

FREE PAPER 6

Communication and Power: A critical analysis of wheelchair service consultations with disabled children and their families**Presenter:** Sally Kyle**Summary**

Communication and power relationships during wheelchair service assessment consultations with disabled children, young people and their families has been highlighted as a specific area for exploration and improvement. This study uses a critical discourse analysis (CDA) approach to explore this topic in depth in two cases.

Aims and Objectives

The aim of this study is to critically focus upon and explore communication and power relationships between wheelchair service professionals, disabled children, young people and their families during the assessment consultation.

The study particularly focuses upon ways of communicating that facilitate or limit the achievement of child, young person and family centred practice (CFCP) and rights based ideals and critically analyses these using a Faircloughian critical discourse analysis approach.

Background

Background: Central English government policy advocates disabled children, young people and their families having increased power in the form of greater control and choice over their NHS care and services. Communication is acknowledged as being a fundamental element in facilitating achievement of this goal. Communication and power relationships during wheelchair service assessment consultations with disabled children, young people and their families has been highlighted as a specific area for exploration and improvement.

Design: Following ethical approval and fulfilment of NHS research governance procedures, two wheelchair service consultations, at two separate sites, involving a range of health care professionals, one disabled child, one young person and their families were video recorded for the study. The rich data generated was then analysed and discussed using Fairclough's four stage framework and approach.

The four stages of Fairclough's approach are:

Stage one: Focus upon a social wrong, in its semiotic aspect.

Stage two: Identify obstacles to addressing the social wrong. This stage involves mapping three levels of analysis onto each other – Sociocultural, discourse practice and textual.

Stage three: Consider whether the social order 'needs' the social wrong.

Stage four: Identify possible ways past the obstacles.

Synthesis: For stage two both cases were fully transcribed and multiple listening and viewings were then carried out to work through initial analytical stages. This then led to the identification of the dominant ways of communicating used by professionals, disabled children, young people and their families that facilitate or limit the achievement of child

and family centred practice and rights based ideals. These thematic textual findings were then mapped onto a broad macro level analysis of sociocultural ideals and discourse practice level documentation.

For the child and young person repeated readings identified the following dominant textual themes from the data:

1. Wakefulness.
2. Non-verbal communication.
- 3 Being spoken for and about.
4. Having decisions made for them and desires articulated for them.

For parents and carers the main themes that the analytical process identified from the data were:

1. Mastery of specialist medical and postural / wheelchair discourses.
2. Ability to integrate new information and then use this to respond to unfamiliar aspects of specialist discourses within the session.
3. Use of emotionally charged 'stories' and statements.
4. Ability to provide opinions and views

For professionals the main themes identified were:

1. Protection.
2. A postural / wheelchair discourse and explanations of these discourses to parents and carers.
3. Obtaining views and opinions.
4. Being alert and responding to the non-verbal communication of disabled children.
5. Responding flexibly to 'unplanned for' requests.

Stage three analysis is a way of linking 'is' to 'ought'. It discusses whether the social wrong in focus is inherent to the social order, whether it can be addressed within it or only by changing it.

Stage four analysis focuses on possible clinical and day-to-day practice issues and applications. Some suggestions for day-to-day practice changes to impact on the social wrong are made. Particular exemplars of good practice are also highlighted.

Discussion

The use of Fairclough's CDA approach in this study has enabled a structured and comprehensive analysis to be carried out. Findings from this study suggest that current government documents and policies require re-evaluation and change in order to more explicitly support empowerment of disabled children, young people and their families. Analysis of the rich data generated by the study has illustrated that whilst some aspects of policies are being fulfilled, other key aspects which relate to basic rights for disabled children and young people are not. Overall the study highlights the complex nature of

power relationships between disabled children, young people (especially those with complex needs), their families and professionals in this specific clinical field. Communication clearly plays a central role in power relationships in this field and the lack of direct communication particularly between disabled children, young people and professionals' results in continued social exclusion for disabled children and young people.

From the data in this study, getting parents and professionals to engage with specific areas of a CFCP approach still requires significant work. At a practice level this study demonstrates how both professionals and parents need to examine how they currently attempt to communicate with disabled children and young people and how they can structure assessment consultations to best suit the child / young person's abilities and needs. The need to prioritise direct communication, especially non-verbal forms of communication with children with complex needs is central to then facilitating greater user control and choice.

References

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