

Insights from a Realist Evaluation of Admiral Nursing in Community Settings



Background

In the UK, the mainstay of care for the estimated one million people living with dementia is provided by unpaid family carers, relatives and friends. In the context of diminishing state support, unpaid care is a critical yet often undervalued resource. The care provided by families and friends is significant as it may be instrumental in enabling people living with dementia to retain independence, preserve significant relationships, stay in their own home for longer, and continue to be part of their community. How best to support and bolster unpaid family support becomes an important question.

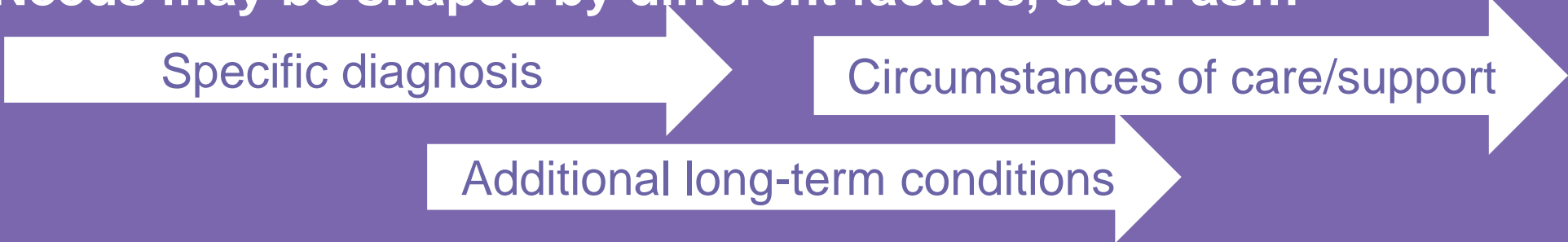


Specialist support and the need for this study

In the health and social care workforce, Admiral Nurses' specialty is dementia care, their role and function established by the charity Dementia UK. They provide specialist support (e.g. psychosocial interventions) to the informal and familial networks around the person with dementia, as well as supporting the person living with a diagnosis. They are employed across NHS settings, also in hospices, local authorities, and care homes.

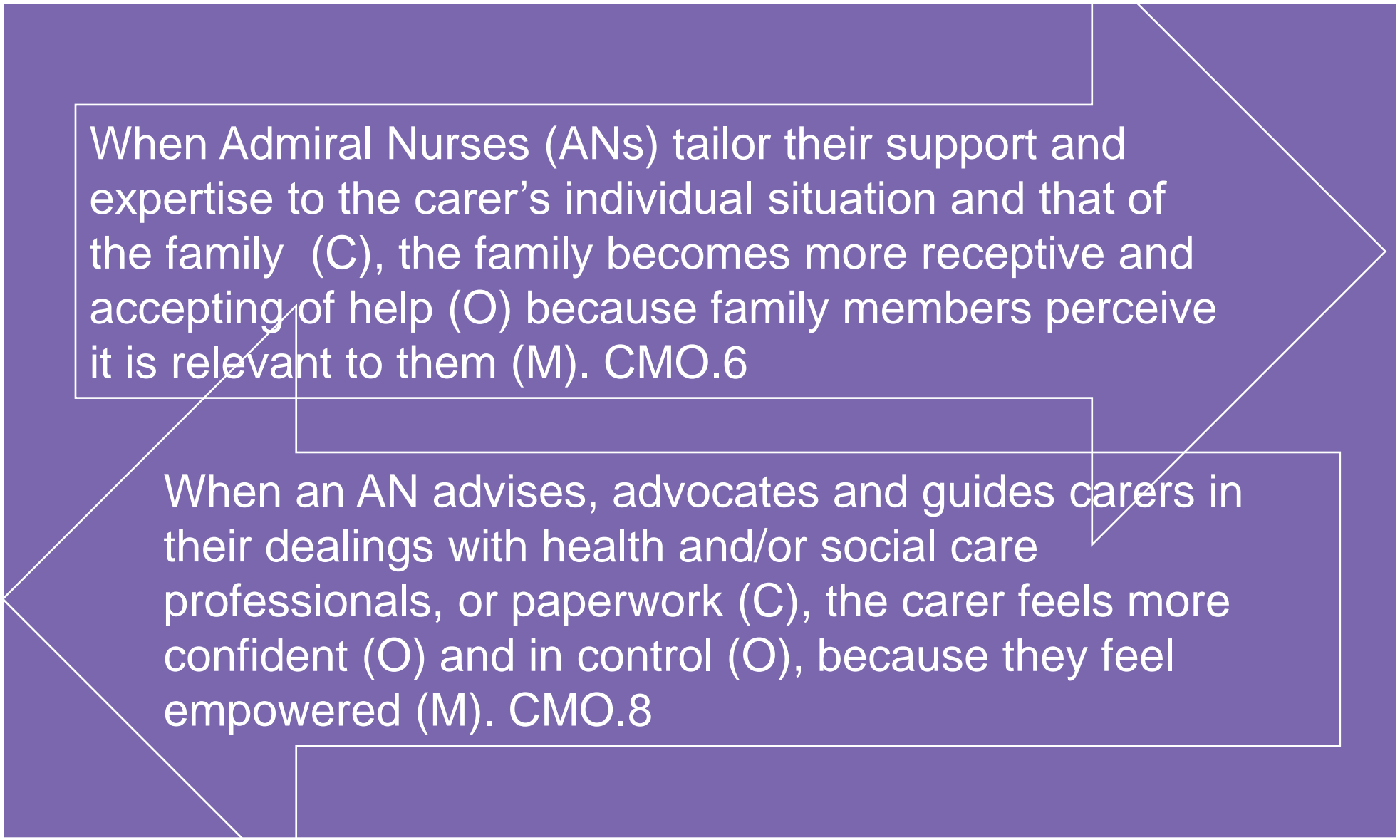
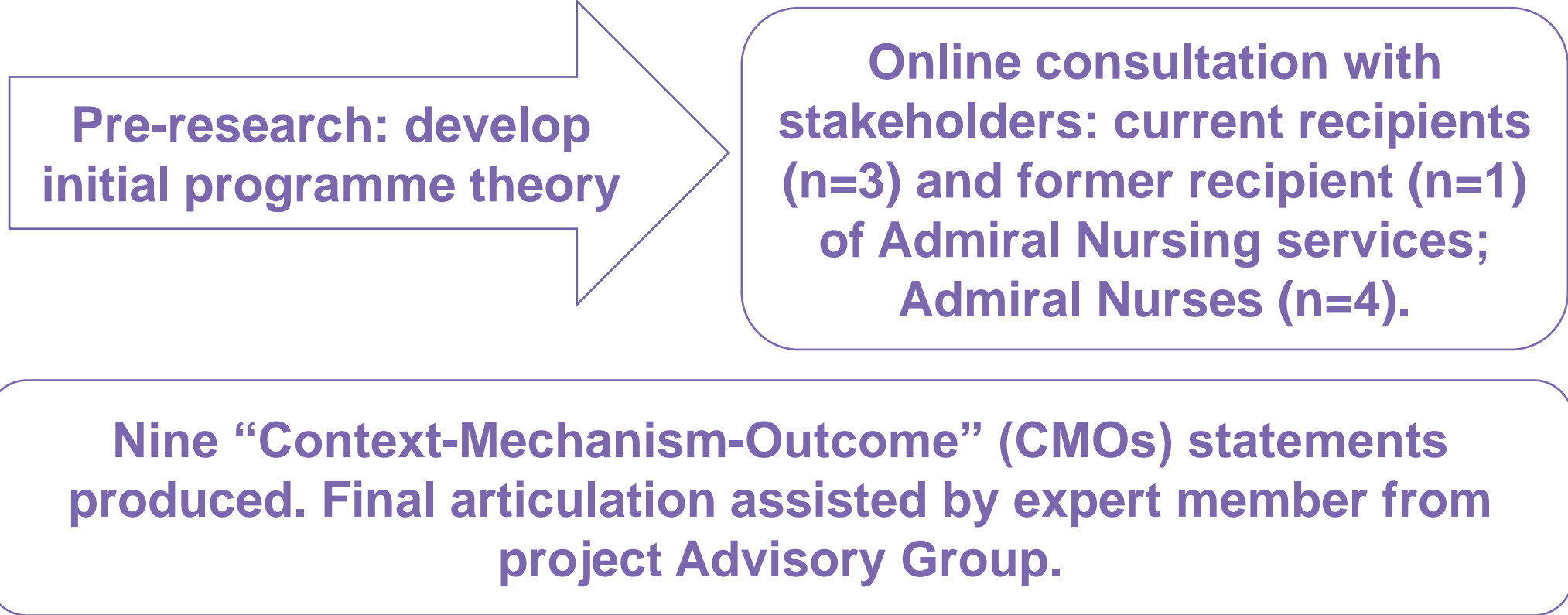
Addressing the needs of individuals living with dementia requires recognising that these are multifaceted and fluctuate over time.

Needs may be shaped by different factors, such as...



A further, essential dimension of need is family carers' perspectives, and their health and wellbeing.

This study set out to answer a standard Realist Evaluation question:
“What it is about a particular intervention (Admiral Nursing) that is making a difference, for whom, in what contexts and how?”



Recruitment and data collection at four real world settings (Admiral Nursing services) over 2 weeks, to interrogate initial CMOs:

- 30 family carers, 6 persons living with dementia, and 9 Admiral Nurses recruited;
- Non-participant observations of ANs' routine appointments with family members;
- Dyadic interviews with person with dementia and carer/relative;
- Interviews with ANs.

Site No.	Service host	Location (England)	Researcher in field
1	Health and Care NHS Trust (mental health and learning disabilities)	Central	SM
2	Primary Care Network	Southeast	GM
3	Community Health and Care NHS Foundation Trust	Midlands	GM
4	GP services within NHS Primary Care Network	Northwest	SM

Insights from CMOs following data analysis and further refinement of 9 CMOs to 6 CMOs

- ANs adopting a relational approach to care helps ensure that the needs addressed are those that are self-identified by family members, rather than being driven by a professional's need to gather assessment data. This approach supported, for example, family members retaining their relational identity towards the person living with dementia (e.g. being a granddaughter, not just a carer). (CMO.1)
- ANs can 'be there' for family members. In doing so, they convey an understanding of their current emotional and overall wellbeing, validate family members' feelings, and endorse how carers 'care'. Family members may then feel they can express themselves and their needs freely, e.g., 'offloading' difficult feelings such as anger or feelings of guilt at relinquishing caring into a long-term care placement. (CMO.2)
- ANs' facilitation of time and holding a safe space for family members, *staying with* them regardless of rebuffs/rejection of support, enables an authentic exchange in which family members feel heard. "She (AN) understands me, I don't know if she understands everybody, but she understands my situation" (interview. Carer S2.202) (CMO.3)
- Families face the future, in the context of the progressive nature of dementia. They see the person changing, whilst remembering how the person was before dementia. ANs can try to collaborate with family members to prepare them for the future. ANs do this by bringing their knowledge and experience to bear in the immediate situations of families, helping family members to explore feelings and consider how to adapt thinking and actions to difficult situations.(CMO.4)