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Reablement and smart products –

How does it work?

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Background

“Services should be personalized, based on the needs of the elderly (person-centered) and should be knowledge-based”

Swedish Department of Health & Welfare (2017)

“Older people have the right to live a dignified life and experience well-being”

(Chapter 5, Section 4, SoL).



The main purpose of the study

to contribute new knowledge to support older persons' active participation in everyday life by implementing **reablement**, enabling innovative and unique services carried out by home care staff in older persons' home settings – ASSIST 1.0

This is **a feasibility study** to evaluate ASSIST 1.0., a theory based **reablement** program, which includes coaching home care staff and digitally based smart products.



Definition of Reablement used in the ASSIST study

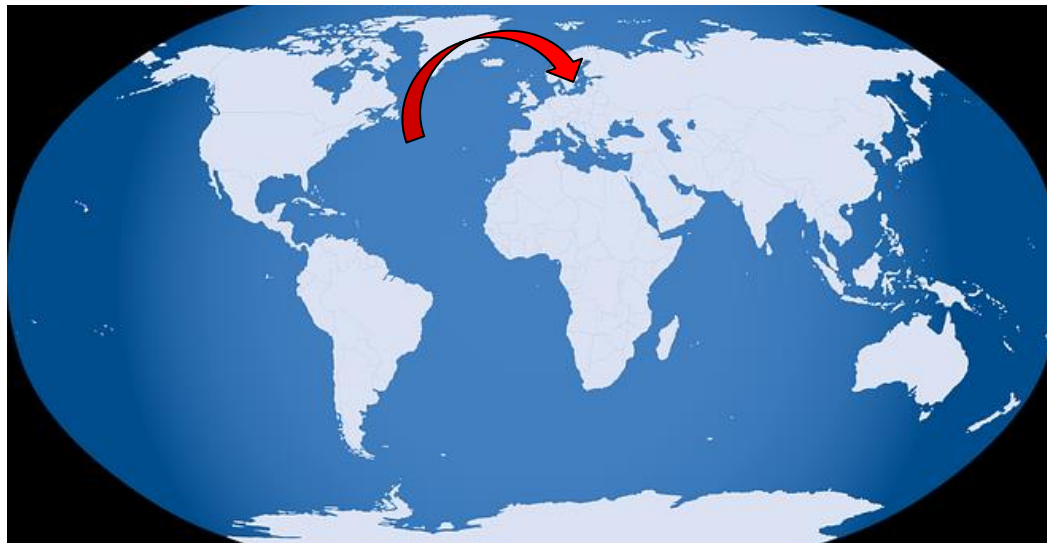
- **Reablement** is a specialty service delivered by home care staff and consists of a person-centered, rehabilitative based approach aiming to facilitate recipient's own active involvement and performance of valued activities in everyday life, including participating in society.
- **Reablement** is performed on a regular/daily basis but is time-limited (8 to 12 weeks). Reablement starts with a person-centered assessment, where the recipient is enabled to state goals that can be either directed towards maintaining a daily activity or for achieving new or re-instating previous valued activities in everyday life.

Definition of Reablement used in the ASSIST study (cont.)

- **Reablement** services are facilitated by Occupational Therapists and consist of supporting home care staff to continuously reflect and think critically. Support also includes “hands on” assistance together with the recipient.
- **Reablement** is initiated by Occupational Therapist in conjunction with home care staff and is then evaluated by the reablement recipient together with the occupational therapist and home care staff.

Ongoing feasibility Study - Trial design

- 15 older persons in each arm (intervention group/ control group) in 2 areas of Stockholm, Sweden
- A process evaluation - MRC guidelines
- The Standard Protocol Items: Recommendations for Intervention Trials (SPIRIT) 2013; defines standard protocol items for clinical trials.



ASSIST 1.0 – Intervention

Applications in mobile phones

- Smart application in the home care's staff mobile telephone with goals, reminders/feedback. The app will request documentation; *e.g.* goal attainment
- The main outcome is measured at the level of the homecare recipients. Goals identified by the older person, regarding issues in everyday living via the Canadian Occupational Performance Measure (COPM).



The theoretical model for the provided coaching – a process of change in knowledge and practice

- The intervention consists coaching home care staff in groups (8 - 12 week)
- Based on situated learning, where knowledge is seen as integral to doing and where knowledge and practice are inseparable (Lave & Wenger, 1998).
- A great deal of what takes place in the field of practice is tacit, and therefore needs to be reflected upon in order for practice to become an object to change (Lauvas & Handal, 2015)

The theoretical base supporting the intervention on the level of the home care recipients

- **Person centered** (Townsend & Polotajko, 2007)
 - The home care recipient identifies the problems/ issues / wishes
 - Initiates from the older persons unique lived experiences
- **Occupationally based**
 - Older persons description of health; doing in their everyday lives (Bryant et al. 2000, 2001)
 - Problems, issues or wishes are on the level of activity and participation (according to the ICF)

A project in the pipeline!



Thanks for listening! Questions?

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References available on request