Choice & Empowerment

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Why?

- Pobal Project
- Bahrain
- Control Versus Empowerment
Power permeates everyday life – it is exercised in the way people talk to each other, in what utterances are taken up and what are ignored, in how and what options are offered, in how information is presented, how spaces are opened up for people to express preferences and how spaces are shut down (Jenkinson 1993). This is recognized in recent models of supported decision-making,
• *Improving services, improving lives* states that disabled people can feel ‘steered towards choices made by other people’ (Social Exclusion Unit 2005, 64), in particular that sometimes staff, managers and parents try to control the lives of people with learning disabilities (Learning Disability Taskforce 2004).
General Reality

• Barriers to the promotion of empowerment in services
• Services focus on incapacity, inability and risk
• “Those with significant cognitive/communication impairments are particularly at risk of being denied control and choice in their lives”
Empowerment

• ‘the process by which individuals, groups and/or communities become able to take control of their circumstances and achieve goals, thereby being able to work towards maximising the quality of their lives’
But

- Empowerment does not flow from in any straightforward way from changes in service values, structures, planning or inspection regimes
• How do we judge if empowerment practices are in any way effective?

• Choice/Choice making as one way
Research on Choice

- Australia (Young 2006)
- 30 matched pairs clients with mod/severe ID
- Dispersed versus cluster housing
- Same residential philosophy in both
Table 1  Matching characteristics of community and cluster centre groups

<table>
<thead>
<tr>
<th></th>
<th>Community</th>
<th>Cluster centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender – male/female</td>
<td>19/11</td>
<td>19/11</td>
</tr>
<tr>
<td>Age range, mean (SD)</td>
<td>27–81 years, 47.1 (13.1)</td>
<td>30–78 years, 47.5 (12.5)</td>
</tr>
<tr>
<td>Mild/moderate intellectual disability</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Severe/profound intellectual disability</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Mean years in institution</td>
<td>27</td>
<td>34</td>
</tr>
<tr>
<td>ABS Part I range</td>
<td>16–239</td>
<td>15–222</td>
</tr>
<tr>
<td>ABS Part I mean (SD)</td>
<td>111 (51)</td>
<td>114 (55)</td>
</tr>
</tbody>
</table>

ABS, Adaptive Behaviour Scale.

Comparisons

- *Cluster*
  - 7-8 houses with admin centre
  - 6-10 hours community recreation, leisure and personal care
  - Single room

- *Community*
  - Suburbs Brisbane
  - 2/3 bedrooms
  - 10-15 hours personal. Leisure & recreational
  - Single room
Measures

• Adaptive Behaviour (ABS)
• Maladaptive Behaviour (ABS)
• *Choice Making (Resident Choice Assessment Scale, Kearney et al., 1995)*
• *Objective Quality of Life*
• 6 months prior to start: 12 & 24 months
Really choices? Key Ones?

- Does the client choose what time they get up in the morning?
- Does the client move about their house as they please?
Life Circumstances Questionnaire

1. Material Well-Being (possessions)
2. Physical Well-Being (visits to GP)
3. Community Access (frequency visits)
4. Daily Routines (participation in routines)
5. Self-Determination (life events/holidays)
6. Socio-emotional Well-Being (contact with family)
7. Residential Well-Being (nearness to shops)
8. General
Results

• Both groups increased amount of choice-making
• 64% community versus 57% cluster
• Both groups see significant increases in LCQ across ALL domains
• Community have more choices overall that cluster
Table 4  F-values, means and SDs for Resident Choice Assessment Scale over time by community vs. cluster centre residential service

<table>
<thead>
<tr>
<th>Residential location</th>
<th>Institution Mean (SD)</th>
<th>12 months Mean (SD)</th>
<th>24 months Mean (SD)</th>
<th>Change over time-value† (d.f. 2.58)‡</th>
<th>Outcome over time</th>
<th>Difference over time by location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community n = 30</td>
<td>2.97 (1.06)</td>
<td>4.46 (0.94)</td>
<td>4.57 (1.06)</td>
<td>61.37***‡‡</td>
<td>Increase</td>
<td>8.73†</td>
</tr>
<tr>
<td>Cluster centre n = 30</td>
<td>3.31 (1.22)</td>
<td>4.03 (1.27)</td>
<td>3.99 (1.15)</td>
<td>10.97***‡</td>
<td>Increase</td>
<td></td>
</tr>
</tbody>
</table>

*P < 0.01; **P < 0.001.
Reliability Checks

• 10% of total sample: Inter-rater reliability

• All measures
Suspicion

• Research on client empowerment via choice rather limited

• Many measures are Proxy measures- staff report on choice making and open to social psychological variables

• Choice domains may not relate to empowerment
Staff Empowerment

- Almost absent in ID literature
- Staff are ultimately the people that translate policy into practice
Definition

• Empowerment was defined as a set of dimensions that characterize an environment’s interaction with persons in it so as to encourage their taking initiative to improve process and to take action.
Recognition

Factor 1 was designated “fairness of the recognition system.” This factor concerns recognition for achievement and the fairness of rewards. The focus is on the organization as a whole. There are 22 items on the factor. The highest loading items are In this organization, there is an unfair distribution of rewards (.76); Rewards for outstanding achievements are fairly distributed in this company (−.75); and This organization often fails to recognize exceptional accomplishments (.69). The factor was scored so that a high score indicates that an employee perceives that there is fair and equitable recognition for achievement. The reliability is $r_{xx} = .90$. 
• Clarity of company goals
• Response to risk taking
• Responsibility for quality
• Encouraging working in teams
• Responsibility for company success
• Decisions about work processes