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Community Based Care and Quality of Life in Learning Difficulties and Dementia: a research journey

A thesis submitted in partial fulfilment of the requirements for the Manchester Metropolitan University for the degree of Doctor of Philosophy by published work (route two)

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Abstract

This commentary aims to convey my publications on community based care and Quality of Life (QOL), in Learning Difficulties (LD), and Dementia care. My rationale through this journey aims to critique my earlier observation, assessments, and interview findings and theory, in research care practices and policy. I further argue for reconceptualising care and QOL research methodology, underpinned by phenomenological theory and research focussing on service user lived experience and open dialogue between care disciplines.

My contributions to knowledge in LD focuses on service user life experiences and varying QOL in private sector care homes, and observation of differences in quality of interaction in day-centre settings. Life experiences in LD residential care significantly changes over time in relationships; opportunities and freedom of choice, comparing poorly with the general population. The LD residential care research and LD day-centre observation is critiqued drawing on Social Role Valorisation (SRV) theory, and objective and subjective QOL. My Dementia research compares traditional, enhanced traditional and social models of care by setting. The social model provides more choice, control, recreation, privacy and social interaction, than traditional and enhanced-traditional models. Further work shows significant gender differences in interactions with staff in Dementia care.

A lack of implementation of policy concerning a normal community based life in LD, is noted in residential and day-centre care. The social model setting's policies and practice in Dementia care, is noted as more 'enlightened' and showing more positive interaction. Gender disparity findings in care interactions in Dementia is salient to practice and policy intervention, and my subsequent training program relates directly to practice by addressing quality of interaction training.

My epistemic 'shift' escapes the 'natural sciences' method by proposing discursive and phenomenological enquiry into lived experiences of service users, in a practice and policy context of trans-disciplinary discourse promoting relational and compassionate care.

Keywords: Care, Dementia, Epistemology, Learning Difficulties, Methodology, Policy, Quality, Service Provision

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