Care models for dementia

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Strength based model

A strengths-based approach operate on the statement that people have strengths and resources for their own empowerment. Traditional teaching and expert development models think on deficit based approaches, ignoring the strength and experience of the participants. In a strengths-based approach the focus is on the individual not the content. Drawing on grateful inquiry, strengths based methodologies do not disregard problems. Instead they shift the frame of reference to describe the issues. By focusing on what is working well, informed successful strategies support the adaptive growth of organizations and individuals.(1)

Strength-Based Assessment

Practitioners working within a strength-based framework emphasize strength-based assessment as a critical first step in the movement toward seeing the strengths and competencies of children and families. Strength-based assessment serves two purposes:

1) It offers practitioners a reliable tool to assess the skills, competencies, and characteristics of individuals and families

2) It provides researchers a reliable and valid way to assess change in individuals following participation in strength-based programs.

A reliable tool to assess individual and family strengths and competencies, strength-based assessment provides practitioners with a positive way to

approach intervention with youth and families. Practitioners working from a strength-based approach emphasize the importance of asking youth and families the right questions. â€Ÿ

Strength-based assessment is defined as the measurement of those emotional and behavioral skills, competencies, and characteristics that create a sense of personal accomplishment; contribute to satisfying relationships with family members, peers, and adults; enhance one's ability to deal with adversity and stress; and promote one's personal, social, and academic development.

Planning

Personal Planning is a process of discovery. It is a planning process that enables individuals to be self-determining and involves recording and supporting the choices, goals, dreams and aspirations of each individual.

•The aim of personal planning is for individuals and family/whanau to create a better life for themselves (not the development of a plan).

•Different approaches will be required for different people.

•Personal plans are built on strengths, preferences and aspirations.

•To be useful, plans must be translated into actions.

Practitioners working within a strength-based structure emphasize strength-based evaluation as a significant first step in the movement toward seeing the strengths and competencies of children and families. It offers a dependable tool to assess the skills, competencies, and characteristics of

individuals and families. It provides researchers a reliable and valid way to assess change in individuals following participation in strength-based programs. A reliable tool to assess individual and family strengths and competencies, strength-based evaluation provides practitioners with a positive way to approach intervention with youth and families. Strength-based assessment is defined as the measurement of those emotional and behavioural skills, competencies, and characteristics that create a sense of personal accomplishment; contribute to pleasing relationships with family members, peers, and adults; enhance one's ability to deal with adversity and stress; and endorse one's personal, social, and academic development. A strength based approach runs on the assumption that people have strengths and resources for their own empowerment. Here the focus is on an individual strengths and abilities, not their disability. The community is their resource and people learn to grow and change no matter what their disability.(2)

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Strengths:

•It is an empowering alternative to traditional therapies which typically describe family functioning in terms of psychiatric diagnoses or deficits.

•It avoids the use of stigmatizing language or terminology which families use on themselves and eventually identify with, accept, and feel helpless to change.

•It is at odds with the " victim identity" — epitomized in popular culture by the appearance of individuals on television or talk radio sharing intimate details of their problems—which is inherently self-defeating.

•It fosters hope by focusing on what is or has been historically successful for the person, thereby exposing precedent successes as the groundwork for realistic expectations.

•It inventories (often for the first time in the person's experience) the positive building blocks that already exist in his/her environment that can serve as the foundation for growth and change.

•It reduces the power and authority barrier between the person and therapist by promoting the person to the level of expert in regards to what has worked, what does not work, and what might work in their situation.

Weaknesses:

•Focusing too much on the strengths may cause further problems for important matters/problems may be overlooked and ignored.

•A person's creativity and innovativeness may not grow and develop if he/she only performs based on his/her strengths.

•It makes it difficult to build resilience.

The support of the social value of people with a disability, older people and people with a mental illness in New Zealand society. Persons with disabilities have emerged in the public eye in recent years in both affluent and economically poor societies as being people who have a legitimate grievance

with their communities due to their historical role and status as being people who have been forced to live at the margins of everyday life. Support for people who are socially devalued and their families to exercise more control and authority over their lives and futures. New Zealand practices social role valorisation in terms of accepting disabled people in the the public.(3)

Social Role Valorisation Model

Social Role Valorisation is a set of approaches intended to enable devalued people in society to experience the good life. These approaches are best used by persons who clearly believe that depreciation of a party is wrong, and who are prepared to work to overcome this SRV, s many strategies derived from practical experience and from what research has revealed, is to help devalued people achieve valued social roles. It finds that this is the most powerful way to work against devaluation and its negative effects, and provides a wide variety of techniques and approaches to do so.(4)

Person-Centred Planning " refers to a group of approaches to organizing and guiding community change in alliance with people with disabilities and their families and friends". A typical person-centred plan should include these steps in one form or another:

•Getting to know the person with the disability.

• Assembling a team to develop a comprehensive personal profile of the individual, known as the " focus person".

•A clear, unrestricted vision of success is developed by the team, which guides the rest of the process. This vision involves the person's talents and dreams, and includes new roles he or she can fill in society.

Person-Centred Planning usually begins by getting to know the person. This involves meetings or visits outside of the professional setting, such as at a home setting. It is assumed that parents or those closest to the focus person know this person best. A network or " circle" of people is established who know and have a vested interested in the individual. This network is intervisionary, as different to interdisciplinary, and may include family, friends, peers and clergy. The focus person and parents control the planning process. organization is achieved by a facilitator who makes records, utilizes graphics, and who works to establish and promote the vision. The external facilitator also helps to ensure that the focus person's role is being met in the process. A positive, relaxed atmosphere of acceptance is developed to promote maximum comfort for the focus individual. The focus person and/or those most important to this person selects the time and location for meetings as well as who will and will not be invited. When the vision of success has been achieved, the final step is to develop

Flexible ongoing action plans and community supports by an open forum and brainstorming. The person's setting, current skills/deficits, current activities, and other information are also collected. Barriers that may stand in the way of community involvement are evaluated, such as insufficient funding, a lack of recreational facilities, and community attitudes. Service providers are taught where the person would prefer to live, work, spend leisure time, and relax. They are also taught to analyze the person's daily schedule in terms of

strengths, learning styles, and capacities. The result is daily and weekly schedules that involve residence, work. Programs and staff training are provided at this time in the following areas as needed and depending on the goals. A review of the individual's daily and weekly schedules is undertaken. (5)

There may be programmatic shortcomings that interfere with the clients getting what they need. However, any such programmatic weaknesses may be created by other non-programmatic trouble, such as regulations, funder requirements, lack of comprehensiveness of an entire service system. There may not be other local services that have greater or lesser structure that allow them to take in people who have greater or lesser degrees of need than the service being assessed can adequately address. And so on. The lack of needed service options, and the pressure to accept clients who do not need what the service is structured to offer, are non-programmatic issues. There was a time, even a generation ago, that much more was known about the deficits, limitations and purportedly negative traits of persons with disabilities than was known about their strengths, gifts and contributions. This had its origins in a largely exclusive focus on people's limitations and a virtual non-recognition of their strengths and contributions. This began to change as some people began to recognize the drawbacks of a " deficit model" and the merits of a strengths based approach to disability. This notion of strengths based strategies originated outside of the disability world though it has spread to many sectors including mental health, social work, youth work, and education. Now the voices of disabled people are heard and active participation in community has enhanced their living. (6)

Assessment

•knowing that individuals and families themselves have natural authority and are best placed to identify their own needs and plan for the future

•actively listening, providing opportunities for families/individuals to tell their story, honoring and respecting their journey and having a non-judgmental approach

•taking the time needed to develop the relationship, understand needs and aspirations and plan any required response

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•developing a true partnership with families and people with a disability

•focusing and building upon individual and family strengths

•providing the information required for individuals and families to make informed choices

•keeping in regular contact with the individual or family

•Committing to make a real difference in the lives of people with a disability and/or their families – believing that all people have a contribution to make to society and should have the opportunities to do this.

The following 12 principles form the basis of decisions. They are underpinned by the principles of the:

•Treaty of Waitangi

•UN Convention on the Rights of Persons with Disabilities

•NZ Disability Strategy

•Cares' Strategy

1. As citizens, disabled people have the same rights and responsibilities as all other people to participate in and contribute to the life of the community.

2. Disabled people and/or families supporting disabled people are best placed to determine their own goals, and to plan for the future either independently, as a family, or supported by advocates of their choice.

3. Families, friends and personal supports are the foundations of a rich and valued life in the community.

4. Disabled people and their families have natural authority and are best placed to be their most powerful and enduring leaders, decision makers and advocates.

5. Maori disabled are recognized as tangata whenua. Their aspirations, rights and needs will be met in ways that support their identity, beliefs, values and practices as individuals within whanau.

6. The aspirations, rights and needs of diverse cultural groups are understood and respected in ways that support their identity, languages, beliefs, values and practices.

7. Access to information that is timely, accurate and available in appropriate formats enables people to make appropriate decisions and to gain more control over their life.

8. Communities are enriched by the inclusion and participation of disabled people, and these communities are the most important way of providing friendship, support and a meaningful life to people with disabilities and/or their families and carers.

9. The lives of disabled people and/or their families are enhanced when they can determine their preferred supports and services and control the required resources, to the extent that they desire.

10. Services and supports provided through Local Area Coordination complement and support the primary role of families, carers and communities in achieving a good life for disabled people. These services and supports should not take over or exclude the natural supports that already exist or could be developed.

11. Partnerships between individuals, families and carers, communities, governments, service providers and the business sector are vital in meeting the needs of disabled people

12. Disabled people have a life-long capacity for learning, development and contribution.

Coordination

•LAC focus on the creation and maintenance of natural networks and assisting with access to community services rather than disability specific services.

•Combined with a focus on natural networks and community services, community building is an essential element of the Local Area Coordination approach.

•Community building is about working to achieve:

– Neighborhood, local and community resources as part of the natural support for individuals and families

– Community awareness of and support for people with a disability and/or their families

– Development of leadership skills of community members, where these leadership skills are of benefit to people with a disability and families in the local community

– Full inclusion of people with a disability and families in all aspects of community life (the social, economic, cultural, environmental and spiritual).

•there is a clear and agreed geographic boundary that defines the area where each LAC works

•Local Area Coordination is seen in the context of, and as a participant in, community rather than as a traditional service response approach.

•LAC are embedded in the community and have family friendly offices

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Strengths

•Focus on a meaningful life and family leadership

•Emphasis on strengthening community capacity and less on funding

•Greater emphasis on the principles of planning for the future especially at times of transition, importance of personal networks and community connections

•Complement the role of other services and partnerships

•Work with local communities to support inclusion and the valued contribution of people with disabilities

Weaknesses

•Many individuals said there was a restriction on time as to when they could access the LAC service due to LAC post being part-time; often enquiries were put on hold or fitted in with work time. It was commonly felt that a full time LAC worker was needed or other additional support put into place to meet demands of individuals.

•Expansion of the role and high workloads, reducing LAC capacity for direct work with consumers.

•Some perceptions of inconsistency in quality and levels of service

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