BRANDON UNIVERSITY

October 2024 – Issue 2(1a)

RESEARCH CONNECTION

Non-forced care as harm reduction in long-term residential care

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What you need to know

A Canadian long-term residential care (LTRC) behavioural unit (where residents are placed because of past violent incidents) implemented a "non-forced care" (NFC) policy, which prohibits the use of force in daily care provision. To date, the policy has successfully in reduced staff injury and improved the quality of care. However, in practice, some force and coercion were still present in care, leading us to argue this policy served more as a harm reduction approach to violence prevention than the complete absence of force in care.

Why this research is important

Both staff and residents living and working in LTRC are at a disproportionately high risk of experiencing violence, abuse, or workplace injury. In many cases, violence can manifest in subtle ways during care, contributing to the proliferation and normalization of violence in LTRC. It is important to share innovative strategies that have been developed within LTRC facilities to successfully ameliorate some of the risks and harms of violence.

The guiding principles of harm reduction are often applied and well understood in policies related to substance use but are less often used to theorize practices in other settings. Yet, given the extensive focus on risk (and minimization of risk) in LTRC, as well as the need to honour the dignity and rights of older adults in care, harm reduction is a strong conceptual fit. Acknowledging the potential for harm in LTRC and situations in which harm appears to be inevitable can support nuanced reimaginings of normalized practices and improve conditions for staff and residents.

How the research was conducted

We analyzed observational and interview data as part of the Safe Places for Aging and Care Project in Manitoba and Nova Scotia. This included:

- Interviews with 39 staff, 13 family members, and two residents.

- Observations in two LTRC facilities, including 31 staff and 15 residents.
- One of the observational sites prohibited forced care, and the other facility did not.

What the researchers found

It is also important to differentiate between policy and practice. We heard from participants from different facilities that sometimes, workers use force to protect themselves from harm. When the NFC policy was introduced, it was accompanied by other supports for care workers, like high staffing levels, staff retention, and an engaged and collaborative institutional structure. Rather than a top-down approach to policy introduction prohibiting a method staff use to protect themselves from harm, these practices were created through experiential learning by and for staff who were directly impacted by and witnessed the consequences of forcing care.

It appeared that by introducing a policy that theoretically prohibited the use of force, the cultural norms of the institution shifted to problematize the use of force. What followed was the empowerment of staff to use their discretion and interpersonal skills to reduce the severity of harm experienced by both staff and residents.

We also heard from staff that the normalization of the use of force to provide care disregards opportunities to investigate residents' rationale behind declining care. Participants described potentially violent situations that were resolved through the discovery that a resident was in pain, tired, or had potentially endured trauma that was being re-experienced during intimate care provision.

How this research can be used

The purpose of this research is to amplify these promising practices, clarify the conditions required to implement such practices effectively and contribute to collective knowledge building in LTRC so that other facilities can build their own capacities in violence prevention and increased quality of care.

About the researchers

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Keywords

Long-term residential care, harm reduction, involuntary care, violence

Acknowledgements

Research Connection is a periodical publication intended to provide information about the impact of Brandon University's academic research and expertise on public policy, social programming, and professional practice.

This summary is supported by the Office of Research Services; the Centre for Applied Research and Education in Indigenous, Rural, and Remote Settings; and the federally funded Research Support Fund.

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