to summarise it is we don’t want them to be alone at that time because it must be ... nobody knows what ... people experience at end of life, but I think, or hope, that they will know that there is somebody with them in that room regardless of whether they can hear, see, or just maybe [having] that presence of somebody else would make that passing over a little bit easier.
ASSOCIATED WITH HAVING THE ‘RIGHT’ VALUES

- Managers most likely to refer to their role in modelling desirable behaviour
  - Emphasis on being on the ‘floor’

- Workers more inclined to refer to their personal history and values
  - ‘[My mum] is a lovely person. She is very caring and I think that’s where I get my nature from …. Just helping people in general is what I want to do

- Service users and carers described examples where behaviour indicated quality in a worker or organisation
OVERALL

▪ Comparatively uncommon to use word ‘compassion’
  ▪ Much more likely to use related terms such as ‘kindness’ or ‘right values’

▪ Words used by workers, service users, and carers
  ▪ Familiar terms contrast with need for ‘jargon busting’
  ▪ But to what extent is there a shared understanding of their meaning?

▪ Context varied
  ▪ When giving specific examples of ‘good’ or ‘bad’ care, more about the way care was delivered rather than what was done
  ▪ Relevance for measuring outcomes?
THE ABSENCE OF COMPASSION

- Absence of compassion strong theme in reports of scandals and serious case reviews

- Methodologically challenging
  - Staff asked about examples when they could not give the support they wanted to
  - Possibility of selection bias in terms of those taking part in research
WHAT EXISTING RESEARCH TELLS US

- Research about ‘compassion fatigue’ and burnout
  - Some distinguish between the two (Slatten et al, 2011)

- Distinction between
  - Nature of the work (for example, supporting people with very challenging needs)
  - Nature of the organisation in which people work
I have worked somewhere where it was similar [to Winterbourne View] a long time ago ... And that was a care home for people with challenging behaviour ... There was a lot of things going on that weren’t right. They would do things like [restrain people where] ... they seemed to quite enjoy it, which was the other thing ... It was a very inexperienced team working with quite a complex group of people. They didn't really know what they were doing. I could imagine Panorama having a little look at that.

(Blythe)
They put me on the dementia unit and I was quite taken aback. They didn’t seem to do a great deal with them. When they were up in the mornings, their rooms were locked and they was kept in the lounge more or less, watching the TV. There wasn’t a great deal of activity, stimulation and I hated it to be honest. I didn’t like it. I then was put upstairs and I then worked upstairs in [home], which is more nursing and rehab. I stayed there for eighteen months I think it was. I prefer being in the community and so that’s why I came out and came back to the community.
NOW THINK ABOUT MELODY’S WORKING CONDITIONS

- Works 6am-3pm, then starts again at about 4 or 5 pm through until 9-11 pm
- Paid £6.50 an hour
  - Did not even know what minimum wage was – earned slightly more than NMW when interviewed
- Mileage is 23p a mile
  - To cover petrol, cost of car, and services/repairs and so on
OR KELLY....

- Generally works a 30-35 hour week from 6am-2.30 pm
- ‘Full time’ workers are expected to do 70-80 hours a week
- Sees an average of 15 clients a day
- Theoretically paid £6.45 per hour but is actually paid by the minute
- Average pay has gone down as although hourly rate has gone up, weekend rates have been cut
- No financial incentive to undertake QCF/NVQs
... she’d had a fall and she’d not long been out of hospital. She had been in bed for two days and she’d been washed in bed. On the third day she decided she really wanted to get up because she thought the longer she laid there, the worse she was going to be, the stiffer she would get. So, with a lot of help and encouragement I managed to get her to the bathroom. It took me half an hour. The call was for 45 minutes. I phoned my supervisor and explained and I said it’s going to take me another half an hour to get her washed and dressed and into the living room. Could she take a fifteen minute call off of me later on, so that I could catch up. She said, no, we’ve got too many people off sick. You should have left her in bed. I said, thank you very much for your help. (LAUGHS). I just had to do the best I could and obviously I was running late then, all day, because there was no help.
It’s difficult because you do feel like you are tied to the phone [reference to the fact that workers have to check in when they arrive and leave] and your time and I don't know. It’s hard to explain (LAUGHS). It is like you are part of a machine. You’ve got to be here at this time and you’ve got to finish at this time. It doesn’t work like that. Some days you could go in and the service user’s perhaps having an off day or whatever and they don’t want you. What do you do? Another day, perhaps [they are] having a down day and they just want to talk. It takes time. You are running over your time … We are all human and everybody is different. It’s all down to minutes.
... I know years ago, you had the same social worker, you would build up a relationship, you could talk to them, they would give you advice. That is gone. Now in the two boroughs I’ve had care it’s a very impersonal system. You had on call duty social workers who are not rude but don’t know you. You can’t really ask them for help .... I think after three to four years, I’ve more or less [worked out relationship with care workers] .... you have to be kind and nice enough that actually when you get a really good carer, you want to keep them, and they want to be with you. It’s a very weird mixture of not quite friends, but very close and intimate, but as well, maintaining your distance, that they know that you’re a client. It’s a fine balance
We were told in the summer that one of the clients had reported the [home] to CQC, stating that they felt that there weren’t enough staff on duty and they felt it put the clients at risk and we were expecting an inspection … and it never materialised so we do wonder what’s happened there … What we rather suspect is they would probably think ‘well, if we close the [home], where are we going to put these people? Oh perhaps it’s best to leave it open for the moment, regardless of the problem.’
Some people have natural ability to be a carer. I’ve noticed that those people who apply, I would say that they are like natural carers. They really feel compassion for others. They feel happy to help others. They are very passionate in whatever they do in relation to another person.

(Magda)
More supervision says a service user

Contrasts with own experiences visiting a relative in a care home

Reading things some time back and hearing things on television in the hospitals of [this] country how old people were neglected. In fact, they were drinking water out of the flower vases, so thirsty you couldn’t get water. I can’t believe it happened in any hospital .... [There should be] better supervision ... whoever’s in charge, I think they should remind the staff what they should and shouldn’t do and how to treat people
Better continuity says a carer

Can we be compassionate if we do not know the person well and have a clear idea about how they want to be supported?

Well a different person would probably turn up every weekend, ‘Hello, I'm so and so from [agency], what do I have to do?’ ... I just got so frustrated, I might just as well have done it myself. They'd come late, we've had occasions when two came on the Saturday and nobody was coming on the Sunday, and oh it was a nightmare. It wasn't the ladies [care workers] that came. They were fine, but their administration was absolutely disastrous.
I think that’s probably one of the biggest things that’s necessary [is] really closely monitored training and to give [staff] knowledge about Alzheimer’s and dementia. If you haven’t got that then you’ve not got anything. You need that as well as the general compassion. They’re talking about nursing now and teaching them compassion. You can’t teach anyone compassion, they’ve got to have it haven’t they?

Resonates with nursing’s 6 Cs in terms of need for both knowledge, technical ability and values
Feeling that compassion was something that was innate, not something that could be taught.

Author’s abstract

Socrates (in the Meno) denied that virtues like courage could be taught, whereas Protagoras defended this claim. Compassion is discussed below in this context; it is distinguished from related, but different, moral qualities, and the role of imagination is emphasised. ‘Sympathy’ and role-modelling views of compassion’s acquisition are criticised. Compassion can indeed be taught, but neither by the example of a few, isolated physicians nor by creation of Departments of Compassion. In replying to one standard objection to teaching compassion, it is emphasised that scientific competence and compassion aren’t mutually exclusive.

Socrates and Protagoras long ago discussed whether virtues like courage and compassion could be taught. Compassion is characteristically focused on a particular person’s situation, whereas concern for social justice is very abstract, legalistic, and not involve any particular person. Social justice characteristically involves problems of equality among humans, whereas compassion is not paradigmatically concerned with these problems and may even be focused on animals.

Imagination plays a key role in compassion in enabling understanding of, and feeling for, suffering persons. This imagination involves self-transposability into another’s situation. However, it is not enough merely to pose one’s own views unto the sufferer because attitudes and personalities differ. Merely transposing one’s attitudes and beliefs unto the suffering person may be a grave mistake. (One is reminded here of George Carlin’s comment that ‘If you don’t like what I say, I still hold all the cards.’)
BUT ALSO.....
DISCUSSION

Time for questions
CLOSING THOUGHTS

▪ Concept understood by participants
  ▪ Differences in beliefs about how it is acquired

▪ Emphasis on organisational culture
  ▪ Barriers to whistle blowing

▪ Changing nature of social care
  ▪ Utility of concept of ‘independence’ for all
  ▪ Culturally sensitive care and debates about ageing
  ▪ Time for a re-think?
DISCLAIMER & THANK YOU

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<td>Orchid View serious case review, West Sussex County Council</td>
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