

Skills Workshop, May 20 2015, Hart House, University of Toronto

My name is Pat Armstrong and I am the principle investigator on our 7 year project; Reimaging Long-Term Residential Care: An International Study of Promising Practices and a shorter one embedded within it on Healthy Aging in Residential Places.

Our project involves Norway, Sweden, Germany, the UK, the US and five Canadian provinces, as well as 7 partner organizations. Virtually all of our faculty researchers are here today along with some of our students and partners.

The overall objective of our project is to identify good ideas worth trying, ideas intended to ensure that:

- Both workers and residents are treated with dignity and respect
- To understand care as a relationship
- To take differences and equity into account
- To promote active, healthy aging

We use multiple methods, including our site switching rapid ethnographies that involve taking international teams of 12 into a long-term care facility for over a week to observe and interview from 7 to midnight. We are interested in the entire range of actors; laundry, dietary, housekeeping, maintenance, nursing, administration and reception because we see them all as essential to care.

In our five years of conducting this research, we repeatedly encounter questions about skills. Questions about skill are of course not new. Indeed, there are old debates about:

Personal characteristics vs acquired skills, and about whether things like empathy can be taught and whether women are naturally empathetic

Formal vs on-the-job training, and does experience matter at least as much as schooling, a question that arises especially in relation to HCAs

About what are often called **hard vs soft skills**, and do actions such as giving a needle matter more and require more skills than talking someone into having a bath

Similarly, there are debates about **mental vs manual skills**, and does putting data into a computer count as mental or manual work

And does a higher place in the **hierarchy** necessarily mean more skills and are teams sharing skills more effective?

All of these debates, and more, come up in our research, along with accompanying ones about how these skills should be measured, valued and taught. And about to what extent assumptions about gender and racialization shape how we understand, teach, and assess skills.

The questions arise increasingly now in part because, as we all know, the population in long-term residential care is changing;

most have a form of dementia,

most have complex care needs,

the cultural background of both residents and workers is more diverse,

more residents and workers are male, some are young
and a growing proportion of residents die within six months of entering the home

And we hear from both workers and employers that this means **we need more and different training.**

However, we hear –and see- **much less clarity and consistency** in what this training should involve, who should be involved, in what forms the training should take, how long the training should be, and on how the work should be divided.

Indeed, there is **considerable variation** not only among countries in our study but also within Canada and even within the same health authorities, without much clear evidence of what this means for care and care work.

While we have observed **strict divisions of labour**, we have also seen considerable blurring of tasks.

We have interviewed care providers who like doing a range of work because it gives them variety and provides more integrated care while residents appreciate it when anyone can bring them juice or respond to the bell. At the same time, we have interviewed providers who think such blurring is dangerous for residents and can be used by employers to reduce staff rather than expand skills.

We have also heard that many workers have the skills they need but they cannot use them because of **conditions** such as time demands, regulations and the division of labour.

Today we are raising questions rather than providing answers, questions that arise out of our research.

We invited you because you have expertise and we wanted to prompt a discussion so we can learn from and with each other.

In the morning, we begin with short presentations from our researchers, focusing on who should do what, asking:

What occupations should be in long-term residential care and why they should be there?

How should the work be divided and coordinated?

What do gender and race of residents and workers have to do with it?

And leaving plenty of time for discussion.

In the afternoon, we turn to the wisdom of our partners, those who are involved in providing care.

Here we are focusing on:

What skills and necessary?

What skills are used?

What conditions allow these skills to be developed and used?

We are not searching for one right way but rather for a complex discussion of how to make skills visible, learned, valued and used in ways that are promising for those who need and those who provide care.