

I-CAN

VERSION 6

The I-CAN is a support needs assessment designed to assess and guide support delivery for people with a disability, including mental illness.

Domains

The I-CAN is based on the World Health Organisation's International Classification of Functioning, Disability and Health (ICF).

The ICF's Activity and Participation domains are supplemented by three domains based on health and wellbeing, resulting in a total of 12 domains:

1. Mobility
2. Domestic Life
3. Self Care
4. Community, Social & Civic Life
5. Communication
6. Learning & Applying Knowledge
7. General Tasks and Demands
8. Life Long Learning
9. Interpersonal Interactions & Relationships
10. Behaviours of Concern
11. Mental & Emotional Health
12. Physical Health

Each domain is then broken into four support needs ratings. For example:

1. Mobility includes:

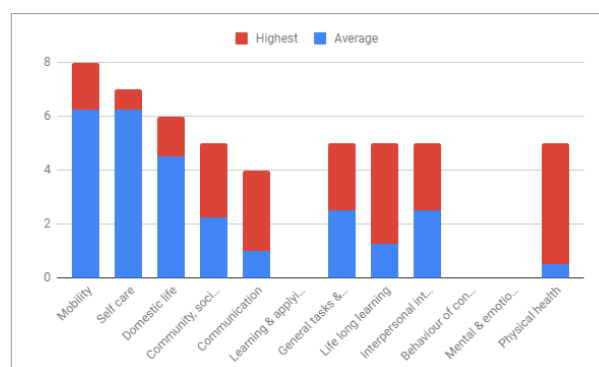
- Transfers & positioning
- Carrying, moving & handling objects
- Walking & moving
- Transport

The only domain that is not broken into four ratings is Physical Health, which has 10 ratings reflecting a range of health systems.

Support Ratings

Scoring for the I-CAN is broken down into two components of support- frequency and type, each rated out of 5.

The I-CAN's statistical summary reports the average and highest rating for each domain, giving a snapshot of an individual's support needs.



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The I-CAN is person-centred, strengths-based and well-researched.

The Supports Paradigm and Person-Environment Fit

The I-CAN is based on a model in which supports are considered:

- an integral part of all human functioning,
- dependent on a person's health, life pursuits and environments, and not an enduring characteristic of the person,
- needed according to a person's environment and chosen valued life pursuits.

Not all people want or can achieve a normative level of human functioning, regardless of what supports are in place. More important is a focus on the actual supports needed and wanted to pursue a valued life.

The supports paradigm “shifts the focus from caregiving to investing time in creating and nurturing support networks; thus, this paradigm shift redefines, but does not eliminate the role of paid staff” (Thompson et al., 2004, p. 5)..

Person-Centred and Strengths-Based

By focusing on support needs, the I-CAN is intrinsically person-centred and focuses much more on strengths than functional assessments.

For example:

A functional assessment may say: “Bob can't count change” or “Bob's financial literacy is at the 2nd percentile, compared to his peers”

A supports-need assessment such as the I-CAN focuses on what support Bob needs to achieve the kind of life he values, and thus would say something along the lines of “Bob can use his payWave card to make minor purchases”

Well-Researched

The I-CAN was first developed in 1998. Since then, it has been the subject of seven published papers and multiple conference presentations.