

A brief introduction to the “The Meaning of Me®”, a blue print for addressing the person at the centre of the community based homecare services model.

As we age we may lose control over the physical and the cognitive aspects of our being. We may develop a new set of relationships, ones that are primarily focused on our physical and mental incapacities, to varying degrees. Our reason for being may be increasingly viewed through the medical and personal support lens and many of our own interactions risk being limited to exchanges within these same relationships and viewpoints.

Yet, we know that there are a great many dimensions to a person: there is the creative, the existential, the social, spiritual, emotional, cultural, the active and physical, the community engaged, and the ways in which these many dimensions interact with the place in which we live. Very few of these avenues end up being addressed by the task focused and increasingly cost constrained medical, nursing or personal support intervention.

Should our frailty stop us from being seen as “beings of meaning”, still willing to contribute, to experience, to interact in meaningful ways, to create and to experience new moments of existence? No, and this is the heart and the essence of the wider dimensions of person centered care models.

The 2011 Joseph Rowntree Report “A Better Life – What Older People With High Support Needs Value” stated that “the focus of care has been on the older adults’ needs in relation to services, rather than their broader aspirations in relation to their lives” and we agree. More recently Skilbeck et al (October 2017) in “Making Sense of Frailty: An Ethnographic Study of the Experience of Older People Living with Complex Health Problems” pointed out the continuing “disconnection between frail older people’s experiences and current health policy” and the fact that they were still viewed in terms of their “impairment, problems and dependency”. The issue of the medical lens remains very much a here and now problem.

So just what is person centered care in the wider dimension of being? Well it depends on a number of things: first and foremost, it depends on where you are in the chain of care and what your scope of service or role is; it will also depend on the interactions you have with the person and the range of interactions you have with others in the wider community. But, it will also depend on the gaps in care that you can see and that you can address and this will also depend on your organisation’s processes, rules, bureaucracy and financial priorities.

A great many organisations say they are person centered, yet academic research in the matter has tended to find quite widespread weaknesses in communication, documentation, process and implementation. So how deeply your person centered care processes are embedded in your service structures, your awareness of the whole and the complexity of the wider dimensions of care are also clearly important.

With respect to issues of physical and mental impairment, the physician, geriatrician, nurse and personal support functions would focus on developing empathetic structures facilitating joint decision making and inclusion, with respect to personal preference and culture, inter alia, in developing treatment and care plans. This is a fundamental building block of all person centered care relationships, but it does not go far enough if we are to address the wider dimensions of mind and being of older adults. Empathy for the ailment alone is insufficient.

Home care is one of the furthest points along the chain of care that you can get for the older adult. It occupies an important space in the care continuum, dominating essentially large parts of the person's space and time. The home is especially relevant to aging in place dynamics and is much closer to the highly important dimensions of the mind and community interaction.

It was this proximity to community and aging in place, engendered by our long standing belief in the importance of age friendly communities that helped focus our attention on developing our own person centered care interface, "The Meaning of Me®".

This service component extends the notion of person centered care to one that embraces the voice and the rich habitat of the mind and the being of the person, to be especially sensitive to the importance of community and the person's place in the community. The service allows client/caregiver interactions to move out of dimensions that address physical and mental incapacity and into those dimensions that impact mental and physical habitats. The culture it supports helps focus our entire organisation onto the specifics of person centered care along all levels of interaction.

When looking at the wider dimensions of the person and our interactions with the person, we did not specifically want another task, another document to fill in and file away. We wanted something that was outside of the home care process in the sense that no care based information would be recorded or discussed. The person would decide which issues he or she wanted to talk about and pursue, whenever they wanted to. We wanted interaction to be meaningful. Ultimately we wanted a creative space where the mind could grow and develop and experience new moments. The focus of the interface would take the client away from the needs and demands and restrictions of care and encourage interaction with community, where possible, with interests and activities and with others.

At a fundamental level, "The Meaning of Me®" is a conversational framework that becomes an interactive journey between all those involved in the care relationship. It differs in many meaningful respects from other similarly framed interventions paying attention to, as Daniel Kahneman would say, the remembering self and the experiencing self: to remember, to create to positive experience. It is therefore a framework very much aware of the dynamics of interaction and the processes required to provide the necessary creative space and loop back to the client.

The actual model itself, the logistics behind delivering the service, staffing, resources, supports and how we actively engage with the person are other important aspects of our model and we cover these in more detailed presentations on the subject matter.

For the sake of brevity we have not expanded on our own community outreach and interactions that we also feel are integral to the development of the holistic person centered care model at this end of the chain of care. Through a deeper assessment and exploration of the wider dimensions of being across the chain of care we should help develop a better understanding of identity and its sustenance within a model of care that addresses this wider vista, this symphony of personhood and being.

Jane Teasdale, Director Business Development & Community Relations, Mosaic Home Care Services Inc and Community Resource Centres, Toronto, Ontario, Canada.