

## BOOK REVIEW

### **QUALITY OF LIFE AND DISABILITY: AN APPROACH FOR COMMUNITY PRACTITIONERS**

Ivan Brown and Roy I. Brown

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This book seeks to provide an understanding of what quality of life means to people in general, what it means to the individual and how individuals can be helped to improve their quality of life. The primary focus of the book is on the quality of life for people with disabilities and their families. Whilst the book is mainly targeted at front-line practitioners in a variety of fields - occupational therapists, nurses, rehabilitation practitioners and counsellors, it is also relevant to social workers, health and social policy makers, teachers and education authorities.

The authors point out that although 'quality of life' as a term has been in use for some time, it has only come into its own in the last 15 years. And much of what is known about quality of life for individuals with disabilities has been developed within the field of intellectual disability. Because many of the concepts and strategies contained within quality of life work are not simple, the authors seek to present them in terms that practitioners can readily

understand. In using a quality of life approach, six key principles are highlighted: (1) that attention should be focused on the processes that are most important to the person at the time; (2) that people are usually satisfied with those aspects of life that are important to them; (3) that opportunities for improvement should be within a person's grasp; (4) that personal choice should be exercised, wherever possible, in selecting opportunities; (5) that a person's self-image should be improved; and (6) that the levels of personal empowerment should be increased.

The quality of life model points to certain strategies that can be employed to ensure that policy, management and practice are all based on a quality of life approach and that these are congruent. A basic strategy is to ensure that any policy developed fits the facts, rather than the facts fitting the policy. For example, policy makers and management frequently cite lack of funding as a reason for not meeting the individual needs of many people requiring services. However, by adopting a quality of life approach, it may be found that many people have inexpensive needs that can be satisfied with creative and flexible supports.

A further strategy is to look at the long-term advantage of interventions rather than attempting to fix a problem in the short term. Front-line personnel must be permitted to try things out and to accept intervention and supports within the existing policies. It also needs to be

recognised that a quality of life approach often involves reasonable risk-taking and experimentation.

It is contended that the quality of life approach opens new ways of looking at disabilities and arranging our ideas about assessment and intervention in a more organised and practical way. At the same time, it helps practitioners ask themselves whether or not they are working in the best interests of the person with a disability. The authors see the adoption of such an approach as critical for the future development of services, for it enables practitioners to see the whole person much more clearly and to identify assets as well as challenges. Further - it opens up new ways of looking at professional education, ethics, service design and evaluation.

The authors identify three aspects of the quality of life approach, which are particularly relevant for further development. First, by focusing on principles rather than on specific strategies, the quality of life approach encourages practitioners to adopt proven methods and develop new methods of intervention. Second, the quality of life approach has the potential to redefine professional education and training. This will necessitate the development of new professional and academic partnerships as a result of which the student or client can learn how to use theory and knowledge in a more consistent manner. Thirdly, the quality of life approach, where seriously considered, leads to a critical appraisal of disability. Practitioners will be obliged to respond to the individual needs of people with disabilities in more creative ways.

Looking to the future the authors note that there are challenges to the quality of life approach. One challenge, at a practical level, comes from a misuse of the quality of life concept. For example, the way in which professionals and others determine

whether or not an individual has a satisfactory quality of life, when that person is perfectly capable of arriving at his own view.

I have just one concern with this otherwise lucid, informative, accessible and valuable text. The concern relates to the absence of any reference to spiritual well-being - an integral and essential aspect of any person's everyday life. This is a surprising omission in a text devoted to examining the concept of quality of life. This omission may result from the fact that the spiritual development of people with a disability is an area that most practitioners either unwittingly ignore or consciously avoid because they consider it falls outside the bounds of their professional competence and responsibility. Nevertheless this omission is disappointing given the growing evidence that spiritual development as a discrete area of study has assumed increasing prominence across many disciplines in recent years. I hope that when this excellent text comes to be revised that due attention will be paid to this important and neglected dimension.

*Robin Jackson*