

Strengths based model and social role valorization (srv)



**ASSIGN
BUSTER**

In your own words, explain the strengths and weaknesses of each model

1. Strength Based Model (SBM)

- The Strengths

This model strongly focuses on the identification of people's abilities, interests and capabilities and on their strengths and potential.

This is a recovery model used in mental health rehabilitation. In New Zealand, there are a number of standardized assessments that have been developed. Since 1998, all mental health services in New Zealand have been required by government policy to use the recovery approach.

It is an empowering approach as the focus is on the strengths and abilities of the person rather than deficits and problems of the person and their family.

The policy has concerned the way to use of stigmatizing, labeling or blaming language.

The Strength Based Model creates hope by focusing on what has worked well for them in the past.

The strength based model identifies the positive things for the person and their environment.

The strength based model realized communities are seen as resources not barriers.

SBM understand the needs of mental people lead to can support them in their journey.

- The Weaknesses

Following the Ministry of Youth Deveopment, 2009 SBM has unstructured youth activities. For example: SBM does not have aim or focus for youth clubs and are associated with poor immediate and long-term outcomes for the young people involved.

2. Social role valorization (SRV)

- The Strengths

In 1983, SRV is formulated by Wolf Wolfensberger. SRV gives a concept of transacting human relationships and human service.

The major purpose of SRV is creates and supports socially valued for people in society. Moreover, SRV is intended to be used to analyze the process and effects of societal devaluation.

SRV gives people know about the right of individuals valued equally and they have opportunity to contribute meaningful for their community.

SRV mentions that if people have valued roles by society than they are more likely to access the good life as in friendships, the family, education, opportunity for work...

SRV has 2 broads strategies for enhancing the perceived value of people. The firstly, focusing on enhancing social image. The secondly, focusing on the person's ability to fulfill lives that are socially valued.

SRV can influence assessment, planning and coordination by giving a clear idea of services needed to fulfill socially valued roles.

Service is provided within the service framework so often people with disability live, work and socialize with the same people and staff.

- The Weaknesses

SRV has existed several years. It needs time to give more complementary.

SRV does not improve consciousness of guarantee concern about devalued people in society. Even though SRV affects participants, it cannot control the character of participants.

SRV has several societal impacts, which confined to narrow human service fields.

The people in SRV are providing the re-valorization efforts. For example, support workers are paid for their job lead to SRV is not helping for disabled person out of interpersonal motivation for example: attraction, emotional attachment or friendship, and people are well aware of this. Hence, SRV is non-genuine and unstable.

Comparison includes perspectives of disabled or older people (or a specific group of people) are considered. (Disabled People)

- The Strength Based Model (SBM)

Assessment:

The assessment is necessary for disabled people and mental problem because it will collect the client's information and the staff can understand the client's condition.

The assessment will assess about the strength, aim and preferences of client.

The SBM will identify skills, resources and capacity rather than deficits. SBM will setup the goals, which are realistic and achievable.

Coordination

Improving the relationship between the client and the professional

The service system has capacity to go to the client.

The service and support not only are addressed current clinical issues but also include social, housing, employment and spiritual for intellectual disability.

Planning

Planning focus on the steps how to achieve the goals of client. Moreover, planning also wants to improve the commitment between staff and support workers.

Each client has their own planning to recovery.

- The Social Role Valorization

Needs assessment and service coordination

This is a service model where services are provided for people who meet either MOH and DHB eligibility.

The MOH contracts NASC to access people with neurological conditions that result in permanent disabilities, developmental disabilities in children and young people include physical intellectual or sensory.

NASC services are also delivered for people aged over 65 who have an age related illness.

The services are provide as community support services, resident care, respite care, day care, behavior support, rehabilitation services and equipment.

The assessment will identify current abilities, resources, goals and needs and establish what is the most important need for person.

A comprehensive package of services may be required to meet individual needs. These may be from different funded sources, community support services and residential support.

Service coordination is a process that enables an individual to meet their goals.

Planning

Following the assessment, planning includes identifying activities to achieve the person's goal, meet needs and promote problem solving.

Family needs to involve the process of disabled people. In addition, any friend or other relatives of the client can also help for the person with disability.

The needs of client need to identify in care plan for all staff know when they give care.

A summary of the expected outcomes for disabled or older people (or a specific group people)

- The Strength Based Model (SBM)

There are several expected outcomes brought from the Strength Based Model. SBM creates special feeling and make strong sense of hope and optimism.

SBM can find out weaknesses and vulnerabilities and can build on strengths.

The purpose of SBM is creates helping process on strengths, interest and knowledge.

SBM creates good relationship as collaborative and mutual between organization, client and their family.

SBM emphasizes that individuals has duty own their recovery and SBM provides caring community.

- The social role valorization

The main goal and purpose of SRV is wants to create and support valued roles for people. If people can understand socially valued roles lead to they can receive from their society good things. For example: community support, opportunity for a better life.

Conformation that there is sufficient detail in the model to cover assessment, planning and coordination

Comparison accords with recommended texts

1. Wayne Hammond, Ph. D. 2010. Principles of Strength-Based Practice. Resiliency Initiatives.
2. John McCormack, October 2007. Recovery and Strengths Based Practice. Glasgow Association for Mental Health.
3. Rangan Aarti, Sekar K. 2006. Strengths Perspective in Mental Health. Evidence Based Case Study
4. Joe Osburn, 1998. An Overview of Social Role Valorization Theory.
5. Jane Sherwin, 2007. Social Role Valorization Theory as a Resource to ‘ Person Centred Planning’.
6. Laurie Davidson, February 2005. Recovery, self management and the expert patient-changing the culture of mental health from a UK perspective