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Support Module for Management of Care Organizations

SMMCO

SMMCO
Support Module for Management of Care Organisations

'The only handicap in life is a bad attitude'

Scott Hamilton

Support Module for Management of Care Organizations

The practical guide for the 'support module for management of care organisations' improving the quality of life for people with disabilities.

Session1

Deel 1 – Introduction participants.

- *Who are you, where do you work and what is your job titel, why are you participating and what is your favourite food?*
- Sebrechts (awareness exercise)

Deel 2 – A vision on 'Self-Directed-Support'.

- Carl Rogers (cliënt therapy)
- Joan Tronto (relatie)

Partners

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Welcome

Position of names who are participating

Support Module for Management of Care Organisations is an international project funded by the Erasmus+ Programme of the European Union no 2022-2-NL-KA210-ADU-000092125

The SMMCO team

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Team and trainers

1. CRPG, Centro De Reabilitacao Profissional De Gaia (Portugal)
   -Lecturure: Cecilia Carvalho: Unversidada do Minho
2. Si Servei De Suport I Accessibilitat, S. COOP (Spain)
   -Mila Gonzalez: Universitat de les Illes Balears
3. ISIS & Willemse Consultancy (The Nederlands)
   -Perry Willemse MA: SDO/IBHS HBO

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'Care about care'

- Rise of individuality,
  - but for everyone.‘We leave no one behind’
- A 24/7 society is busier than ever but offers opportunities.
- Influence Stakeholders and reputation
- Guidance diversity through:
  - Professional
  - Volunteer work
  - Government or local responsibility.
- Interaction various care centers European cooperation.

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SMMCO-module

Our Aim

- A module for healthcare managers
- 8 sessions of 2 hours
- A learning curve of 14 intensive performance requirements

Our Goal

- Knowledge and insight
- Applying knowledge and insight
- Judgment
- Communication (internal/external)
- Learning skills

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The basis: Performance Requirements (PR).

1. Definition and discussion of Support and its essential elements
2. Client-centered therapy (Rogers) and the four dimensions of care (Tronto) in relation to the essential elements of Support.
3. The roots of social exclusion and the mechanism of continued segregation in our society.
4. The role of a support professional.
5. Description and presence of the necessary attitude of the support professional.
6. Description and practical examples of gifts and participation in the community of so-called 'redundant' people based on the achievements of John O'Brien.
7. Description of types of integration (physical, functional, social).

1. Description and discussion of the relationship between the Human Rights Convention and the essential elements of Support.
2. Description of the paradigm shift (development from institutionalization, de-institutionalization to support).
3. Elements of Deinstitutionalization Compared to Elements of Support
4. Description of organizational structures, competencies and management styles.
5. Structure and culture of program-oriented care versus demand-driven care
6. Essential differences between quality of care and quality of life.
7. Description of the necessary conditions for organizational design of Support from the perspective of the customer and the organization.

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1st lesson

Performance Requirements (PR).

1. Definition and discussion of Support and its essential elements
2. Client-centered therapy (Rogers) and the four dimensions of care (Tronto) in relation to the essential elements of Support.

Specific goals	Contents	Activities
Recognize and understand the different definitions of care and be aware of the organization's mission statement.	Influence of definitions of care for people/elderly people and individual choices	Discuss and provide different definitions of care and discuss the importance of client choice.
Understand and be able to explain the different theories of Tronto and Rogers.	How do these two different theories change the work ethic?	Present how these four principles benefit the customer. Provide feedback based on a real case

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Contents 1st session

Discus definition of support and care

1. Definition S-D-S: Self-Directed-Support.
2. Definition: Exercise list with equations.
3. Individual choices from your center 'client-centered approach.
4. 'Objectives of your workplace.
5. Reputation of your organization.
6. Client-centered therapy, four dimensions (Rogers).
7. Self-Directed-Support (Tronto).

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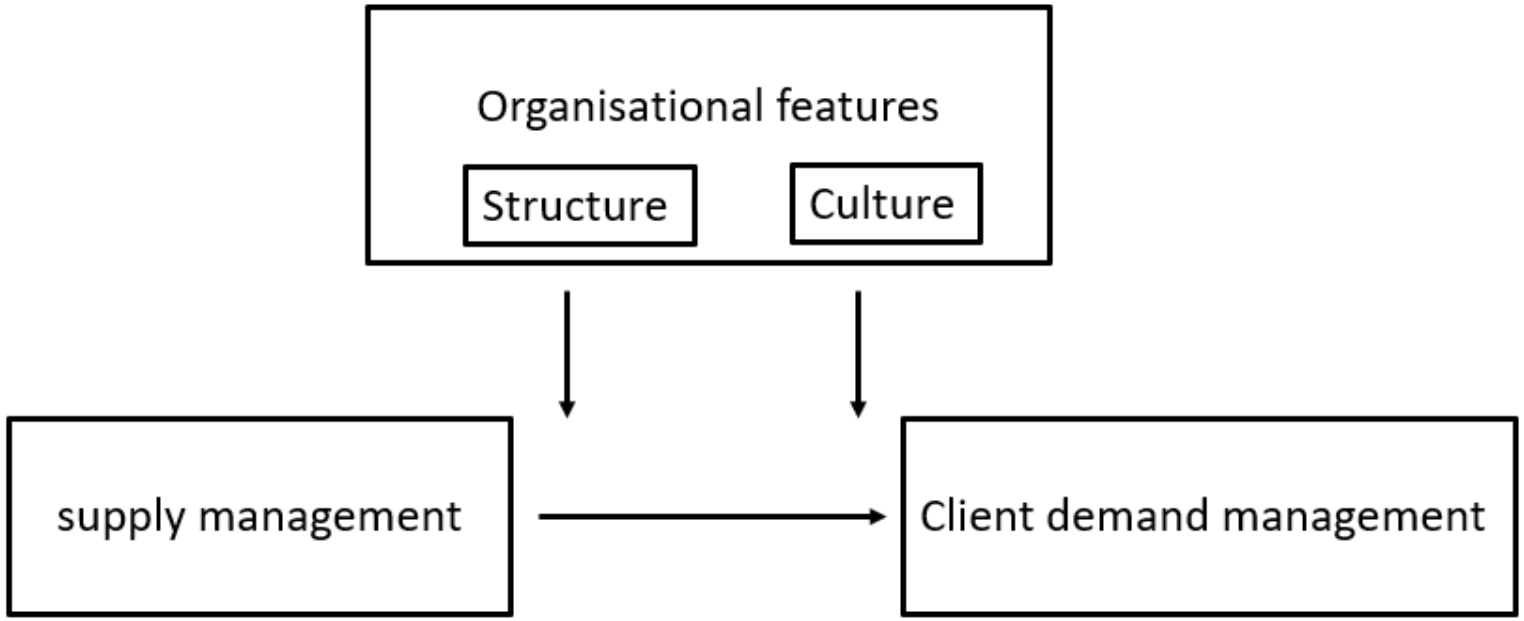
1st Session

Definition of care

- Exercise: Completing equations:
  - Sebrechts, Erasmus University Rotterdam (2007)



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1st Session: Sebrechts

Supply-driven versus Demand-driven Care
'I prefer'

Structure

	Functional-oriented	of	Competency-oriented
	Centralized	of	Decentralized
	Controled structured	of	Creative/ope structured
	Structured	of	Dynamic

Culture

	Process-oriented	of	Result-oriented
	Functionality-approach	of	Personal-approach
	Organization-specific	of	Professional-specific
	Certainty	of	Uncertainty
	Formal-communication	of	Informall-communication
	Controled environment	of	Flexible environment
	Inequality	of	Equality
	Closed communication	of	Open communication

Exercise 1:
Your intrinsic motivation
Exercise 2: The job description from the organization.
Exercise 3:Are there differences and why do you think they are?
Are those differences necessary

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1st Session:

What did you find out?

- Do you work supply-driven or demand-driven within your organization?
- Do you or your colleagues have the right competence to be able to work demand-driven?
- Does your organization offer the right services and support to work demand-driven?

Please note that you are not obliged to share information, as we all work for different organisations.

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1st Session:

Definition of care

- What does care mean to you?
- What definition of care do you use?
- Is this the same as the definition of the organization?
- Can your definition apply to all care organizations?
- Explain and discuss

‘What you do for someone who needs help or attention’
‘The effort, the efforts one makes, the trouble one takes to maintain something or keep it in good condition’.
‘I will take care of it; I will take care’

We are not talking here about what is right or good care, that is objective (discussed later, legislation).

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1st Session:

Individual choices in your organisation

- Can a client make an individual choice?
- To what extent can your client make an individual choice?
- What support is there for the client to make a choice?

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1st Session:

The organisation and it’s mission statement

- Are you aware of your organization's mission statement?
  - Your workplace goals
  - Your organization's reputation
  - Stakeholder engagement
- Does it align with your own beliefs about how care should be embedded?
  - Can topics be addressed differently?
  - Are there employees who have a different intrinsic motivation?

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1st Session:

Case study

Definition and discussion of Support and its element (PR 1)

Case/statement:

A care organization wants to promote the participation of its clients in society and has started a program for this. The professional caregivers determined the content of the program, and which clients could participate.

Compare this situation with the elements of support

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Break

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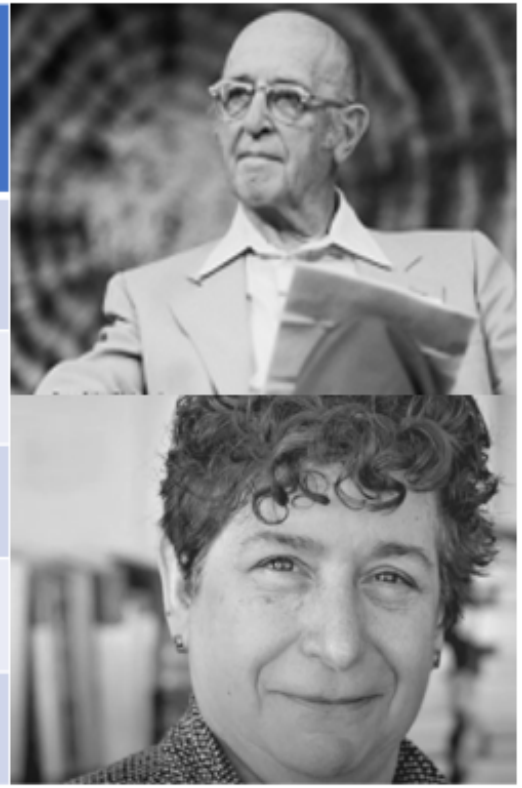
2nd Session

Carl Rogers & Joan Tronto

Carl Rogers (1902-1987) 'The four principles of client centred therapy'	Joan Tronto 'The four dimensions of (good) care
Is best known for devising person-centred theory	Professor University of Minnesota
-Congruence	-Caring About
-The Person-Centered Approach	-Taking Care of
-Empathy	-Care Giving
-Unconditional Positive Regard	-Care Receiving



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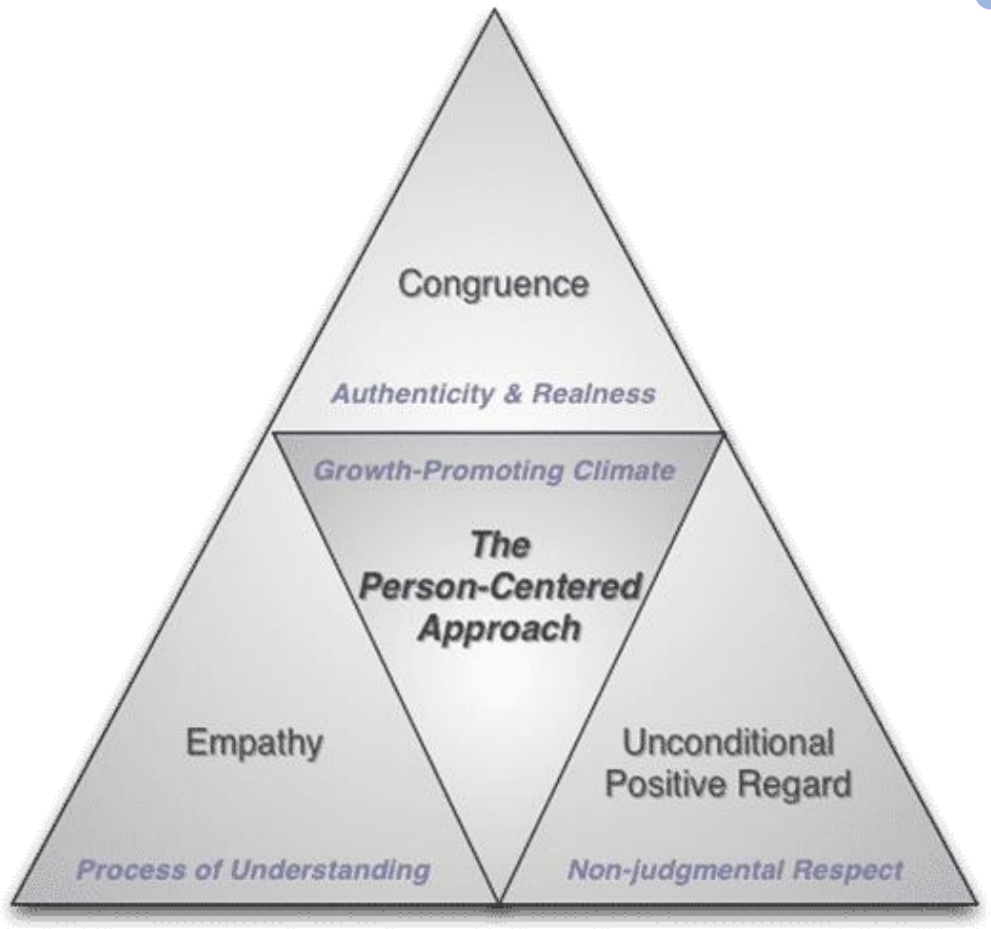
2nd Session

Engels

1. 'People have a natural tendency to realize individual potential'.
2. The 'Quality of Life' is a personal experience and should not be judged.
3. Is the combination of principles 1 and 2:
4. The individual develops a coherent self-image, meaning:



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2nd session

The Four Principles of 'Client-Centered Therapy' Rogers

1. 'People have a natural tendency to realize individual potential'.
2. The 'Quality of Life' is a personal experience and should not be judged.
3. Is the combination of principles 1 and 2:
4. The individual develops a coherent self-image, meaning:
   - Based on one's own experience, it creates one's truth about what 'Quality of Life' is.

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2nd Session

Four Dimensions of (good) care 'Tronto'

The need for care ‘Caring about’

-Recognizing the need for care.

Ensuring that ’Taking care of’

-Are the resources available.

-Organisational design and possibility

-Financing

Caring ‘Care-giving’

-Providing care.

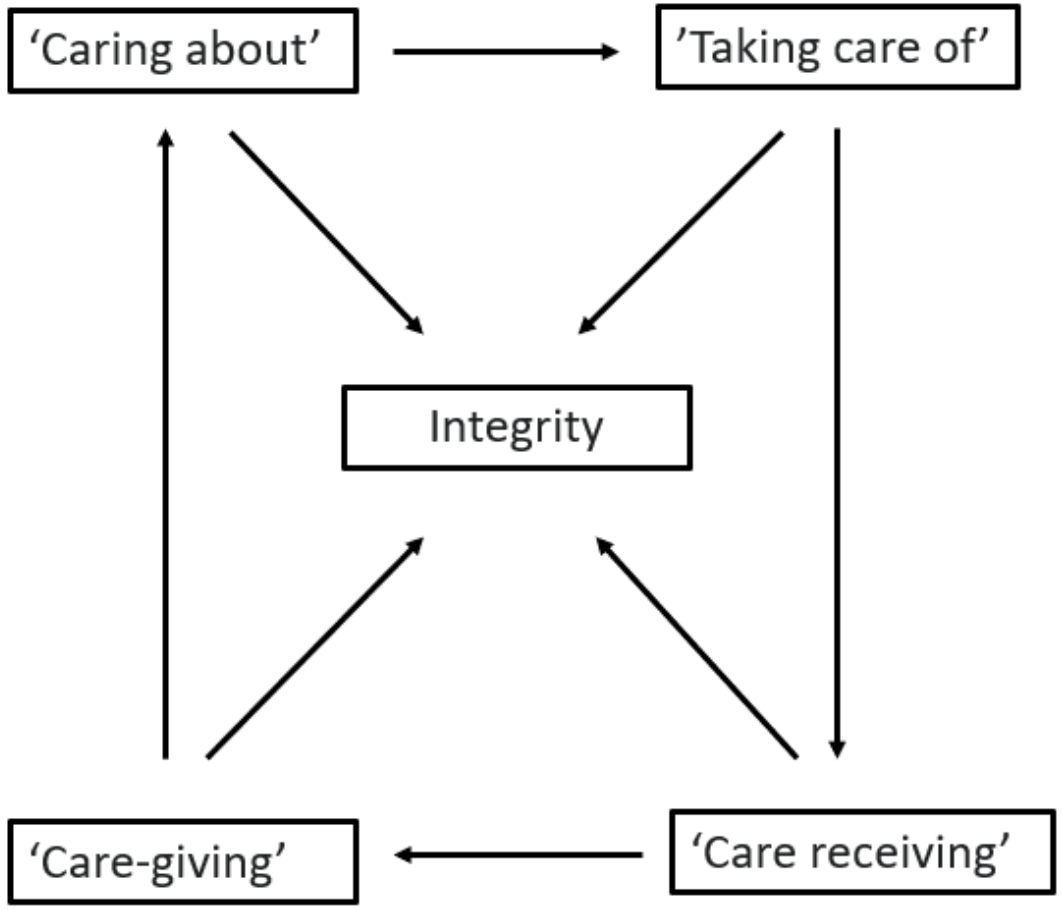
-Physical effort or action that the caregiver performs.

Responding to care ‘Care receiving’

-Responding to care

-Does the client benefit from it

-Improves the client's condition



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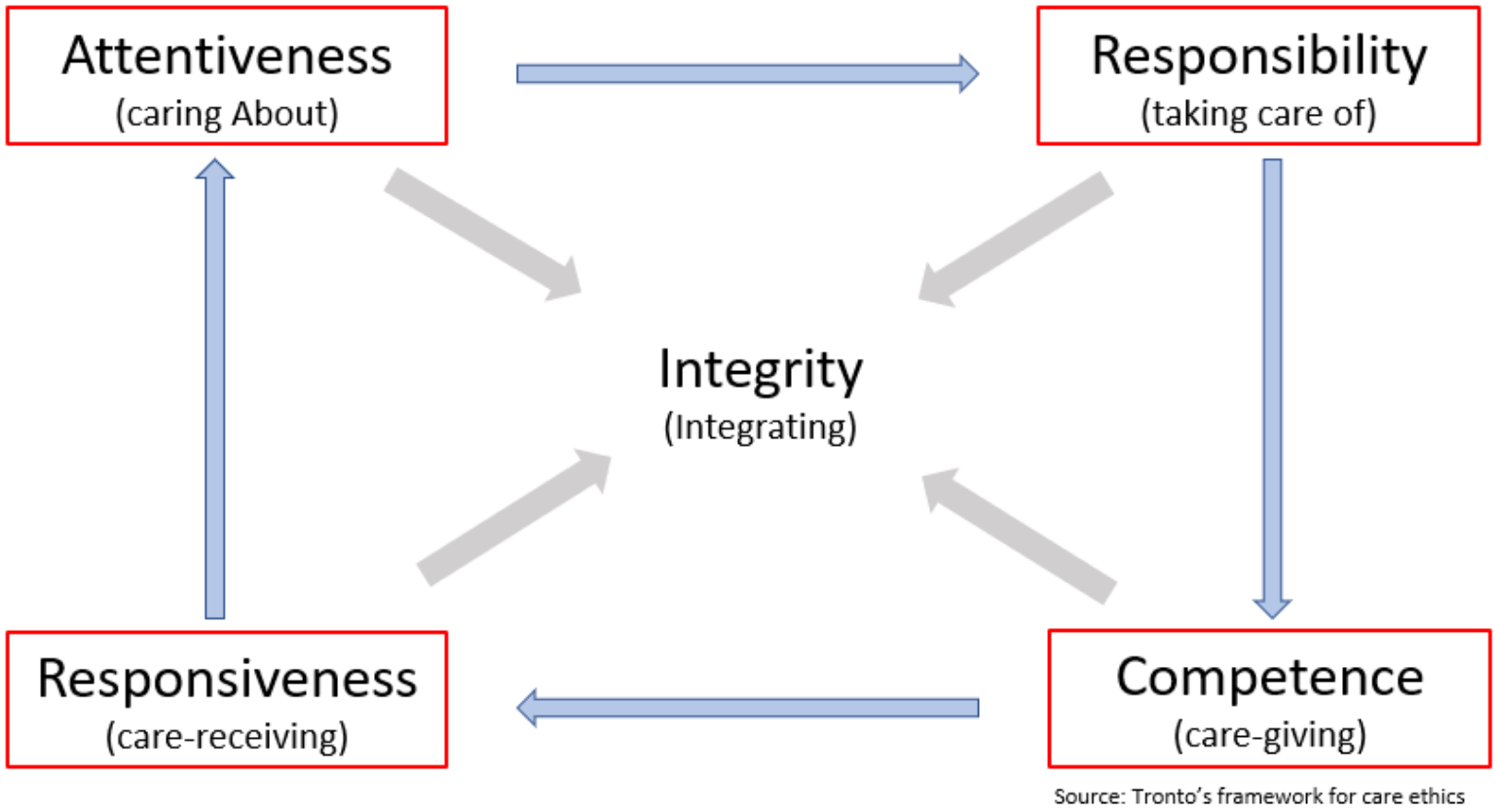
2nd Session

Inpractice ‘Four Dimensions’



Source: Tronto’s framework for care ethics

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Activity, (Tronto)

1. Do all angles have equal interaction when providing care?
2. Is this measured or assumed?
3. Is the budget sufficient for the person who needs care?
4. Is there a possibility to increase the budget?
5. Who provides the care?
6. Is the person providing the care competent enough?
7. Can the care provider do more outside his/her scope?
8. Is it possible to adjust matters to the care provided?
9. Who receives the care?
10. Does the client want more or a different type of care?
11. Has the client been a supporter during communication (someone the client loves)?

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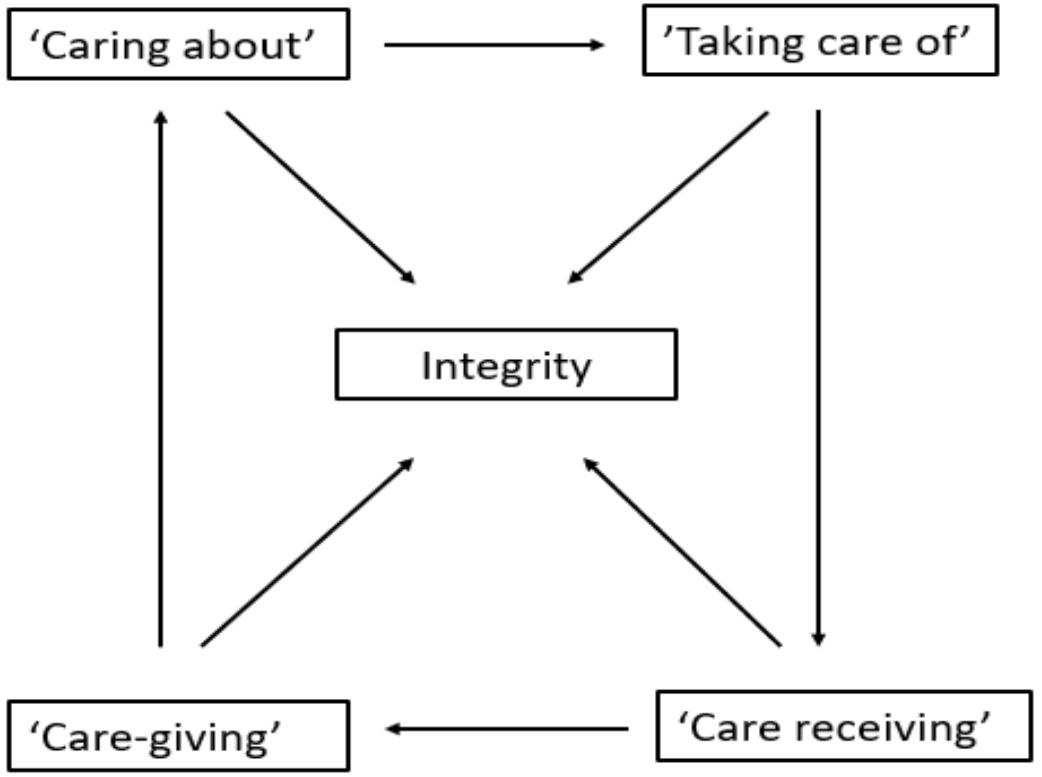
2nd Session

Tronto in practice

- With the information gathered, you can return to the framework.
- Check whether all subjects are equally involved in the process of providing care to the client.
- It is possible that some subjects have less or more to offer than other organizations or people.
- Is there a need within the organization to increase certain aspects?



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2nd Session

Case study

The customer approach (PR 2)

-Case/example. In the elderly sector, a care organisation has problems with the required number of professional care providers (many vacancies). Because of this situation, the management has decided that every care recipient must be in their own room at 9 p.m.

Give your opinion and comment on this situation and in your opinion

– If necessary, which alternatives you would prefer.

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2nd Session

Samenvatting Sessie 1 en 2

- What have we learned?
- What do we take home?
- What would be interesting in your organization?
- What could be implemented in your organization?

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Thank you, see you next time?

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lesson 2

'The only handicap in life is a bad attitude'

Scott Hamilton

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The practical guide for the 'support module for management of care organisations' improving the quality of life for people with disabilities.

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Performance Requirements

(PR3) Description and discussion of the origins of social exclusion and the mechanism of continued segregation in our society .

(PR7) Description and discussion of integration types.

Partners

ISAS BV

Cooperativa (Si) d'Iniciativa social

crpg centro de reabilitação profissional

Willemse CONSULTANCY

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Integration and segregation in our society

Excusion or taking control

Welcome

Position of names who are participating

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Lesson 2, 1st session (PR 3 & 7)

Goal this session

Specific goals	Contents	Activities
Recognizing and understanding social exclusion and discrimination	The conceptual model: risk factors and characteristics of social exclusion	Presentation of the risk factors and characteristics of social exclusion. Analysis and discussion of practical cases.
Understand and be able to discuss the relationship between the three types of exclusion.	How do these three types create inclusion between different institutions and between management ideas and customer needs?	Presentation of the three types of exclusion and the advantages and disadvantages of these different disabilities. Discussing the possibilities to take control, depending on the disability.

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content lesson 2, 2/1 (PR 3 & 7)

Social Exclusion to Integration

Description and discussion of the origins of social exclusion and the mechanism of continued segregation in our society.

1. Characteristics of social exclusion to Integration.
    1. The conceptual model
    2. Risk factors

    Social exclusion and three dominant views:
    - Phase 1
    - Phase 2
    - Phase 3

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1st Session

Discuss the three dominant visions phase of 'Social Exclusion'. This is made visible by using the levels

Micro level: people/ live ability (influence)	Meso level: authorities, companies and citizens (minimal influence)	Macro level: government (no influence)
Uncontrollable risk factors *Age* *Gender*	***Uncontrollable risk factors*** *Inadequate implementation* *Waiting times*	***Uncontrollable Risk Factors*** *Economic Recession* *Individualization*

Name various uncontrollable risk factors that exist or can arise within your organization.

Is it possible or do you have the power to take action on these uncontrollable risk factors (discus, how you would tackle the issue)?

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1st Session

Unintentional exclusion

1. Social exclusion
2. Social cohesion
3. Financial exclusion/problems
4. Social participation
5. Social contacts

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1st Session

Characteristics of socio-cultural exclusion

(Which terms and financial resources)

Socio-cultural exclusion	Complication or challenge?
-Insufficient social participation -Insufficient participation in formal/informal social networks -Insufficient social support -Insufficient social involvement	-Minimal knowledge of compliance with norms and values -Low work ethic -No voting opportunities (social security abuse) -Minimal chance of reasonable education

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1st session

Case study, ‘Origin of social exclusion (PR 3)

For years, people with disabilities were excluded from participating in society. Many residential facilities were located outside the community.

Based on new insights from the ministry, a care organization decided to realize a smaller care unit for approximately 150 people with disabilities in the district/neighborhood.

All services, including day activities, are provided by the care organization.

-Can you give your opinion on aspects related to inclusion?

-Is realizing a smaller care center in the community an adequate step or should more be done?

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Break

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2nd session

Three dominant periods/visions

(emerging paradigms)

Phase 1	Phase 2	Phase 3
Period of institutionalisation	**Period of De-institutionalisation**	**Duration of citizenship**
Defective paradigm (segregation) -biological object (medically colored) -institutionalization -not being able to meet the norms and values of society -establishment far away from society (far from the normal world) -society was protected from the disabled person	Development paradigm -no longer a patient but a person -to exist as normally as possible -ordinary people with special needs and development possibilities -led to de-institutionalization	Normalization paradigm -fighting for attention -Normalization in all facets -specialized facilities within health care and within education. INTEGRATION

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2nd session

Three types of exclusion in our society

1. Physical
2. Functional
3. Social

What exclusion are you noticing and dealing with?

How do you facilitate this?

We are willing but sometimes things are to complicated

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2nd session

(Un)conscious physical, functional and social exclusion?

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2nd Session

Physical, functional and social exclusion

Within your organisation!

Strengh	Weakness
Opportunity	Threat

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2nd Session

Inclusion the new paradigma

Exclusion: Minimal or no participation

In simple language: You cannot/may not participate.

Segregation: Having everything but isolated

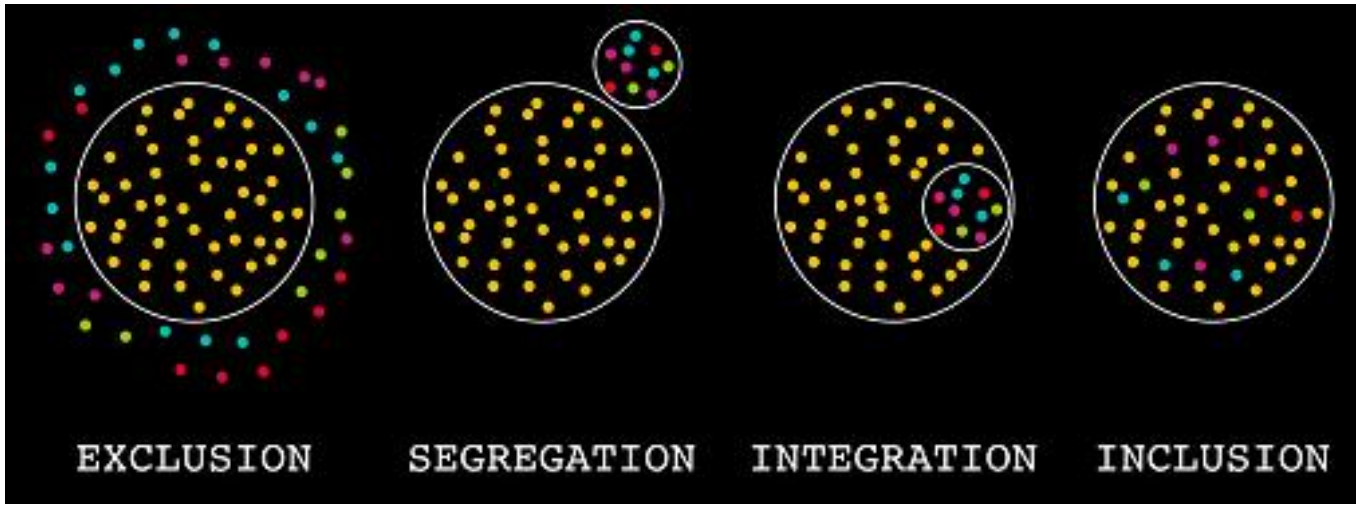
In simple language: A separate environment

Integration: Participating if you can adapt to the rules.

In simple language: You may participate, but you must remove the barriers yourself

Inclusion: 'The right to full participation'

In simple language: You can participate.



Bron GRIP

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2nd Session

Case study Different types of integration

A care organization wants to promote the active participation of its clients in society. The management decided to start a small supermarket in a small local community together with their clients and volunteers. They also built houses for clients above the supermarket.

Clients who participated in the supermarket were not the people who lived in the houses. The people who lived in the houses went to the day center of the care organization.

Clients from other places came to the store to work there.

What is your opinion about this situation?

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2nd Session

Summary

Uncontrollable risk factors
Various exclusions in our environment
Three dominant periods
Types of exclusion
Inclusion

What have we learned?
What do we take home?
What would be interesting in your organization?
What could be implemented in your organization?

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Thank you, ready to start session 3

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lesson 3

'Where a person creates his own schedule'.

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Performance Requirements

(PR6) Description and practical examples of presence and participation in the community of so-called 'redundant' people based on the achievements of John O'Brien .

(PR8) Description and discussion of the relationship between the Human Rights Convention and the essential elements of Support .

Partners

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Practical examples of presence and participation in the community

O’Brien adn Human rights

Welcome

Position of names who are participating

Lesson 3, 1st session (PR 6 & 8)

Goal this session

Specific goals	Contents	Activities
Identifying and understanding the five service completions as proposed by John O'Brien	John O'Brien's 5 Service Actions	Presentation of the 5 valued experiences and the 5 service achievements (O'Brien). Analysis and discussion of practical cases.
Understand and be able to discuss the relationship between the essential elements of Support and two key international strategic frameworks (UN Convention on the Rights of Persons with Disabilities and the 2030 Agenda).	The UN Convention on the Rights of Persons with Disabilities Agenda 2030 The Essential Elements of Support (from Session 1)	Presentation of UNCRPD and the Agenda 2030 Analysis of the rights that SDS seeks to derive from UNCRPD and Agenda 2030 Presentation of different scenarios and discussion on how these rights are addressed or neglected Refer to Commission Notice for information.

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Valued experiences and achievements

- Back to Basics with O'Brien
- UN Treaty

Content (PR: 6 & 8)

John and Connie O'Brien

- Leading thinker, widely published on justification regarding individuals with disabilities
- Pioneer in person-centered planning
- McGill Action Planning (MAPS)
- Planning Alternative Tomorrows with Hope (PATH)
- Collaborative learning (client- counselor) so that each person can determine their own direction
- Based on 'Social Role Valorisation'

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Social Role Reinforcement.

Where does this come from?

- Principle of normalization for service to other individuals
- Nirje (Scandinavia, 1969)
- SRV 1983 Wolf Wolfensberger
- Extended this to Social role reinforcement

SRV

Disadvantaged

Discriminated against

Low status in society

Poor

Despised racial, ethnic, religious or political group.

Physical/mental disability

Undesirable status

Illegal/prisoners etc.

Sexual identity

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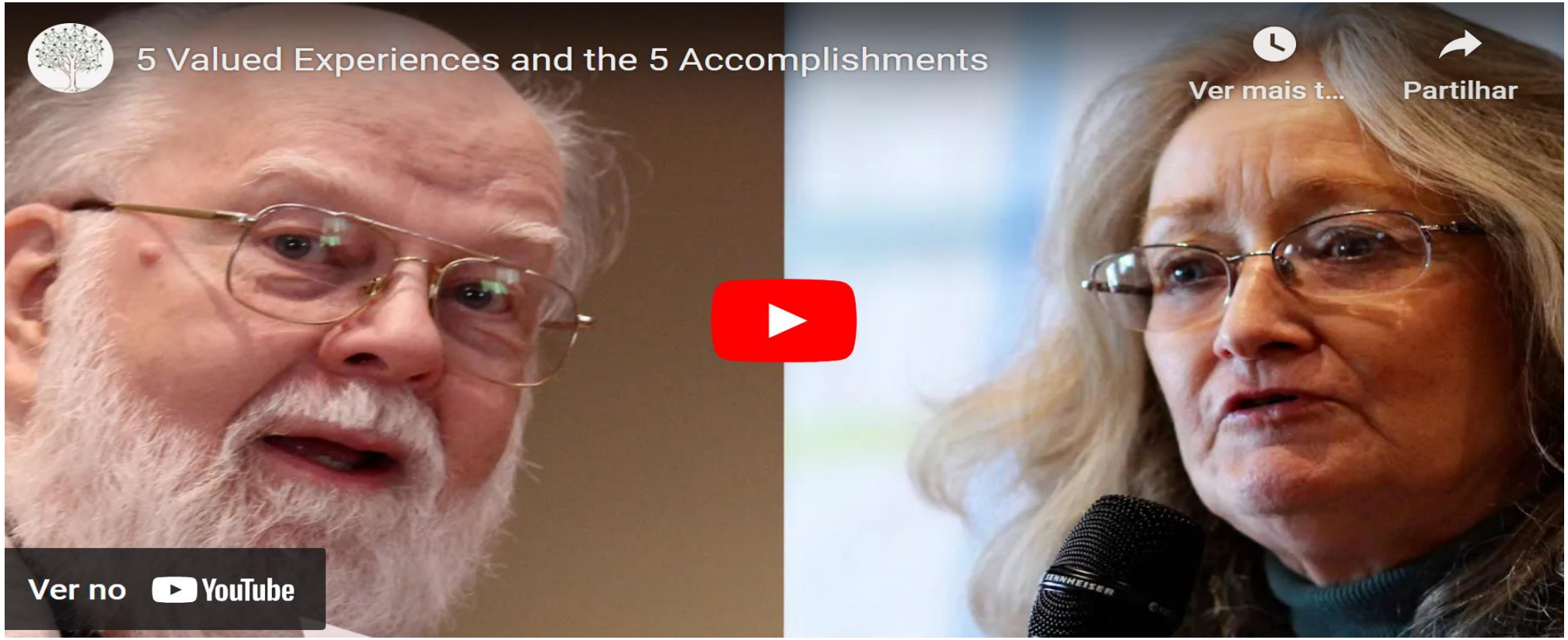
'Five valued experiences for a better life’
'Five achievements to achieve a better life'



https://www.youtube.com/watch?v=p5iMTSF938I

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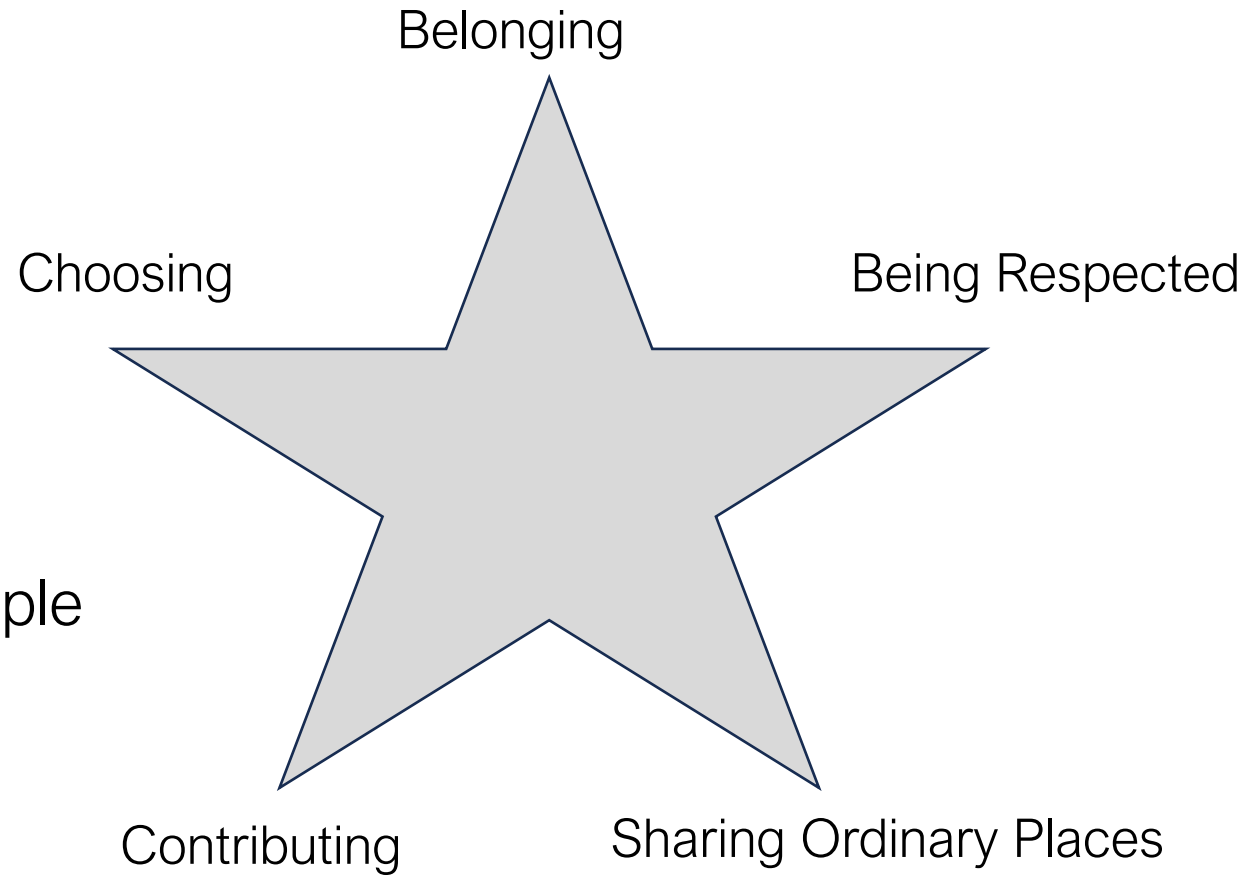
'Five valued experiences for a better life'

1. A lifetime of choosing
2. Building relationships
3. Sharing situations, habits
4. Sharing the environment
5. Sharing dignity with other people “equal roles”



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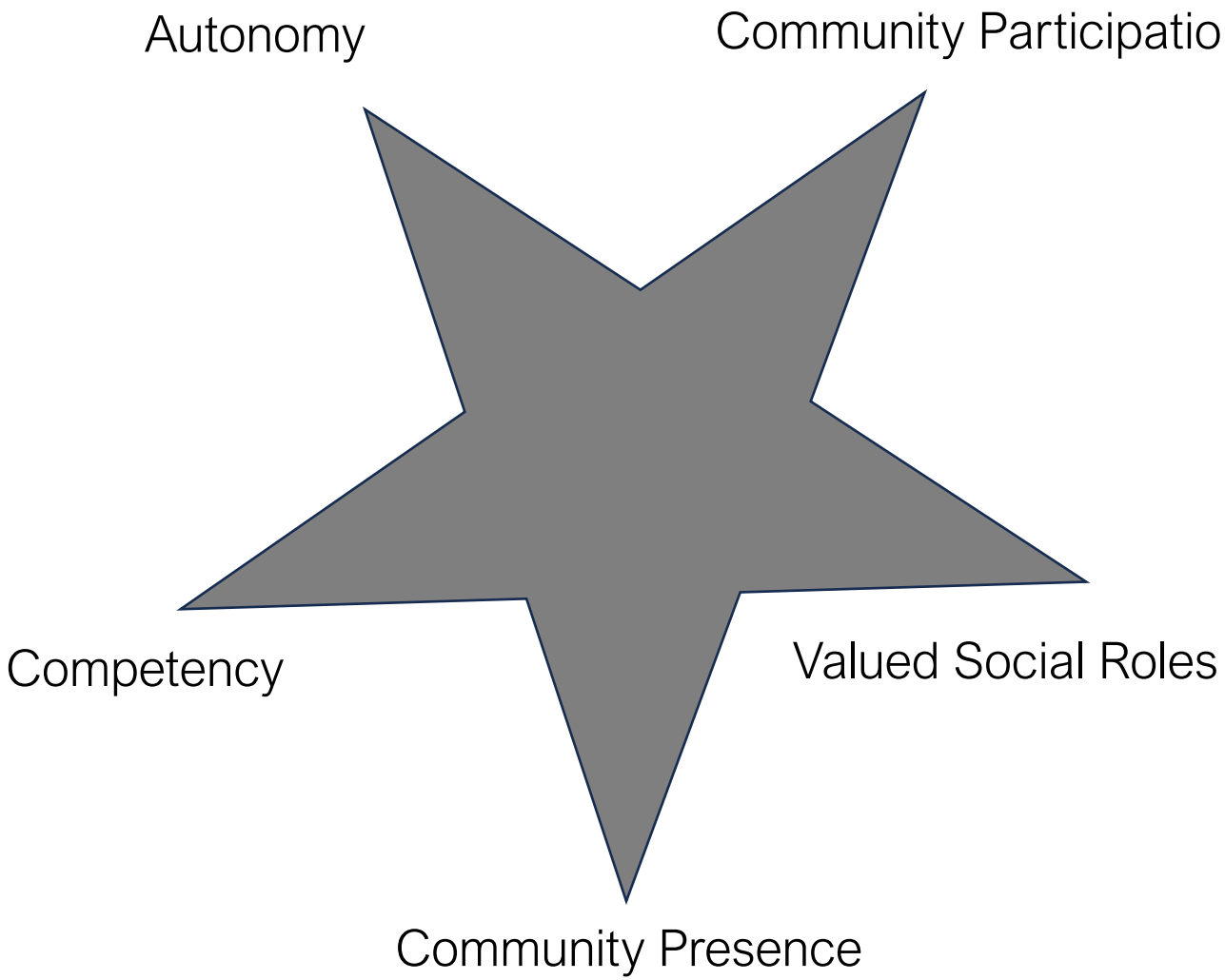
'Five achievements to achieve a better life'



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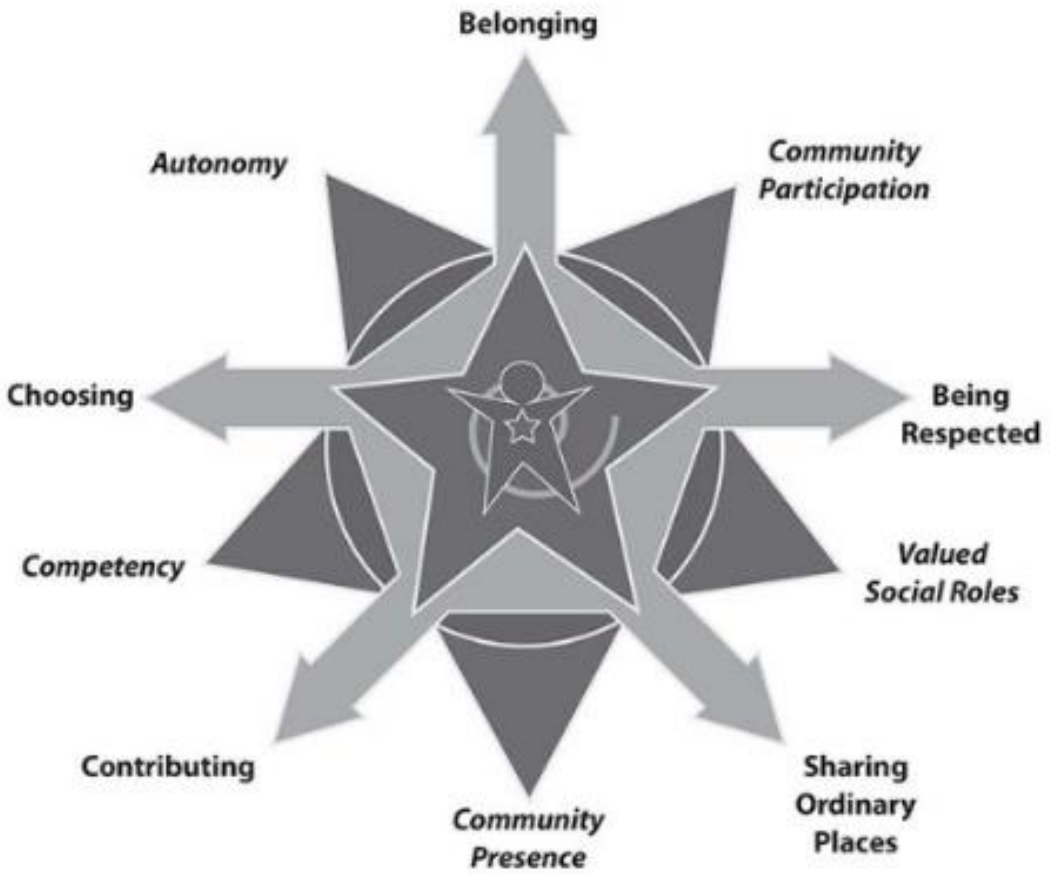
If all the topics in both stars have been discussed.

The care for the individual fal into place:



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1st session: Case study:

Is this philosophy an:

'Idealistic point of view or a realistic point of view'

- Have you implemented these 10 elements in your own organization?
  - Or a similar model/strategy that you work with?
- How did you do this?
  - Do you have any influence on this?
- Can you use the elements to optimize?
  - If so, in what way?
- What is feasible and what challenges do you see ahead?

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Case study, PR 6: example

Participation and presence in the community.

What would you have done?

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Break

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Discrimination…. What comes to mind?

- Distinction, exclusion or restriction based on characteristics, such as race, gender, sexual orientation, disability, age, etc.
- This has the purpose or effect of undermining the individual.
- Recognition and/or enjoyment of physical exercise, on an equal basis with others is a fundamental freedom of human rights, whether political, economic, social, cultural, civil or other.

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What causes discrimination?

- Misinformation, prejudices and the fear of differences that some people may have.
- Sometimes people are not aware that their behavior is discriminatory, because they have internalized certain societal beliefs and norms their entire lives.
- At the systemic level, such as in laws, policies, embedded in the health or social system.
- Poverty and power inequality in society are also examples of factors that prevent people from enjoying their rights and that can make people feel that their attempts to change the situation and get satisfaction are hopeless.

Geestelijke gezondheid, handicap en mensenrechten. WHO QualityRights Kerntraining - voor alle diensten en alle mensen. Dia's van de cursus. Genève: Wereldgezondheidsorganisatie; 2019 (WHO/MSD/QR/19.2).

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How to tackle discrimination?

- Combating misinformation through awareness raising
  - On the rights and dignity of people with disabilities;
- On the capacities and contributions to society of people with disabilities;
- Organizing campaigns to change perceptions about people with disabilities;
- Combating stereotypes, prejudices and harmful practices;
- Education about the rights of people with disabilities;
- Encouraging the media to disseminate accurate information about human rights violations.

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Disability rights are human rights

1. Universal Declaration of Human Rights (UDHR), United Nations, 1948
2. Convention on the Rights of Persons with Disabilities (CRPD), United Nations, 2006.

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Article 3 ‘General Principles’ The 8 areas of intervention of CRPD

CONVENTION on the RIGHTS of PERSONS with DISABILITIES

SMMCO

1. Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons

2. Non-discrimination

3. Full and effective participation and inclusion in society

4. Respect for differences and acceptance of persons with disabilities as part of human diversity and humanity

5. Equal opportunities

6. Accessibility

7. Equality between men and women

8. 8. Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identity

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Case, PR 8: Example

The UN Convention on the Rights of Persons with Disabilities is e.g. express full and effective participation in society. There are different opinions on this.

- *Opinion 1: Society has a responsibility to remove barriers that hinder participation in the community so that specific services for disabled people are no longer needed.*
- *Opinion 2: Not in all situations it is possible for people with disabilities to participate, therefore services must remain available.*
- *Opinion 3: People with disabilities have the same rights as non-disabled people, but because of their disability they need individual support and guidance tailored to enable full participation.*

What is your opinion?

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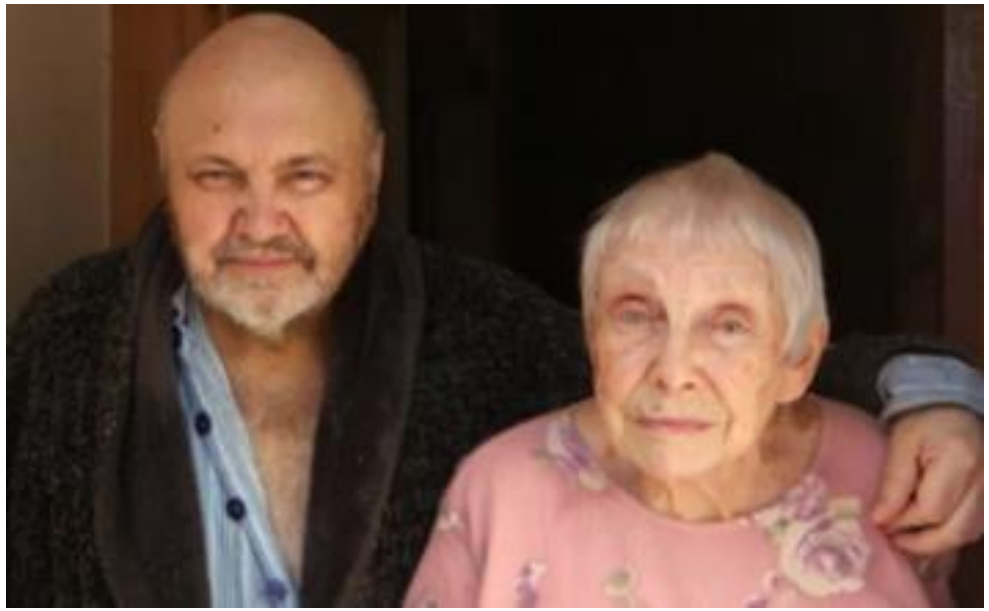
Case study

What would you decide

Anna (mother) and Mario (son), Anna has never let go of her son Mario, they still live together.

Anna is 82 years old and has mobility problems, according to the neighbors, to deliver good care for Mario is no longer possible.

Mario's brother John is certain that his mother and brother can still live together. Mario is 43 years old and has a mental disability and cannot live alone but does not want to leave home either. In their view, they enjoy living together



Source: BBC, Carer 93, exhausted looking after disabled son

IStock afbeelding

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UNCRPD Article 14

People should not be:

"deprived of their liberty".

And one of the most important messages from people with disabilities is that if they do not have control over their own care or support, they cannot live the life they want.

Duffy, S., Dalrymple, J., & Crosby, N. (2019). Zelfsturende ondersteuning voor dienstverleners. *EASPD*.

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UNCRPD artikel 19

People should be able to live independently and

"choose their own place of residence".

Despite this, most countries continue to invest in institutional and residential care facilities that effectively deprive people of the chance of a real home that others take for granted.

Duffy, S., Dalrymple, J., & Crosby, N. (2019). Zelfsturende ondersteuning voor dienstverleners. *EASPD*.

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UNCRPD artikel 22

Protects people from interference with:

"privacy, family, home or correspondence".

However, many people with disabilities lose all of these rights when they are placed in residential care with limited protection of their basic rights.

Duffy, S., Dalrymple, J., & Crosby, N. (2019). Zelfsturende ondersteuning voor dienstverleners. *EASPD*.

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UNCRPD artikel 23

Promises to

"eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships".

Yet in both cases, in terms of legislation and the practical organisation of services, it is often very difficult for people to establish and maintain relationships and family life.

Duffy, S., Dalrymple, J., & Crosby, N. (2019). Zelfsturende ondersteuning voor dienstverleners. *EASPD*.

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Summary

UN treaty
Impact of the treaty on our organization
John and Connie O'Brien
-5 valued experiences
-5 Service experiences

What did we learn?
What do we take home?
What would be interesting in your organization?
What could be implemented in your organization?

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Ready to start the 4th session

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lesson 4

'Where a person creates his own schedule'.

Support Module for Management of Care Organizations

The practical guide for the 'support module for management of care organisations' improving the quality of life for people with disabilities.

Performance Requirements

(PR9) Description of the paradigm shift (development from institutionalization, de-institutionalization to support) .

(PR10) Elements of deinstitutionalization compared to elements of Support.

Partners

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The fourth lesson will be based around different paradigm's which took place in the care industry.

Which new ideas has.

How the world look at the position of people with a disability within society.

The interpretation of certain systems.

Welcome

Position of names who are participating

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Lesson 4, 1st session (PR 9 & 10)

Goal this session

Specific goals	Contents	Activities
Understanding the differences between an institutionalization and a deinstitutionalization scenario, and the implications of this paradigm shift	"Threshold evolution": Institutionalization paradigm Deinstitutionalization paradigm Citizenship paradigm	Presentation of "Threshold evolution Develop and discuss scenarios for the 3 paradigms
Understanding and linking elements of deinstitutionalization and the citizenship paradigm to elements of Support	Elements of Support (Session 1)	Comparing elements of deinstitutionalization and citizenship paradigms with elements of support

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Evolution of 'caring for' people with a disability

The three evolutionary thresholds that have occurred are:

1. Institutionalization paradigm
2. Deinstitutionalization paradigm
3. Citizenship paradigm

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First Threshold: Institutionalization Paradigm

A Social Role: Placing an Individual Within an Organization (Institution)

Narrentum

- “Fools Tower”(1784) Vienna
- Five floors, 28 rooms
- 139 people
- Underground Dungeons

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A Social role: placing an individual within an organization (institution)

Reducing the population size of psychiatric institutions, giving patients more freedom and shortening their stay.

- Reforming psychiatric care through innovative medicine
- Feelings of fear, emotional stress and hopelessness
- Pressure from socio-political movement
- Roshenham experiment 1973:

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Content Session 4 Third threshold:

Citizenship paradigm (what do you think?)

Aristotle and citizenship policy.

The right to be different. (cultural/citizenship policy)

Cultural determines and belongs to a small community?

Desired and belongs to the entire society?

Whether or not a desired 'a separate cultural identity' double effect

New possibilities and yields unexpected positions?

Gives a new form of marginalization of individuals who cannot decide for themselves?

Bron: Downloads/Afscheid_van_het_burgerschapsparadigma.pdf

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How different ideas fit into the different paradigms.

	Individual theoretical Defect paradigm	Development Phase paradigm	Socio-theoretical Citizenship Paradigm
Human Vision	Person with handicap	Person with possibilities	Person with human rights
Status	Patient	Student	Citizen
Carer	Carer/Docter	Training & Development	To be supported
Place	Institute	Special care	Normal living conditions
Social	Segregation	Normalisation	Inclusion/Integration

Source: Paradigm person with a handicap, Van Gennep 2000

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Inhoud Sessie 4 (9 & 8)

Development and elements of support

1. Description of the paradigm shift:
    1. Development from institutionalization
    2. Deinstitutionalization to support).
2. Elements of:
    1. Deinstitutionalization compared to
    2. Elements of Support.

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Session 4

Various thresholds

1. Charity
2. Medical
3. Social
4. Bio-psychosocial
5. Rights

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The various thresholds create models of disability

Charity	Medical	Social	Bio psychosocial	Rights
• People with disabilities are helpless victims, dependent on the compassion, care and protection of others	• People with disabilities need to be cured or fixed to become normal Undermines diversity	• Disability is the result of interaction between person and environment Values diversity	Disability is a holistic experience that places equal emphasis on biological, psychological and social aspects	• People with disabilities are first and foremost people with human rights and the legitimacy to overcome barriers and participate fully in society

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Activity:
What will you choose?

Activiteit ontleend aan WHO (2019). *Kwaliteitsrechten materialen voor training, begeleiding en transformatie.* *https://www.who.int/publications/i/item/who-qualityrights-guidance-and-training-tools*

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First situation

Young woman with wheelchair (recognition?)

Charity	Medical model	Social model	Rights based model
"What a shame, this woman is confined to a wheelchair, she will never be able to marry, have children and take care of her family. Maybe we can find a nice nursing home for her where she can live and meet other people."	Oh, this poor woman, she should go to a doctor and discuss with him or her if there is a therapy that will allow her to walk again, just like everyone else."	"The community should really build ramps for public buildings so that people like them can participate in social life."	"She has the right to participate in social activities and the government must remove obstacles that make it difficult for her to interact with other people in society."

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Activiteit ontleend aan WHO (2019). *Kwaliteitsrechten materialen voor training, begeleiding en transformatie. https://www.who.int/publications/i/item/who-qualityrights-guidance-and-training-tools*

Second situation

Old man with intellectual disability

Charity	Medical model	Social model	Rights based model
“Look at this poor confused man; he seems mentally handicapped; it would be better for him to live in a foster home, where someone would take care of him.”	"Maybe there is a medication or treatment that can improve his perception. He should try a psychiatrist."	"Where does he want to live? Let's go ask him!"	“It is a good solution that he lives with his brother, so that he is integrated into the community and lives around a diverse group of people.”

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Activiteit ontleend aan WHO (2019). *Kwaliteitsrechten materialen voor training, begeleiding en transformatie. https://www.who.int/publications/i/item/who-qualityrights-guidance-and-training-tools*

"Threshold evolution" I

Charity & MedicalInstitutionalization Paradigm	Charity & MedicalInstitutionalization Paradigm	Social: Deinstitutionalization Paradigm	Biopsycisocial & RightsCitizenship Paradigm
Who is involved?	The Patiënt	The Cliënt	A Civilian
What are the "typical" service settings?	An Institution	A group home, a social workshop, a special school or classroom	The individual's home, a local business, the neighborhood school
How is the services organised	The organization offers facilities	Facilities are offered in consultation	Wandering until you find the right opportunities an individual needs

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"Threshold evolution" II

Corresponding models of disability	Charity & Medical Institutionalization Paradigm	Social: Deinstitutionalization Paradigm	Bio-psycisocial & Rights Citizenship Paradigm
What is the “model” of service delivery?	Domestic/medical	Development / Behaviour	Individual support
What are services called?	Care/Medical perspective	Programs	Support

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"Threshold evolution" III

Corresponding models of disability	Social: Deinstitutionalization Paradigm	Social: Deinstitutionalization Paradigm	Biopsycisocial & RightsCitizenship Paradigm
What is the planning model used?	Individual care plan	Individualized housing plan	Personal future plan
Who controls the planning process?	A professional (often a doctor)	The interdisciplinary team	Who?
What is the context of decision-making?	Standards for professional practice	Consensus off the team	The individual

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"Threshold evolution" VI

Corresponding models of disability	Charity & Medical Institutionalization Paradigm	Social: Deinstitutionalization Paradigm	Bio-psycisocial & Rights Citizenship Paradigm
What gets the highest priority?	Cleanliness, health and safety	Skills development and behavior management	Self-determination & relationships
What is the main focus of the intervention?	Control or cure of the condition	Changing behaviour	The environment and attitudes change
What are the quality assurance standards aimed at?	Professional practice and minimum standards of care	Documented programming and goal achievement	Quality of life as experienced by the person

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Case PR 9, Paradigm shift

Take your time for this Assignment:

Describe your organization's mission and the structure of your organization.

Now compare this to the citizenship paradigm.

- Are there any differences?
- Can you change and/or implement elements?

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Break

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4th Lesson 2nd session

Elements of deinstitutionalization and elements of support

Case study

what can we expect from the support professional

Present the list (page 38 training manual) that shows various ways of communication. Each participant chooses 8 main elements. Check with other participants to see if there are any differences. If there are any differences (discussed) and it is indicated why a person made that choice. During this exercise, awareness comes to the surface and various visions are discussed. (below part of the list)

Living in society is the starting point of action	**Use normal colloquial language**
Respects everyone's origins and acts accordingly	Has specific communication tools to promote intelligibility and mutual communication
Recognizes the importance of valuable and personal relationships	Uses normal manners
Supports people to shape their relationships and social contacts	Don't patronize
Supports people at home	Shows visible commitment to the person being supported
Promotes the participation of people in the social, recreational, religious and cultural life of society	Has an eye for the individual
Actively enabling people to make their own choices	Trying to put yourself in the shoes of others and in their perception
Provides (visual) aids to clarify choices	Does not impose its own standards and values

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Case study: Examples

Topics of Deinstitutionalization V Topics of Support

Deinstitutionalisation	Support

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My Organization

Elements of Deinstitutionalization V Elements of Support - in

	Deinstitutionalisation	Support
Personal service search and match		
Personal service experience		
Professional performance(front)		
Organizational performance (service structure)		

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Individual or small group activity

1. Reflection on the evolution of customer service over time with respect to SDS (long time, past and present) in your own organization
2. Identification of elements in which each organization is or is not aligned with one or more paradigms

   (Note: will be presented in the next session)

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(UN CRPD Article 19)

Independent living and inclusion in the community

Equal right of all PwD to live in the community, with choices equal to those of others, and take effective and appropriate measures to ensure the full enjoyment of this right by persons with disabilities and their full inclusion and participation in the community

Choice should be a guiding principle, coupled with the existence of alternatives access to different services to be provided (where "necessary"):"to support living and inclusion in the community", and“ avoid isolation or segregation from the community".

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Case PR 10:

Elements of deinstitutionalization compared with elements of support.

Compare your organization's structure, leadership style, and organizational culture with elements of the citizen paradigm.

What do you think is in line and what is not in line?

If you think changes/adjustments are needed, state what changes are needed and how you think they can be achieved.

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Activiteit ontleend aan WHO (2019). *Kwaliteitsrechten materialen voor training, begeleiding en transformatie.* https://www.who.int/publications/i/item/who-qualityrights-guidance-and-training-tools

Summary

What did we learn?
What do we take home?
What would be interesting in your organization?
What could be implemented in your organization?

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Great work, ready to start the 5th lesson?

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lesson 5

'Where a person can develop her/himself'

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The practical guide for the 'support module for management of care organisations' improving the quality of life for people with disabilities.

Performance Requirements

(PR11) Structure and culture of program-oriented care versus demand-driven care .

(PR12) Description of organizational structures, competencies and management styles .

Partners

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In lesson five we look at and discuss the various organizations and what goals they have set. Can we assume what kind of organization we work for based on a website or is it important that we get to know the organization better. The various management styles within organizations can also be decisive for the care that will be provided. A very interesting chapter in which strategy, stakeholders and shareholders' interests are examined during the process of offering the best possible care requested by the client.

Welcome back particpants

Support Module for Management of Care Organizations

Lesson 5

Part 1 - Customer Service Development Over Time with Regard to SDS: Self-Directed Support (Session 4 Continued)

Part 2 - Organizational Structures, Competencies, and Management Styles Aligned with SDO

Part 3 - Organizational Characterization Model and Self-Assessment

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Lesson five (11 & 12)

Performance Requirements

Specific goals	Content	Activity
Identify key elements of organizational structures, competencies and management styles based on the SDS model	Organizational structures, competencies and management styles: -Quinn and Cameron -Australian model	Analysis of the most appropriate organizational structures, competencies and management styles, taking into account the SDS model.
Be able to evaluate where the organization stands in the field of SDS.	Being able to evaluate where the organization stands in the field of SDS.-Video introduction McKinsey-Cases McKinsey	Short presentation of the 7S Mckinsey model: Strategy, Structure, Systems, Skills, People, Style model-based al or small group activity - completing a self-assessment checklist on the SDS model-based organization - Strategy, Structure, Systems, Skills, Style.

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Your organisation

1. Can you describe what kind of organization you work for?
2. Private organization/commercial
3. Public
4. Foundation
5. What kind of leadership is used?
6. Directive
7. Participative
8. Authoritarian

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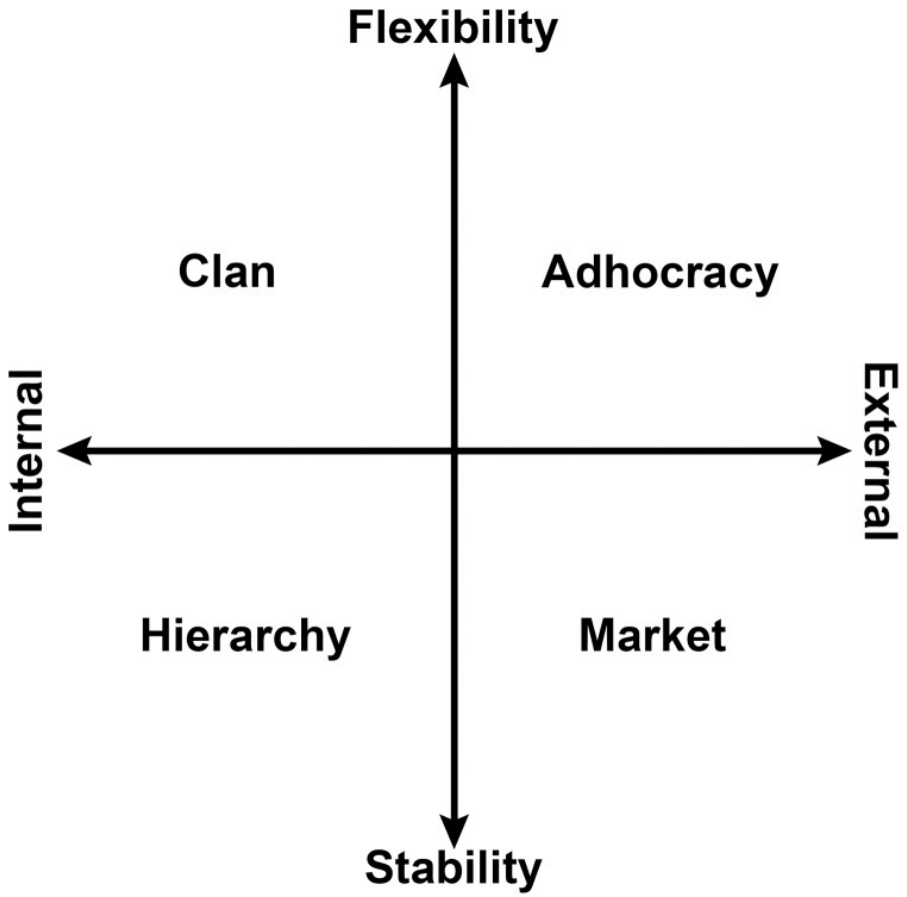
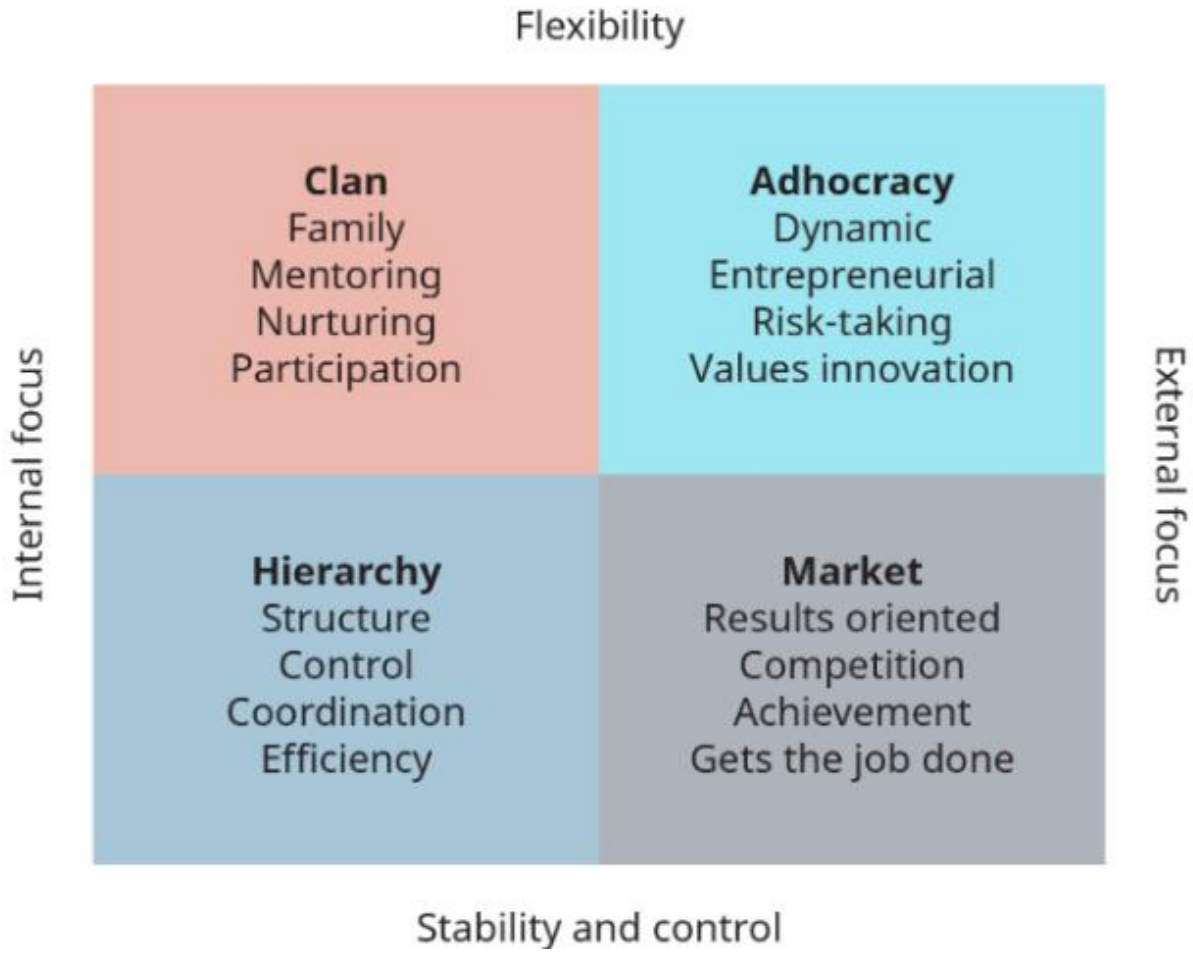
Organisation type ?





Source: Quinn en Cameron

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Diverent cultural organisational types

Clan-Family culture: good relationships, flexibility in processes, care for staff, customer sensitivity.	Adhocracy: external positioning is central. flexibility and individualization play a major role.	Hierarchical culture: good internal relations need for stability, manageability and clarity.	Market culture: externally focus on relationships. need for manageability and stability.
Friendly work environment; Leaders are mentors Loyalty and tradition High commitment Flexibility Care for staff Teamwork.	Creative work environment Leaders are innovators Experiment and innovate. Leading flexible and individualistic.	Formalistic and structured Leaders are coordinators Formal rules and policy documents Need for stability and manageability.	Results-oriented Competitive Leaders are hunters Reputation and success External positioning Need for stability and manageability.

Typologies of organisations

	Supply-oriented organisation	Demand-driven organisation	Demand-oriented organisation
Structure	Bureaucratic Centralistic Monodisciplinary Separate services	Team-based Multidisciplinary Locations Integrated management	Individually focused Independent units Decentralized organization Facilitating management
Culture	Roles/functions Internally focused Top problem with urination	Tasks Team spirit Top-down/ bottom-up Problem solving	Person-centered Innovative Upside-down Problem prevention
Management style	Directive	Participating/coaching	Coaching/involvement
Administration	Standardization Top Budget Management	Location-based budget management Budget per team	Location-based budget management Budget per team
Typology	Professional Bureaucratic	Division culture	Adhocracy culture

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Activity lesson 5

- Would you like to change the organization culture?
  - In what way and what would you like to change?
  - Do you think your employees would like to change the culture?

- Would you like to change the leadership culture?
  - What change would you like to make?
  - What is the time frame for this?

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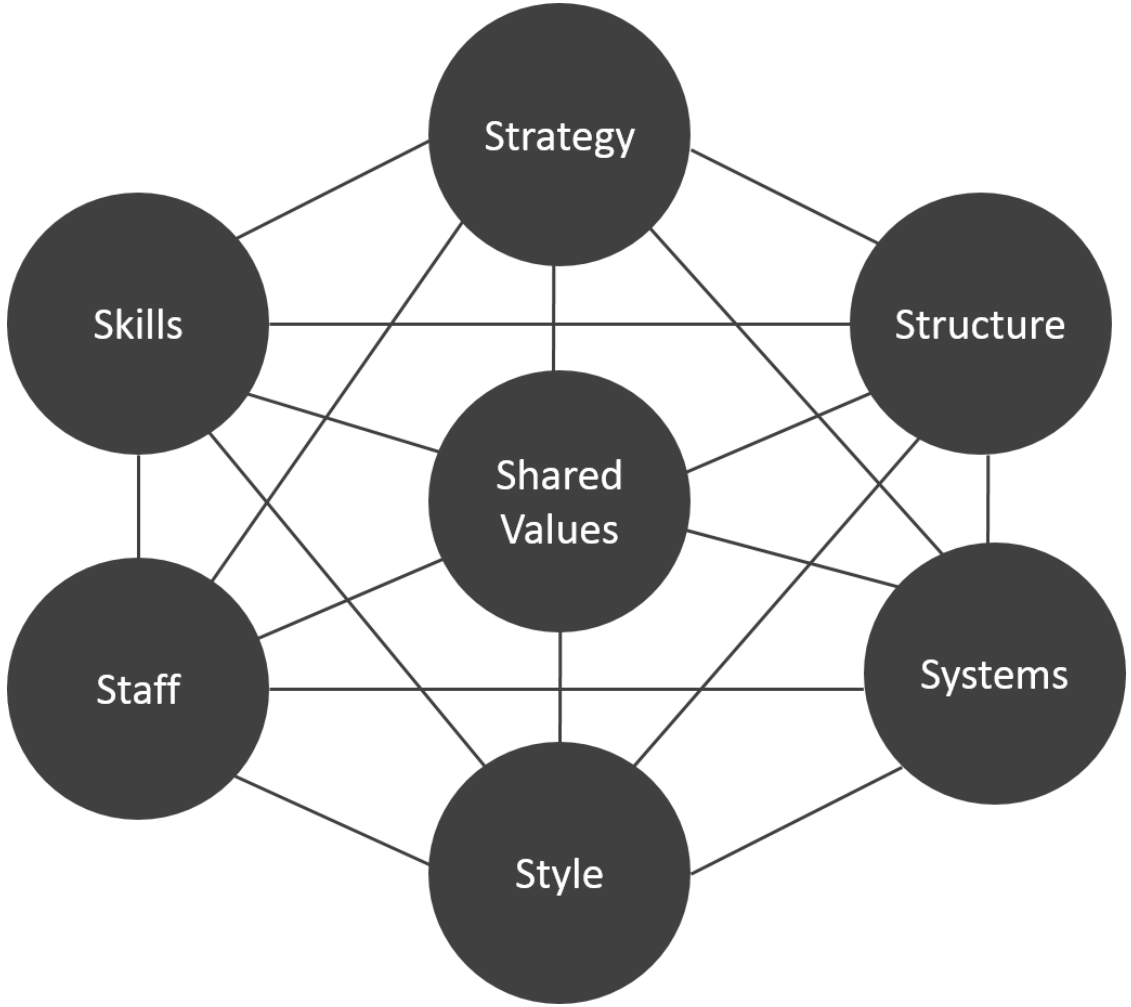
Mc Kinsey model



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Important element of the strategy

To deal with clients in different paradigms

- Development paradigms
- Citizenship paradigms

Development paradigm	Citizenship paradigm
The customer	The citizen
A specialized facility	The person's home, the school nearby
Differentiated options	Care needs of each individual
Development/behaviour	Individual support
Programs	Support
Individualized housing plan	Personal plan for the future
The interdisciplinary team	The individual person
Consistency within the team	Personal support groups
Development of skills and behavioural aspects/control	Self-determination and relationships
Behavioural change	Change of environment and attitude
Documented programming and target approach	The quality of life as experienced by the person concerned
Focused on society/community	Within society/community

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Case study PR 12:

Art with the organisation

The residents have indicated that they want to have art activities.

You support the plan and are taking action to stimulate this.

You have spoken to the management for this activity, and they have arranged a well-known artist. In this way, artistic and creative work is done by the clients, and it is good for their personal development. The artist has one strict requirement. ‘No employees are allowed to be present at the sessions, this would cause too much distraction’.

According to the regulations, the residents are not allowed to be left alone.

The director has already promoted this activity for personal attention, but he does oppose this requirement and made the presence of care workers mandatory

What is your opinion?

What will you do in this situation?

How will you approach this? (No other artist can be appointed)

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Lesson

A demand-driven organization

To set up a demand-driven organization, employees need to have different competencies than in a supply-driven organization. (Akkerboom ,et al 2005)

Conceptual	Operational	Relational	Personal
1: Solution-Oriented	2: Anticipating	4: Client services	6: Flexible
	3: Organisational Skills	5: Negotiating	7: Independency

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The choice for freedom

(National)Policy or discussed

Drinking & Smoking

Lifestyle & Sports

Consumption of food

Relationships

Bron: Nivel 2011

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Case study for careres

The Seven elements

Is it possible for employees to apply the seven elements within the organization?

This immediately gives you the role and attitude of the care professional. What is the role of the supervisor/professional. Do they have a clear job description? Daily, weekly or global? Does this have an element of SDS in it? (self directed support)

What is their attitude regarding SDS and what do they encounter?

- Do they create own ideas?
- What was your last idea?
- Was it implemented?

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Feedback:

Do you explain to employees the difference in required competencies?

- Yes: how does this happen and is it documented (is there enough manpower for guidance, training and audits?)
- No: are there possibilities to adjust this and/or start it up? Is there a (mandatory) training budget for employees? Is it used?

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The Seven elements

1: Comprehensive care delivery

2: Clear purpose, strategy and leadership

3: People, capabilities and a human-centered culture

4: Person-centered governance systems

5: Strong external partnerships 6: Person-centered technology and the built environment

7: Measurement for improvement

Source: The Australian model'2002

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Feature 1

Comprehensive care

- Clients are involved as partners in their care
- Care goals drive clinical decisions and the patient journey
- Diversity and equality are respected and supported
- Transparency is a core element of safety and quality assurance

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Characteristic 2

Clear purpose, strategy and leadership

- The pursuit of exceptional person-centered care is clearly stated in the organization's purpose and strategy
- Good leadership drives exceptional person-centered care, with the support of champions throughout the organization
- A person-centred strategy is brought to the attention of staff and the community, and implemented across the organisation.

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Characteristic 3

People, capabilities and a people-centric culture

- An organizational culture for person-centered care is built and maintained through a systematic long-term approach
- The capabilities of all employees are continuously developed through formal and informal learning
- The organization regularly monitors the satisfaction and well-being of its staff and is committed to this.

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Feature 4

Person-centered governance systems

- Consumers and the community are involved in governance at all levels
- Consumers are trained and supported to make a meaningful contribution
- Organizational structures and care models are designed around the person
- There are clear responsibilities at all levels - from the board to the clinician
- Financial, strategic and operational decisions and processes are person-oriented

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Feature 5

Strong external partnerships

- Care organizations have an extensive network of service partners and relationships
- There is a focus on seamless transitions and coordination of care
- Care organizations operate as leaders in system improvement
- Community volunteers are recognized and supported as critical partners in improving the patient experience

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Feature 6

Person-centered technology and built environment

- Person-centered design principles are applied to the built environment
- Care organizations are pragmatic and innovative when resources are limited
- Technology should improve patient experiences and outcomes, but it should not be used alone

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Feature 7

Strong external partnerships

- There is a culture of learning and continuous improvement
- Measurements can be used to improve outcomes and reflect what patients and communities care about.

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Support Module for Management of Care Organizations

SMMCO

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lesson 6

Care giving is for people who care

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The practical guide for the 'support module for management of care organisations' improving the quality of life for people with disabilities.

Performance Requirements

(PR4) The role of a support professional .

(PR5) Description and discussion of the necessary attitude of the support professional .

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Partners

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SMMCO

The important role of the support professional
The personality and attitude of the professional

The professional support for the client in various levels of life, such as at home, at work and in free time.

Welcome back particpants

Het SMMCO-project wordt medegefinancierd door het Erasmus+ programma van de Europese Unie nr. 2022-2-NL01_KA210_ADU-000092145

Support Module for Management of Care Organisations is an international project funded by the Erasmus+ Programme of the European Union no 2022-2-NL-KA210-ADU-000092125

Lesson five (11 & 12)

Performance Requirements

Specific goals	Contents	Activities
Understand the supportive professional role and necessary attitude according to the SDS model.	Supporting professional in SDS contexts General competencies and attitudes for professional support workers Managing risks and limits	Presentation of the transversal responsibilities and competences of professionals who support people, in different support settings. Group activity - discussion of ethical dilemmas. Recommendations for burnout prevention.
Be able to evaluate where the organization stands in terms of SDS - skills, personnel and shared values	Skills, personnel and shared values – key elements to facilitate the implementation of the SDS model.	Individual or small group activity - completing a self-assessment checklist on SDS model-based organization - Skills, Personnel, Shared Values. Analysis and discussion of the results of the self-assessment.

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The supporting professional

Discuss in the group whether all elements are realistic for the collaboration with the client

If there are other elements that are important, please right them down.

Living in society is the starting point of action	Use normal colloquial language
Respects everyone's origins and acts accordingly	Has specific means of communication to promote intelligibility and mutual communication
Endorses the importance of valuable and personal relationships	Uses normal manners
Supports people to shape their relationships and social contacts	Does not patronize
Supports people at home	Shows visible commitment to the person being supported
Promotes people's participation in the social, recreational, religious and cultural life of society	Has an eye for the individual
Actively enables people to make their own choices	Try to put themselves in the shoes and perceptions of others
Offers (visual) aids to clarify choices	Does not impose own norms and values
Has an eye (and an ear) for the choices people make	Does not immediately form an opinion about a certain behaviour of the person with a disability
Respects the choices people make, even if they go against their own norms and values	Try to understand behaviour by looking for backgrounds and reasons
Promotes that people feel comfortable	Ensures personal integrity
Provides services that meet people's wishes and needs	Respects and safeguards people's privacy
Sees every person as a person with unique possibilities	Brings people into contact with each other
Is aware of personal objectives	Offers manners
Uses methodologies tailored to the person to clarify objectives	Has a broad network/uses it professionally
Provides targeted support so that people can develop further and gain many experiences	Supports people to shape relationships and social contacts themselves
Supports people to develop further in the field of work / activities	Stimulates and supports people in contact with parents / family and friends
Respects everyone's origins and acts accordingly	Endorses the importance of valuable relationships
Respects everyone's lifestyle	Promotes a supportive network in the workplace

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Activity 6.2 page 62

Case study on location

Example:

Care professional: How did putting on the socks go?

Resident/Client: Good

Care professional: Can you show me how it went, and do you mind if I film it?

Resident/Client: That's fine, but I already have my socks on, right?

Care professional: Yes, I see that very well done. But it would be really great if you could show me again how motivated you can get the socks on.

Resident/Client: Well, okay then, but I'll take them off first.

- Care professional: Thank you, it's very nice that we can do this together.

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Activity 6.3 page 54

Attitude of the support professional

Various handles for communication have been placed in the information below

Development paradigm	Citizenship paradigm
The client	The citizen
A specialized facility	The person's home, the school nearby
Differentiated options	Care needs of each individual
Developing/behavioural	Individual support/support
Programs	Support
Individualized housing plan	Personal plan for the future
The interdisciplinary team	The individual person
Consistency within the team	Personal circles of support
Development of skills and behavioural aspects/control	Self-determination and relationships
Behavioural change	Change of environment and attitude
Documented programming and goal approach	The quality of life as experienced by the person in question
Aimed at society/community	Within society/community

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lesson 7

Support Module for Management of Care Organizations

The practical guide for the 'support module for management of care organisations' improving the quality of life for people with disabilities.

Performance Requirements

(PR13) Essential differences between quality of care and quality of life .

(PR14) Description of the necessary conditions of organizational design of Support from the perspective of the customer and the organization.

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The differences between quality of care and quality of life.

Can we measure the quality that is delivered? Like 'Key Performance Indicators’

Welcome back particpants

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Lesson five (11 & 12)

Performance Requirements

Specific goals	Contents	Activities
Understanding the essential differences between quality of care and quality of life	Quality of care Quality of life Quality for whom: key differences between QoL and QoC	Presentation of a QoL model and QoC Plenary discussion of the main differences with a card sorting dynamic (with examples of contrasting features)
Identify and plan the necessary conditions and actions of the Support organizational design from the customer and organizational perspective.	Providing support: the organizational and client perspective The impact on the lives of clients and on the functioning of the organization	Plenary exploration: What are possible future scenarios for SDS? Positive evolution of customer service over time with regard to SDS (now and in the future) Plenary discussion on the consequences and possible challenges

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The quality of life

"The WHO defines quality of life as an individual's perception of his or her position in life in the context of the culture and value systems in which he or she lives and in relation to his or her goals, expectations, standards and concerns."

WHO-website - https://www.who.int/tools/whoqol

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'The quality of care' and 'The quality of life'.

Focus	Quality of care	Quality of life
Perspective	The care provider, the organization, the professional	The person himself in his natural network
Interest	Organizational processes must run smoothly: high overhead costs as a result	Desired results for the individual person: lean overhead
Contents	Care systems management: leading to large-scale and groupthink	Individual support and its effects on one's personal life
Typical assessment criteria	Efficiency, cost effectiveness, planning, user satisfaction	Values-based long-term outcomes of inclusion, personal fulfillment and self-determination
Structures	The current care systems simply need to be improved, strict hierarchy	Support should help someone personally, even if that means finding alternative structures. Flat hierarchy in the organization, self-management and coaching

A care provider is the supporter of the individual.

The right choice can be made by measuring various starting points such as:

- The quality of life of people with disabilities is about as important as that of everyone else.
- Quality of life increases when people participate in decisions about their own lives.
- Quality of life is increased by accepting people and fully integrating them into their own local society.

WHO-website - https://www.who.int/tools/whoqol

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Eight Points to improve the quality of life

Schalock & Verdugo'2002

1. Emotional well-being: concerns about, for example, being taken for granted, being treated with respect, safety and security.
2. Interpersonal relationships: being able to maintain one's own social network.
3. Material well-being: refers to the material conditions that protect human dignity, such as privacy, a private space where you can receive visitors.
4. Personal development: being given opportunities for personal growth, opportunities to learn and gain experience.
5. Physical well-being: being taken seriously in your physical integrity.
6. Self-determination: deriving self-respect from the fact that you can make your own choices; making your own decisions.
7. Social inclusion: being present and participating in society, belonging.
8. Rights: experience that you are entitled to rights.

WHO-website - https://www.who.int/tools/whoqol

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Working on quality of life

Schalock & Verdugo'2002

1. Client involvement, in the development of their individual support plan; deciding for themselves what is important to them.
2. Education about important values: inclusion, self-determination, personal development.
3. Individual support: person-centred; dialogue-based; flexible; proactive; based on measuring support needs and measuring support outcomes.

WHO-website - https://www.who.int/tools/whoqol

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Quality of care or quality of life should be linked

Schalock & Verdugo'2002

1. Leadership: Build a shared vision, encourage training and feedback, promote inclusion, and emphasize the importance of measuring support outcomes.
2. Learning teams: self-managing teams, focused on the challenge of new goals, focused on knowledge acquisition.
3. Evidence-based working, which using the results of support in organizational change and improvement; thinking from right to left. The focus should be on the outcomes/results of support instead of on input; on goals instead of rules.
4. Self-assessment: as a basis for organizational change/improvement.

Source: Care in Canada 2021

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Three main indicators

Schalock, Gardner and Breadly

Quality of life factor	Domain	Indicators
Independence	Personal development	Education, personal competence, skills
	Self-determination	Autonomy, personal control, personal goals and values, choices
Social participation	Interpersonal relationships	Interactions, relationships/friendships and support (emotional, physical, feedback)
	Social integration	Integration and participation in society, roles in society, social support/support
	Rights	Human rights (respect, dignity, equality) and legal rights (citizenship, access, fair treatment)
Well-being	Emotional well-being	Contentment, self-image, freedom from stress
	Physical well-being	Health, daily activities and leisure time
	Material well-being	Financial status, employment and housing

WHO-website - https://www.who.int/tools/whoqol

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Quality of life support model

Quality of Life Supports Model

Quality of Life Supports Model (QOLSM) is currently used for:

- support provision
- organizational change
- system change.

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Quality of life support model

Current use of the QOLSM	Focus to use
Supports provision(Microsystem)	• Provide individual support • Align personal goals and support needs with elements of a support system • Use QOL framework for support planning and implementation
Organisational Transformation (Mesosystem)	• Implement a support delivery system • Use support teams to develop and implement ISPs that align individual goals and support needs with support system elements and QOL domains. • Base organizational policies and practices on the QOLSM • Conduct QOL-focused outcome evaluation
System change (Macrosystem)	• Develop system-wide policies and practices that encompass QOL and supporting values and conditions • Align systems-level policies and practices with components of the QOLSM

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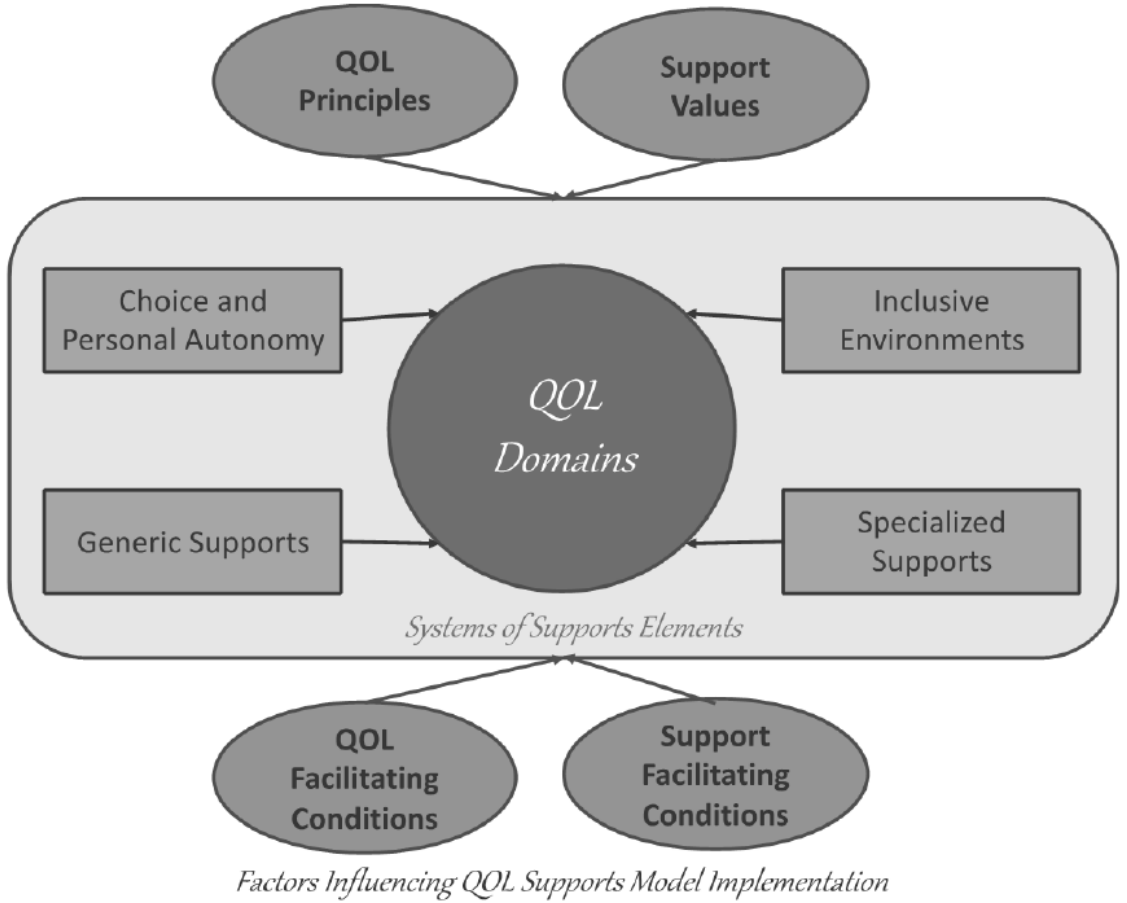
Gómez, Schalock & Verdugo (2021)

Quality of life support model

This model integrates quality of life domains, support system elements (choice and personal autonomy, inclusive environments, generic support, and specialized support), and implementation factors (QOL principles and enabling conditions and support values and enabling conditions).



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Case study 7.1

Ask yourself the following questions.

1. Where does your organization stand in this?
2. Are there any changes needed related to the current situation and if so:
3. Why and how do you think these can be achieved?

WHO-website - https://www.who.int/tools/whoqol

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Case study 7.1

Ask during the evaluation

1. In your opinion, is your organization a supportive organization, or do you think no changes are necessary?
2. What do you think is missing and how should that change?
3. If you think your organization is a supportive organization, can you describe what the characteristics are?
4. Do you feel that your organization does not possess either of these elements, what would you like to adopt in the future?

WHO-website - https://www.who.int/tools/whoqol

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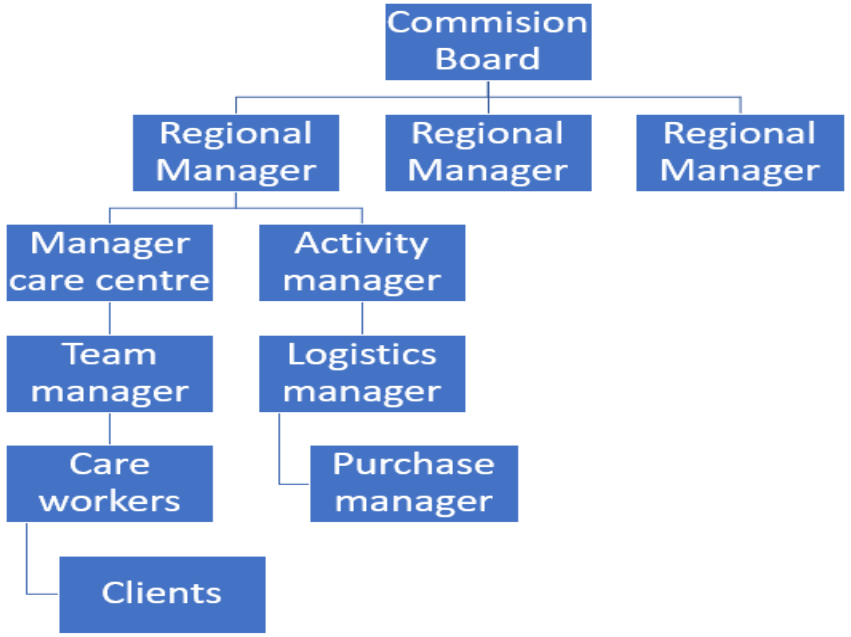
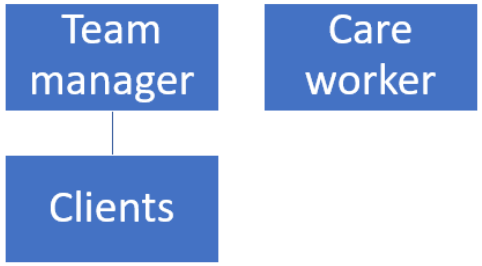
Describe your own organisation

Type of organisation, pro's and con's of working for one of the organisations.





WHO-website - https://www.who.int/tools/whoqol

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Online evaluation form

- (include the QRCode and/or link to the form in the national language)

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lesson 8

Final presentation of the individual care manager, worker or other

Support Module for Management of Care Organizations

The practical guide for the 'support module for management of care organisations' improving the quality of life for people with disabilities.

All Performance Requirements can be used to support your presentation

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The basis: Performance Requirements (PR).

1. Definition and discussion of Support and its essential elements
2. Client-centered therapy (Rogers) and the four dimensions of care (Tronto) in relation to the essential elements of Support.
3. The roots of social exclusion and the mechanism of continued segregation in our society.
4. The role of a support professional.
5. Description and presence of the necessary attitude of the support professional.
6. Description and practical examples of gifts and participation in the community of so-called 'redundant' people based on the achievements of John O'Brien.
7. Description of types of integration (physical, functional, social).

1. Description and discussion of the relationship between the Human Rights Convention and the essential elements of Support.
2. Description of the paradigm shift (development from institutionalization, de-institutionalization to support).
3. Elements of Deinstitutionalization Compared to Elements of Support
4. Description of organizational structures, competencies and management styles.
5. Structure and culture of program-oriented care versus demand-driven care
6. Essential differences between quality of care and quality of life.
7. Description of the necessary conditions for organizational design of Support from the perspective of the customer and the organization.

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Oral evaluation/ feedback

Contents/ issues

- Relevant?
- Useful?
- Comprehensive?

Dynamics/ activities

- Suitable for the participants and the issues?
- Useful?
- Diversified?
- Appropriate duration?

- What to maintain?
- What to delete?
- What to increment?
- What to decrease?

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Good luck

We hope that this training manual updated your skills to increase the quality of life for the person who you are working with

For further questions please contact info@SMMCO.EU

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