



Hogeschool van Amsterdam

IMPROVING INFORMAL CARE BY HEALTH PROFESSIONALS

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I love amsterdam.....



Amsterdam



Amsterdam



Amsterdam



We also have trams...



We eat raw hareng



Amsterdammertjes



The building where I work



Content of this presentation

- Informal care in the Netherlands and in Amsterdam
- Research on experiences with informal care in nursing homes in Amsterdam Zuidoost
- Advises for better policy in nursing homes
- Some examples of good practice in the Netherlands



Mantelzorg - Informal Care



The Dutch word “Mantelzorg” is defined as informal care provided by relatives, friends or neighbours over a longer period of time.

The 2007 Social Support Act (Wmo) serves as basic reference point of informal and unpaid care in the Netherlands.

This act promotes active involvement and independence of citizens as the country’s social capital, while also offering a legal framework for local support of carers and volunteers.

www.movisie.nl/english



Essential to the Social Support Act

Responsibility of local governments is to guarantee the possibility of

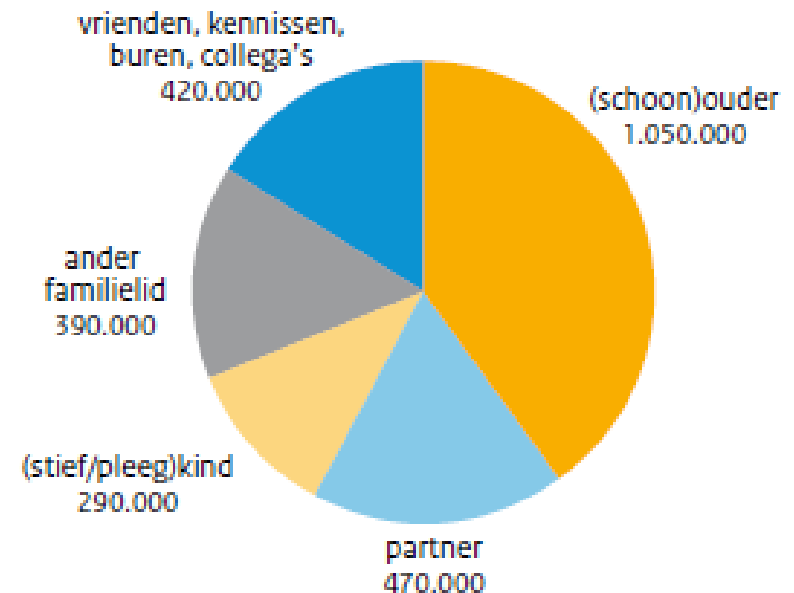
- Citizenship
- Participation (work, social networks, development of skills)
- Support for volunteers and voluntary organisations
- Social activation of people living in social isolation

Informal care



INFORMAL CARE IN THE NETHERLANDS

- 2008: 3,5 million informal carers
- 2008: 2,6 million > 8 hours a week
- 2008: > 450.000 experience heavy burden



Bron: CBS (I1'08) SCP-bewerking

(Oudijk, Boer, Woittiez, Timmermans, Klerk, 2010)

Informal care in Amsterdam

- Dutch population in 2010: 16.433.000
- Amsterdam population: 767.333
- 73.000 informal carers
 - 20 % ≥ 16 hours a week
 - 50 % experience heavy burden



Research show us the main risks of informal care

- Stress
- Partly drop out of job
- Drop out of education
- Extra expenses
- Abuse
- Insufficient use of resources because of lack of knowledge
- Isolation
- Poorer health in the long run

A project on INFORMAL CARE in Amsterdam

Vereniging  Zorgintegratie Zuidoost



Hogeschool van Amsterdam
Gezondheid



Gemeente
Amsterdam



Questions for research

- *How do informal care givers, clients and formal care givers experience the cooperation in nursing homes and what are their needs?*
- *What interventions in nursing homes create positive experiences about the collaboration and communication between clients, informal care givers and formal care givers?*
- *What interventions may be carried out by health professionals like occupational therapists?*

BACKGROUND OF THE PROJECT

- Social Support Act (Wmo) since 2007
- Much attention for informal care in community, but not in nursing homes
- Experience of heavy burden by informal carer
- Need for policy for informal care, also in nursing homes
- 80% of informal care givers experience difficulties



Aim of the project

- to contribute to a better alignment of the needs and possibilities of informal carers in nursing homes
- to contribute to improve the position of informal carers in nursing homes

What is the experience of informal carers ?

- Differences in expectations of formal carers and informal carers
- Communication is superficial
- No appointments between formal and informal carers
- Appointments are not written down
- No attention for their needs and worries

What is the experience of formal carers?

- No awareness of the existence of the term “mantelzorg” (informal care)
- Understanding of informal care differs
- More need for informal care because “when we do not use informal care we are failing in the care for our clients”.

Results after more research was done

- Too less attention for the transition process from home to nursing home
- Too less attention for the loss of roles and tasks when the client is institutionalised in the nursing home
- No awareness of the need for collaboration in the triangular relationship of formal carer, informal carer and client

Advices for better policy: transition process

- Care must be based on a system (client and family) approach and not on an individual clientcentred approach
- More attention for the needs of the informal carer during the transition process
- Better information for the informal carer about the possibilities and facilities of the nursing home
- Interview with the informal care giver about his/her knowledge about the care for the client before the transition takes place
- Interview with the client about the important roles and tasks he / she would like to continue in the nursing homes

Advices for better policy: triangular collaboration

- Informal carer must be considered as a person with knowledge, based on his experience with the care for the client
- Regular contacts must be planned; client and informal carer must be involved in meetings where decisions are made about the care for the client in the nursing home
- Formal carers must get better qualifications to communicate with informal carers

Some good practices in the Netherlands

- Various supporting organisations: Mezzo, Markant, internetbased programs etc.
- Family academy: an evidence based method to improve the communication and openness in the triangular relationship of informal carer (mostly a family member), client and formal carer. Aim is mutual understanding, involvement, equivalence.
- Directrix for family involvement in mental health care

Some good practices in the Netherlands

- Nursing home for elderly belonging to an ethnic minority: informal care is considered as a normal part of the care
- Respite care (respijtzorg) = care of volunteers (e.g. students) to discharge the informal carer from his / her tasks during some time
 - Suitcase with materials, noises, images etc. that are important for the client to facilitate the transfer of the care to others
- Minor program (30 ECTS) for bachelor students in social work and health care

Potential role of occupational therapy

- Transfer of knowledge and building awareness to formal care givers, especially about
 - the importance of staying involved in meaningful (daily) activities and prevention of occupational gap
 - the importance of building partnership in care with the informal care givers
- Transfer of knowledge and skills to informal care givers, especially with the aim to bring a healthy balance in work, informal care and leisure

Exchange of experience and knowledge - 1

- I brought a few images with me. Every participant is asked to take two images:
 - one image that reflects good practice on support of care givers in your country, your school or curriculum
 - and either one image that reflects your opinion of the actual situation and needs of informal care givers in your country or city
 - or one image that reflects your opinion of the way the different health professionals are supporting informal care givers

Exchange of experience and knowledge - 2

- Make groups of 4 – 5 participants
- Tell your group members why you picked out the two images and how they reflect your vision on informal care in your country / city / school.
- Discuss what competences should be developed by students of schools for health professions to be able to support informal care givers
- Take notes of important insights

Last 15 - 20 minutes:

- Group report of important insights, interesting policy on informal care, good practices, good ideas.
- Give your notes to the workshopleader. She will make minutes out of them and send them to every participant of this workshop.



THANK YOU ALL FOR YOUR CONTRIBUTION





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