An assets-based approach to dementia friendly communities

DR SHIBLEY RAHMAN

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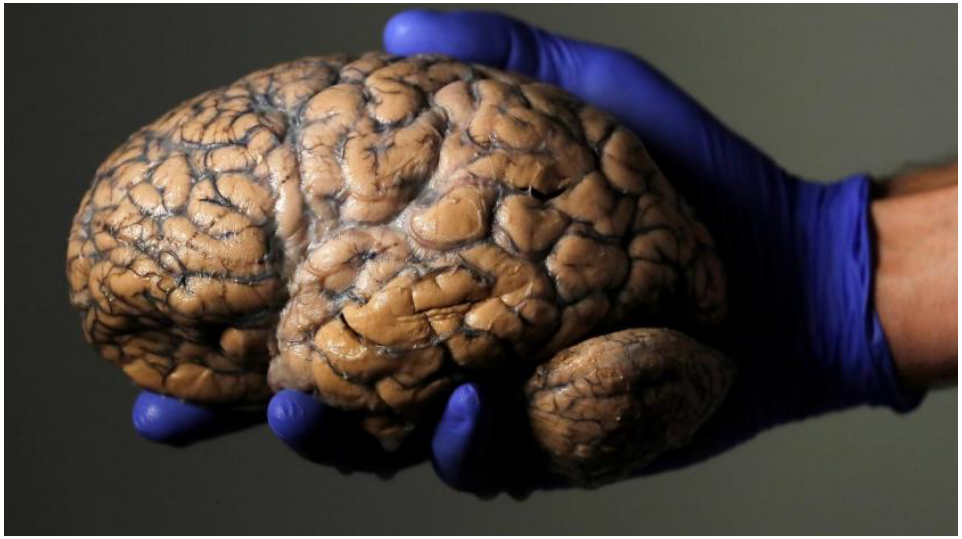
What is dementia?



What is a ‘dementia friendly community’?

- Even within the context of ‘communities working towards becoming dementia friendly,’ the definitions of ‘dementia-friendly’ and ‘community’ have remained somewhat diverse and even somewhat rather elusive, for example, the concept of ‘community’ may represent a place, the social and physical environments, an organisation, a group of individuals, a society, a culture or virtual communities (Lin, 2017)


1 NO POVERTY
2 NO HUNGER
3 GOOD HEALTH
4 QUALITY EDUCATION
5 GENDER EQUALITY
6 CLEAN WATER AND SANITATION
7 RENEWABLE ENERGY
8 GOOD JOBS AND ECONOMIC GROWTH
9 INNOVATION AND INFRASTRUCTURE
10 REDUCED INEQUALITIES
11 SUSTAINABLE CITIES AND COMMUNITIES
12 RESPONSIBLE CONSUMPTION
13 CLIMATE ACTION
14 LIFE BELOW WATER
15 LIFE ON LAND
16 PEACE AND JUSTICE
17 PARTNERSHIPS FOR THE GOALS
THE GLOBAL GOALS
For Sustainable Development

What is ‘health’?

- The WHO defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (http://www.who.int/about/mission/en/).

- *Thus, health is more than just absence of disease, and physical, mental, and social domains are seen as equals.*

Aligning ‘dementia friendliness’ with international directions

- The ‘dementia-friendly concept’ certainly resonates with the concept of ‘age-friendly’ that was developed by the World Health Organization (WHO) in 2006 through the Global Network of Age-Friendly Cities and Communities, which refers to efforts to promote active and healthy aging, and thereby a good quality of life for older adults (WHO, 2017).

- An alternative view is that complete well-being is an unrealistic aim and that health is “the ability to adapt and self manage in the face of social, physical, and emotional challenges” (Huber et al., 2011).

Deficit approaches

- Over the years, the criteria and ways of measuring dementia have evolved.
- But cognition exists as a continuum, and so a binary approach (that someone lives with a condition or not) is not totally justified?
- Deficit models focus on identifying problems and needs of populations that require professional resources, and trying to reduce high levels of dependence on hospital and welfare services.

- The tradition for dementia has been to find deficits in function, e.g. episodic memory, visual perception or language.

- All of these are indeed useful, but they unfortunately can have a negative effect on how people perceive themselves in the context of these conditions.

- Also, the focus on ability and self-management is important, and puts the person at the centre of their own health and well-being. Unfortunately the tendency to view people as a combination of single diseases remains prevalent amongst health care professionals. (Rahman, Dening and Dening, in press.)

What is an ‘asset’?

- Rotegård and colleagues (Rotegård et al., 2010) have defined health assets as follows:

"*Health assets are the repertoire of potentials – internal and external strength, qualities in the individual’s possession, both innate and acquired – that mobilize positive health behaviors and optimal health/wellness outcomes*."

- (Cited in Rahman, 2018)

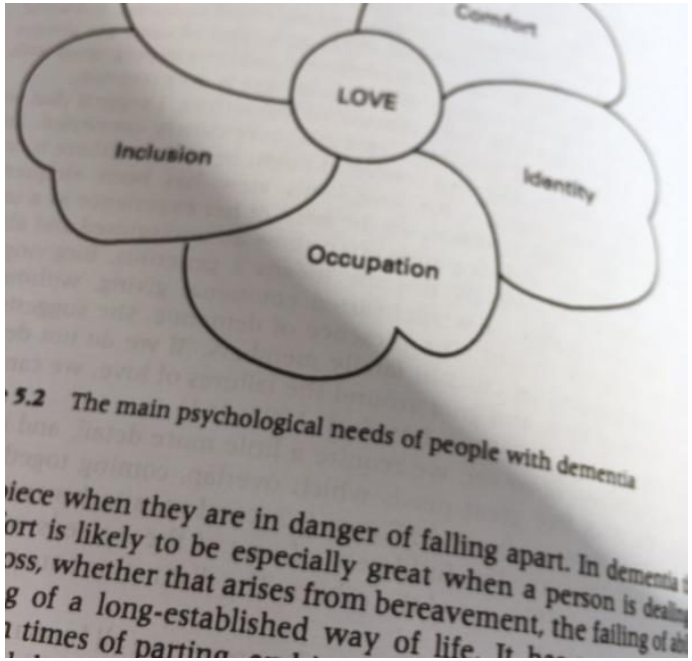
- An asset-based approach:
  - helps people to think positively about their circumstances;
  - is realistic as it identifies what is already available;
  - is inclusive and encourages equality and reciprocity needed for co-production;
  - facilitates both independence and interdependencies;
  - facilitates the valuing of others (what matters to people);

Based on Whiting et al., 2012, p. 27, Box 2. (Described in Rahman, 2018).

Social health

- Connectedness, networks, trust, reciprocity and feelings of belonging are important assets and the social glue that binds people and places together, and this call to action in citizenship was indeed a central driver originally in the Prime Minister's Dementia Challenge (2012) (Department of Health, 2012).

- Social health acknowledges that the person can experience well-being despite a medical condition by maintaining a dynamic balance between opportunities and limitations in the context of social and environmental challenges (Huber et al., 2011).



5.2 The main psychological needs of people with dementia

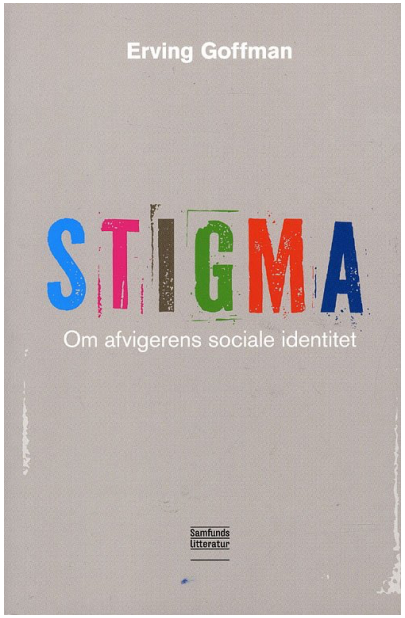
iece when they are in danger of falling apart. In dementia
ort is likely to be especially great when a person is deali
oss, whether that arises from bereavement, the failing of ab
g of a long-established way of life. It ha
n times of parting

The battle with personhood

- Conversely, persons do not want to be defined and identified by their illnesses, as they are whole persons with a past, present and future (e.g. Brooker and Latham, 2016).

"*By pursuing an over-medicalised approach to dementia and frailty and, for instance, ruminating about future cures, we may neglect other aspects of a person's wellbeing, such as social health, social connectedness or social inclusion, where there is potential for improvement (. By concentrating on only the brains and bodies of people living with long term conditions, we are ignoring the wider ecosystem that people inhabit*."

(Rahman, Dening and Dening, Nursing Times - in press.)


Erving Goffman
STIGMA
Om afvigerens sociale identitet
Samfunds
litteratur

Stigma

- Stigma was defined by Goffman (1963) as a mark of discredited identity or inhumanity and recently, by Link and Phelan (2001), as a process of labelling, stereotyping, separating, discrimination, and status loss. These phenomena demonstrate the means by which a group can become a representation of “otherness” to another group.

The sense of ‘otherness’

- Dementia-friendly initiatives share similarities with the age-friendly movement in a focus on active engagement and creating a good quality of life for older adults (Hebert & Scales, 2017).

- But the term ‘dementia-friendly communities’ is in itself in danger of defining people merely by a diagnostic label, inadvertently encouraging segregation, and this prima facie appears to offend the fundamental principles of personhood (Kitwood, 1997).

- The sense of otherness is in keeping with an illness model, which can itself generate an increase in stigma and unwillingness to seek professional help (Gergel, 2014).

- "The continued placement of people with dementia into assisted living, which are secure residential units exclusively for people with dementia, is also segregation based on an illness. The motivation for this appears to have been organisaional risk management and convenience, but this is again an approach focused on deficits, rather than supporting a person's remaining assets."

(Rahman and Swaffer, 2018)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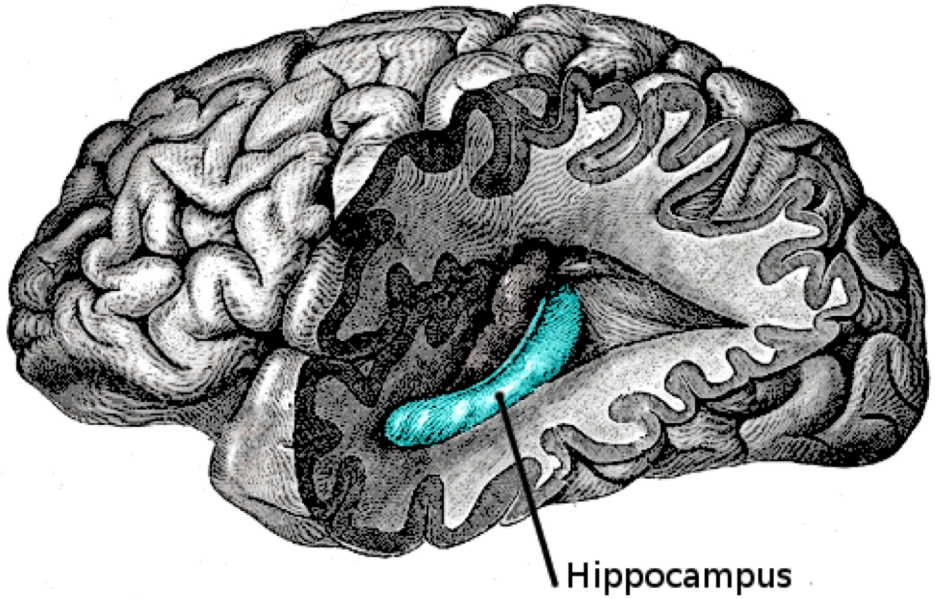
The case for an assets based approach?

- *"This approach would then, we feel, move the narrative for 'dementia-friendly communities' much more from solutions that are narrowly focused on needs towards policies and interventions that are truly redesigned around what people and communities already possess and are capable of doing. It is therefore difficult, at this present time, to escape the conclusion that dementia-friendly communities need to be explicitly linked with the assets-based approach to take dementia-friendly communities to the next level."*

(Rahman and Swaffer - 2018, Dementia)


Alzheimer's Society
I want to make London dementia friendly...
alzheimers.org.uk

Equality and inclusion?


Hippocampus

Posterior cortical atrophy

Editorial

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Assets-based approaches and dementia-friendly communities

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Whilst it is possible that dementia-friendly communities simply evolve unilaterally due to various uncontrollable forces, a serious consideration, we feel, should be made to enquire whether dementia-friendly communities actually aim to promote the health of people with dementia and care partners. It is argued that an influence of the biomedical approach has been accompanied by an overly negative discourse, with a focus on symptoms, deficits and emotionally charged metaphors about dementia that have influenced the overall public perception (Zeilig, 2014). This focus may not be totally beneficial, however. In anaesthetics, 'fixation errors' occur when the practitioner concentrates solely upon a single aspect of a case to the detriment of other more relevant aspects (Fioratou, Flin, & Glavin, 2010). Fixation errors, indeed, are well recognised in anaesthetic practice and can contribute significantly to morbidity and mortality. With shifting the focus on how businesses might win more customers by being 'dementia friendly', securing a competitive advantage through 'nudging', other promising avenues of dementia-friendly communities, such as implementing rights enshrined within the UN Convention of Rights of People with Disabilities (CRPD) and other Conventions, might not be given proper prominence.

Even within the context of 'communities working towards becoming dementia friendly,' the definitions of 'dementia-friendly' and 'community' have remained somewhat diverse and even somewhat rather elusive, for example, the concept of 'community' may represent a place, the social and physical environments, an organisation, a group of individuals, a society, a culture or virtual communities (Lin, 2017). According to Handley, Bunn, and Goodman (2015), in order to make healthcare more 'dementia-friendly', a number of service areas need to be improved and kept at the same standard for any patient. These include diagnosis rates, access to care, treatment support and information, coordination of care, admission and readmission to hospital, admissions to care homes and post-diagnosis support.

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ENVIRONMENT

Thank you.