

THE MEANING OF LIFE

Notes from a Workshop for BSL Managers of Aged Care
with Rob Nicholls, Wesley Central Mission, 25th September 1990.

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1 ASSUMPTIONS ABOUT A 'HIGHER ORDER'

People are born basically good.

Environment into which people are brought changes people.

Some people are born 'bad` - environment can change that.

People are of equal worth.

People are born neutral.

Human life is sacred and special.

Education is great leveller.

There is progress/growth.

Life has meaning - doesn't have to be "happy".

2 ASSUMPTIONS ABOUT HUMAN NATURE

Relationships are very important to people.

All people have potential - more than is shown and encouraged.

All people can contribute to society.

Some good in everybody.

People are motivated by:

- survival - fear (of the unknown)
- greed (?)
- power
- self-interest
- possessions
- self worth
- improvement of society
- altruism

Tension between self & others.

Love a strong motivator - both the need **to** love & **for** love.

People value people differently.

People can "dehumanize" other people with whom they don't identify.

Trust - easily lost and difficult to regain.

- one of the core values of being human.

People need people.

3 ASSUMPTIONS ABOUT SOCIETY

People value the people within their group but not outside.

Family structure breaking down.

Greater variety of family structures.

More crime - Attitude to authority change.

More greed - Lot of aggression.

Lost fear of law, structure.

Media strongly influences attitudes.

Domestic violence (eg) more discussed.

Bad news sensationalized.

Society blames victim.

More welfare organisations looking at needs.

Society not as judgemental as before.

Idea that some people don't pull their weight.

Importance of image.

Society values success (\$).

Society values youth.

Society values individualism.

Tall poppy syndrome.

Commercialism.

Men are frightened of successful women.

Assumption that all people have rights -
- where do responsibilities lie?

Don't rock the boat until it becomes the trend.

Always have 'radicals'.

Short-term focus.

Global inter-dependence.

- growing awareness
- still not good at sharing

Impact of politics.

Work is highly valued.

4 ASSUMPTIONS ABOUT HELPING

Responsibility to help.

What is helping?

- not making dependent
- not assuming help is needed
- offering options/choice
- not 'killing with kindness'

Helping should not lead to taking power.

Helping should help maintain independence.

Can presume disability.

Needs of giver can dominate.

It's good.

Society assumes that helping is foolish.

Assumption of ulterior motive.

Everyone needs help sometimes.

Woman's role.

Good for the soul.

Points for heaven.

Only 'wimps' need help.

Acceptability of help

- type of help
- who offers
- how offered

Help = charity

5 ASSUMPTION ABOUT INTERACTION BETWEEN HELPING & SOCIETY

Help appreciated more if paid for.

Bought assistance is better than freely given help.

Helping professionals are "wonderful people".

People should be grateful.

Deserving vs. non-deserving poor.

People socialized to expect help.

'Helpers' will be social control agents - social tidiness.

Society doesn't value self-help for certain groups.

Help fine - but somewhere else.

6 ASSUMPTIONS ABOUT PEOPLE WHO RECEIVE HUMAN SERVICES

Poor can't help themselves.

Flotsam & jetsam.

"Needy"

Not coping / can't cope.

Could do without them.

Should pull themselves up by bootstraps.

Waste of money and effort.

Lumped together.

Send back.

Not coping in a particular area.

Some are sick.

Some are dangerous.

Caught in poverty trap.

People are lumped.

Not necessarily forever.

Not for everything.

Helps society feel good - scape goating.

7 (MY) ASSUMPTIONS ABOUT OLDER PEOPLE

Cultures different.

Not an illness.

We all hope to get there.

Have a lot to contribute.

Majority lead independent lives.

Some older people need to manipulate to survive.

If disabled in one way then in others also.

Don't think or have sex any more.

Old doesn't mean senile.

Old is ugly - decay - downhill run.

8 ASSUMPTIONS ABOUT OLDER PEOPLE WHO RECEIVE HUMAN SERVICES

Can help people stay independent.

Can make people dependent.

Trap.

All older people will need services.

If have one need, then need help in all areas.

Effect of family and attitudes and not having family.

Own fault.

Burden.

Cost of services.

9 WHAT HAPPENS TO OLDER PEOPLE WHO RECEIVE HUMAN SERVICES

Dumped.

Devalued.

Dehumanized.

Believe in the myths.

Get help they need.

Get more than they need.

Assistance doesn't get re-assessed.

Need for flexibility.

10 HOW DO THEY REACT?

Categorize helpers.

Learn "don't's".

Become overly dependent.

Some resent help while others appreciate.

Some become attached - become possessive.

Some become detached.

Can open up new world - especially if isolated.

Fear of change.

Reluctant to move.

Fear of going downhill.

Grief at leaving home.

11 ASSUMPTIONS ABOUT PEOPLE WHO WORK IN SERVICES FOR OLDER PEOPLE

Can cope without support.

Hard working, dedicated people who like everyone.

Underpaid.

Always go beyond the call of duty.

Extension of a woman's role.

Very patient.

Different.

Caring.

Fix anything.

"Easy option".

"Bottom of the barrel".

"Unskilled".

Devalued.

Lack of Understanding.

Staff don't know what to expect.

12 WHAT HAPPENS TO PEOPLE WHO WORK IN SERVICES FOR OLDER PEOPLE

Loss of privacy.

Expectation of giving more.

Expected to be detached, therefore cover feelings, therefore stress.

Burn-out - emotionally and physically.

Expected to be helper, to find strength outside work.

Dependent on (people in) service - needs met by service.

Get satisfaction/meaning.

Grief over deaths.

Budgetary constraints.

Power trip.

13 INTERACTIONS BETWEEN STAFF AND CLIENTS

Extension of family.

"Them and Us".

If many confused residents - very difficult to relate.

Trust.

Sometimes lack of trust if bad experience.

Fun Dislike

Affection Anger

Help Argument

Sharing Debate

Empathy Frustration

Ego boost Generation gap

Power abuse

14 WHO ARE THE STAFF?

SEN's SRN's Wide range of ages.

Nursing assistants.

Domestics.

Cooks.

Laundry.

Activities people.

Maintenance people.

Volunteers.

Women - Late 30's onwards

Most not tertiary educated.

Different ethnic backgrounds.

Most mothers or grandmothers.

Most with partners (?)

Some with disabilities.

15 NEEDS OF THE STAFF - Identifying the TRAINING needs

Support	- reinforcement of values	Team spirit - mutual respect.
	- emotional	
	- listened to	Resources to do job properly.
	- grievance process	
Recognition.		Permission to be involved with people and celebrate & grieve.
Money.		Responsibility.
Good conditions.		Understanding.
Privacy - private area.		Permission to be in need or 'not coping'.
Outlet for stress.		To be able to express themselves to residents.
Reasonable working hours.		Can dislike but not discriminate.
Many people need support - trust (possibly from independent source, e.g. chaplain)		To be viewed and treated with respect as "professionals".
Education.		Access/right to professional development.
Communication.		Choice.
Encouragement/praise.		Results.
To have life outside of work.		Personal interaction with clients.
Encouraged to "go home".		Motivation.
Thanks.		
To be consulted.		

16 WHAT WOULD MEET THESE NEEDS?

OH&S training.

Staff room.

Reason - raising consciousness.

Regular meetings with supervisor (one-to-one)

Appropriate education program for staff e.g. cooking
 - ongoing choice
 - within parameters.

Clear job description - lead to education.

Reinforcing and challenging ideas.

17 POSSIBLE RELEVANT FORMS OF TRAINING

a) Primary

1. Peer group exchange of information and ideas
- regular staff meeting (informal training).
2. Formal training - internal or external.
3. Regular appraisals/performance management.
4. Induction for new staff.

b) Secondary

5. On-the-job modelling.
6. Staff exchange.

Induction:

Before starting job.

Paid.

Being "shown the ropes" by someone who knows.

Learning re organizational philosophy & policies relevant to service.

Getting to know the place & the people.

Available resources.

Formal Training:

Personal care (including attitudes towards people)
- externally available.

Understanding of dementia - Alzheimers Society.

Lifting techniques - package available.

First Aid Course.

Use of aids - on-the-job.

Identifying symptoms - observation and reporting
(via informal modelling).

Staff Meetings