

ageing people with disabilities good (inclusive) practice?

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introduction – vzw den achtkanter

- 140 adults officially 'not able to work'
- adults with intellectual disabilities
 - moderate/severe disabilities (iq<50)
 - (stabilized) psychiatric problems
 - work : daycare center, supported employment
 - living : residential, supported living
- adults with traumatic brain injuries
 - continued cognitive rehabilitation

introduction – vzw den achtkanter



mission – main objectives

- to enhance quality of life/active citizenship
- to promote inclusion
 - from residential living → community living
 - from 'daycare' to supported employment
 - collaboration with, support by 'mainstream' services

mission – objectives : rationale

- as long as disabled people are deprived of equal opportunities for full social participation, nobody will be able to say that the objectives of the Declaration on Human Rights have been achieved

mission - objectives

- three major strategic goals (b.o.)
 - cliënt : developing competencies, attitudes, skills to be able to participate into society
 - environment : changing perception on adults with (dis-)abilities
 - staff : changing competencies

belief system – two components

- mentally disabled adults are 'able' adults (talents, abilities)
- mentally disabled adults are full/active citizens

consequences

- abilities – goals
 - focus on independence and learnability
 - reduce learned helplessness
 - promote taking initiative
 - promote autonomous problem solving
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- abilities – method
 - mediational interventions (MAH)

consequences

- citizens – goals
 - becoming the director of their lives
 - participating into society
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- citizens – method
 - support, by social network
 - to place means, skills, information at disposal so they can realize what they wish
 - flexible & 'to size', initiated by personal needs, aspirations,...

level of activity

- 'active' daytime activity
 - for all : developing a professional identity
 - independent the level of functioning
- retirement
 - gradually (landingsbaan) – club 2 – $N = 8$
 - retirement - club 3 – $N = 8$
- 15% ageing people
 - will probably not increase!!

ageing in place

- Bigby (2004)
 - “allowing the elder to remain in the living situation of their choice for as long as they wish and are able to”
- **not**
 - adjusting houses (anti de-institutionalisation)
 - separate or special group (elderly or dementia)
 - significant change in staff

inclusive society

- 'regular' services in society have the means/potential to support all ageing people
- vzw den achtkanter looked for collaboration, and found...
- St Vincentius (SV)
 - facility for elderly
 - active in the neighborhood

our appreciation for SV

- mission: support **all** aging people in the neighborhood
- QOL as the main reference
- continuum of services (ambulatory, nursing service at home,...)
- importance of heterogeneity

our appreciation for SV

- willing to 'outreach'
- guarantee to support our staff
- having competencies cc. fysical needs, looking for competencies cc. mental and intellectual disabilities
- guarantee that ageing people, supported by den achtkanter, can move to SV (priority)

collaboration - what - how?

■ methodology

- starting point : signs that client needs more/different kind of support due to problems related to ageing
- SV coordinator is invited for problem identification (interpretes, clarifies what is observed; gives advice and supports staff)
- continuous monitoring
- if necessary, inviting nursing service, fysical therapist, occupational therapist,...

collaboration - what - how?

- methodology (cont.)
 - if situation is changing to the extent that the organisation has reached limitations of staff, building conditions, medical needs,.... than client moves to SV
 - from then on, our role is changing : we support team of SV, monitor, give feedback, offer methods of support for ID
 - as long as client lives

goals of collaboration

- client = maintain or enhance QOL
- staff = enhance professionalism of both teams
- society = contribute to a more inclusive society

pro-and-con of collaboration

■ advantages (b.o.)

- Tailored support, individualized, specific
- inclusion, de-institutionalisation
- new challenges for cliënt

■ first reactions of SV (b.o.)

- though... not too many... please gradually
- fysical needs : ok – mental, intellectual needs : oops...

results

- experimental...
- QOL as estimated by staff and network: at least equal
- network: satisfied – support needed is offered, correct option,
- data to be summarized and written down

challenges

- clients
- network of client
- staff (both...)
- society
- government
-

client

- challenges (b.o.)
 - history of living in institutions; attitude (e.g. learned helplessness)
 - behaviour (inappropriate)
 - financial concern
 - uncertainty
- how to cope?
 -

network

- challenges (b.o.)
 - `not fair', not doing what was promised
 - financial concern
 - unfamiliar with this way of acting
 -
- how to cope?
 -

staff

- challenges (b.o.)
 - unfamiliar
 - changing role, new competencies required
 - “it’s a pity”, “my” clients, protectionism
 -
- how to cope?
 - reflection
 - explicit vision, consequent goals & method

organisation(s)

- challenges (b.o.)
 - changing role and methodology
 - management style - stimulating
 - HRM (evaluation, formation,...)
 - flexibility
 -
- how to cope?
 - need for a clear policy

sector(s)

- challenges (b.o.)
 - protectionism
 - loosing identity
 - “government wants to save money!”
 -
 -
- how to cope?
 -

government

- challenges on the level of government
 - no money for coordination, outreach
 - no money for transition process
 - inconsistent legislation
 -
 -
- how to cope?
 -

critical factors for succes (b.o.)

- very expanded discussion on vision, belief system and role over a long period of time
- implementation of a new model needs information, motivation, time
- the right 'culture' in the organisation
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critical factors for succes (b.o.)

- a shared vision
- unconditional support; consequent management
- sharing good practices
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