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**ENGAGEMENT IS THE CATERPILLAR:
EMPOWERMENT IS THE CHRYSALIS:
AUTONOMY IS THE BUTTERFLY.**

THE BIG IDEA



Linda Jane McLean

THE UNIVERSAL CHALLENGE

With financial pressures and a longer living generation with mounting care needs, an Empowerment Centre offers a solution for Funding Long Term Care. It is the chrysalis from which an independent citizen will emerge.

It assists the Quality of Life for our most vulnerable, creates employment and training for youngsters, puts our resources to better use, and involves IT and smart technology.

It creates autonomy and independence, and reduces dependency on the State.

It is a place where everyone can learn, where education, confidence and well-being are fostered, with employment available for a wide range of skills. A place where the disabled/elderly person can not learn to be an employer, and where they can teach others.

ENGAGEMENT IS THE CATERPILLAR

BACKGROUND to the IDEA DEVELOPMENT

In 2000, I purchased an older building to convert it into a bespoke facility for a severely disabled and ventilated gentleman.

An architect was appointed and brought an engineer to examine the property. A detailed survey was organised. The requisite networking between all these professionals as well as Social Work, Health, Medical Physics and private contractors to organise a viable and safe environment was challenging. To set up such a house requires a basic understanding of several disciplines: from initially consulting with Engineers and Surveyors, through finding the appropriate Architects: from discussions with Building Control Officers and Planning departments. Health and Safety issues were also examined, and policies drawn up. It was important to know where answers to a myriad of problems could be found. This unit was developed to allow the individual, **the optimum quality of life at minimum cost**. As staff became trained and competent, there was increasing interest from the professionals. A ventilated patient was maintained in the Community by the provision of Care and Accommodation.

When he broke his femur, he was discharged the following day, thus saving the NHS £1,000 per day on a High Dependency bed. Nursing care at home was not as expensive as in the hospital, and he received one to one treatment.

As his physical abilities deteriorated, Arac (the Charity) evolved in support, and assisted with necessary paperwork on behalf of the employer.

Arac undertook the interviews and trained all staff, as none had a nursing background. The standard of training was such that, when he was hospitalised, nurses sought his Personal Assistants advice when treating him in hospital latterly.

He died at home, as was his wish, surrounded by “his girls”. Despite his inability to move and his terminal condition, his skin was intact at the time of his death.

Thirty long - term unemployed staff had been trained and went on to better jobs.

Training is an area that requires to be addressed urgently; if severely disabled people are requiring care, there needs to be an allowance made for training.

Where medical conditions are complex, comprehension is essential to the safety of the patient.

Through embracing the Quality Strategy, promoting Inclusion, addressing inequality issues and providing bespoke care, this template proved successful.

EMPOWERMENT IS THE CHRYSALIS

PLANS AND BASIC TRAINING

- It may be easy to establish the necessary backup – and restricting a service CAN maximise the experience.
- It is necessary to identify whether there is a commitment amongst Health Care Professionals to be involved
- Everyone needs to LEARN how to be involved in developing safe and minimally intrusive support team
- A coherent STRUCTURE requires THREE key areas of action to be identified:

- ❖ **Educational activities**
- ❖ **Initiatives to persuade, cajole, and coerce individuals to wish to be involved**
- ❖ **Practical Support**

LEVELS OF EDUCATION

- Awareness level – the level of knowledge which allows basic understanding of the concepts involved
- Appreciation level – the level of knowledge which allows recognition and identification of problems to ensure a successful outcome
- Operational level – the level of knowledge that will allow staff to undertake simple care support: to judge when more experienced advice is needed.
- Trained level: all levels beyond the above criteria.

FUNDING:

Funding will be necessary to start, and several bodies have already been approached. Sustainability is the key – and I would envisage funding being attracted through the amount of differing courses on offer.

Health Service and Social Work have much to gain, as have Heritage, Education, EHRC and regeneration projects. From Urban Studies through Public Health to Humanities, this template would have something to offer either a University or a Business. It could be an excellent Research Project.

Some clients would be able to fund themselves through Direct Payments, Housing Benefit and Supported Accommodation Services, which was how the first client was

funded. There are plans to develop a Business arm through tourism to fund the Charity. In the beginning, I believe it will save money – it is only after it has run for a few years that it will demonstrate a profit.

Prestige will be lost for the area that chooses NOT to pioneer such a project.

AUTONOMY IS THE BUTTERFLY

OBJECTIVES:

- To demonstrate an alternative to the present system.
- To reduce health and social work costs.
- To provide employment, apprenticeships.
- To educate staff, carers, and all those surrounding the patient.
- To incorporate self-help and alternative therapies.
- To assist in achieving a high quality of life.
- To provide training courses for patients, staff and relatives.
- To use e-health and telehealth as much as possible.
- To incorporate environmental controls.
- To form links wherever possible with heritage societies, to educate the wider public, architects, planners and designers.
- To use all our assets – including finding a use for older buildings.
- An independent citizen will emerge – at less cost to the state.

It has been done.

My idea has been carried out and was fiscally successful in miniature.

It has unlimited potential, applied across a wider scale with more participants.

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COVER SHEET

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