
POSTER ABSTRACT**Reablement for the new generation elderly in the Netherlands, a personalised integrated care approach.**

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Introduction: The new generation elderly, the babyboomers, expect that elderly-care reflects their need to remain independent. In general elderly are perceived as inactive and vulnerable with negative outcomes on quality of care. However babyboomers don't identify themselves as elderly and they have a higher level of self-efficacy. An elderly-care organisation in a medium-sized town in the Netherlands, strived for a suitable care design, that meets expectations of babyboomers and wanted to know how this care design could be implemented in the local setting.

Theory/methods: The implementation Framework for Aged Care, developed by Meyers (1), was applied to a practice-oriented trajectory design. This framework is a fit-for-purpose implementation framework in the local social, cultural and economic context. The applied methodologies were literature research, desk and field research, which resulted in problem-clarification, an intervention design and an implementation advice.

Results: Self-efficacy and self-reliance are determinants which influence the measure of independence of babyboomers. Therefore it is necessary for elderly-care to give attention to the increasing independence needs of babyboomers. Literature states that reablement is an effective intervention which increases independence by influencing self-efficacy and self-reliance. Reablement is a time-bound (six to twelve weeks) interdisciplinary, intensive and person- and goal orientated intervention in the homecare setting, delivered by trained staff (2). Homecare staff is not yet trained in the current situation to work from a perspective that increases independence. Therefore a training programme and reablement trajectory was developed based on literature. This training program focusses on changing behavioural determinants of homecare staff by using social influence from peers. Babyboomers can only be empowered to increase self-efficacy and self-reliance if homecare staff believes they contribute to this independence. The Implementation strategy was mainly oriented on the adoption of reablement, since this is a condition of success of reablement.

Discussion: There is a risk of using untrained staff in reablement which may have negative outcomes on independence. Homecare staff can feel devalued as they perceive part of their care-role 'to care for' instead of 'to care that'.

Conclusions: By influencing the determinants of homecare staff and babyboomers, reablement shows to be effective by focusing on increasing independence of babyboomers. After a training programme which uses the social influence of peers, reablement can be implemented in the local context.

Lessons learned: How we perceive elderly has an influence on the outcome and organisation of elderly care. Scandinavian research shows that reablement can be an intervention with positive societal effects on care in general and the prevailing paradigm of getting older.

References:

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2. Jokstad K, Skovdahl K, Landmark BT, Haukelien H. Ideal and reality; Community healthcare professionals' experiences of user-involvement in reablement. *Health Soc Care Community* [Internet]. 2019;27(4):907–16. Available from: <http://dx.doi.org/10.1111/hsc.12708>