

The 'Unique Life, Unique World And Unique Environment: Model Of Dementia Care' An Integrated Multi Agency We

Wednesday 0947

Presenter: Pat Hobson - Director and Independent Nurse Consultant, Dementia, and Safeguarding Expert

Person Led and Person Centred Model and Pathway

The focus is on how the person leads with the support of their caregiver/loved ones. Professionals and organisations will engage with the person at different stages of their life 'journey' and will outline what their roles will be to contribute to a seamless 'wraparound' care. The model and pathway do not change, as professionals, services and organisations fit in with the person, not the other way round. The person remains in control and in the 'driving seat' using their unique method of 'transport' to navigate their journey and experience of living with dementia from diagnosis to end of life.

INTRODUCTION

People living with dementia are often supported in fragmented care systems, with delayed diagnosis and lack of service provision resulting in the person and their caregiver/loved ones navigating complex systems, where silo working among health and social care organisations continue. This results in a lack of clear lines of accountability and responsibility to enable a seamless service from diagnosis to end of life. The author sought to challenge prevailing assumptions by exploring whether a strengths-based, person-centred approach, which then became a person led pathway could enable a 'wraparound' service for people living with dementia to maintain health and wellbeing at each stage from diagnosis to end of life. People living with dementia and their caregivers/loved ones will lead as the experts in their care, whilst professionals and multi agencies will be facilitators in this process. It will challenge perceptions, attitudes, behaviours and hold organisations to account through the application of safeguarding adults principles and also incorporates trauma informed principles.

METHODS

This was a longitudinal, practice-based action research methodology, conducted from 2009 to 2014 within dementia care settings that reflected people living with dementia's experience from diagnosis to end of life. Action research was selected as the primary methodological framework as it enabled the systematic investigation of practice through undertaking skills analysis of the workforce and the delivery of an organisational transformational program. This followed a cycle of problem identification, intervention, observation, reflection, and refinement, allowing for continuous development of care approaches in response to emerging evidence. The model and pathway are underpinned by a person-led, person centred and strengths-based approach. This has a specific focus on challenging behaviours, assumptions and care delivery surrounding people living with dementia to provide a seamless 'wraparound' service from diagnosis to end of life, where there are no gaps in delivery and support.

RESULTS

Findings consistently demonstrated that best practice had to start with organisational culture changes and a shift in behaviours, perceptions, attitudes and values of how people living with dementia were supported. This included focusing on a reduction of task-driven practices and increased staffing flexibility, which were critical to successful implementation. Organisations could not purport to be providing a person led and person centred care model, if what was provided was not a seamless and ‘wraparound’ service, where there were no gaps in provision and pathways from diagnosis to end of life.

CONCLUSIONS

A practice-based action research approach enabled the development of an evidence-based model and pathway with relevance across care settings. The model and pathway support a shift toward person-led, person centred and strengths-based dementia care. This demonstrated that if people living with dementia and their caregivers/loved ones are provided with care delivery with the right support, at the right time, with the right resources, in the right place and on the right pathway, this resulted in a seamless service that empowers and enables them to lead in their care from diagnosis to end of life.

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CONTACT

PMH Consultancy and Education Ltd

Email: info@pmhconsultancyeducation.com

Phone number: 02393382387

Website: www.pmhcande.com

LinkedIn: www.linkedin.com/in/pat-hobson

