Received: January, 2019
Accepted: August, 2019
UDK 616-083(497.4)
DOI 10.3935/ljsr.v26i3.282

A MODEL OF INTEGRATED CARE OF RESIDENTS WITH DEMENTIA – A CASE OF INNOVATION IN LONG-TERM CARE WITH ACCOMMODATION IN SLOVENIA

Jana Mali[1]
orcid.org/0000-0001-7851-6216

Anamarija Kejžar[2]
orcid.org/0000-0001-5495-9928

University of Ljubljana
Faculty of Social Work

ABSTRACT

In all parts of the world, the number of people with dementia is on the increase and dementia is becoming more and more of a challenge for social work, too. In the countries with well-developed care for older people, dementia is part of long-term care; therefore, it is essential to develop new methods of care also in the homes for older people that provide long-term care. Among the innovative forms of care, there is a model of integrated care, based on social work concepts. This model is presented through the case of care for the residents with dementia in one of the old people's homes in Slovenia. The integrated care of residents with dementia puts an individual at the centre of care provided by the experts employed there. The resident of old people's home and an expert there create a partnership in which they seek out solutions stemming from the

Ključne riječi:
long-term care, older people, dementia, social work, holistic care.

[1] Associate Professor Jana Mali, Ph.D, social worker, e-mail: jana.mali@fsd.uni-lj.si
[2] Assistant Lecturer Anamarija Kejžar, Ph.D, social worker, e-mail: anamarija.kejzar@fsd.uni-lj.si

actual situation of the user's life. In addition to the modified relationships and relations among the residents with dementia and employees, the innovative model of integrated care introduces changes in the role of relatives and the wider community involved in the care of residents with dementia. The central position of a resident with dementia and the equal representation of all other representatives of the resident's social network provide the preconditions for strengthening the power of the residents with dementia.

INTRODUCTION

Dementia is a phenomenon in modern society and a challenge for different professionals to work with. It is estimated that 50 million people worldwide are living with dementia in 2018 (WHO, 2018). This number is expected to almost double every 20 years, reaching 82 million in 2030 and 152 million in 2050. The most recent estimates of diagnosed and undiagnosed rates find that the prevalence of late onset dementia is 7.1 per cent among people of age 65 or over, resulting in an overall figure of 850,000 people in the UK in 2015 (Ray and Davidson, 2014: 15). At the beginning of 2019, there were 413.054 people of 65 or over in Slovenia (SURS, 2019), therefore it is estimated that in Slovenia there are 30,000 people with dementia. Like Slovenia, Croatia has no official register of people with dementia, but it is estimated that in Croatia there are 80,000 people with dementia, which represents 1.55% of the total population (Alzheimer Europe, 2019). Currently, the phenomenon of dementia represents a substantial challenge for many professionals, including social workers.

Dealing with dementia in social work is a challenge as it involves extensive direct social work with people with dementia and their support networks, which are of key relevance for them (Mali, Mešl and Rihter, 2011; Rusac, 2016; Štambuk, 2018). Compared to other professions, social work sees life with dementia in a specific way. As such, it follows practical social work concepts that contribute to the holistic understanding of dementia, especially the following: partnership, power perspective, empowerment, advocacy, antidiscrimination practice, the formation of self-help groups, mobilisation of a user's social network, social work relationship (Mali, 2011). The common feature of a paradigm shift in social work, perceived since the 1970s onwards, is to establish a user in terms of a partner in the helping process and to consistently consider a user's right to choose their own method of help (Parsons, 2005; Moore and Jones, 2012).

The starting points of social work with people with dementia exposed above provide a good basis for the change in attitudes towards people with dementia. In the present contribution, we aim to present a case for the change in care of residents with dementia at the »Peter Uzar old people's home« in Tržič, Slovenia. This is the case of changes in care that were conceived through a project and transformed

the classic, medically oriented care into more contemporary, integrated care. In the context of institutional care, integrated care has become the established model of care (Anttonen and Karsio, 2016) that comes as close as possible to an individualised form of care. The changes shall be presented as innovation in the home for older people taking place in the substantive, methodological and conceptual areas of care. These changes are shown in the context of the contemporary concept of long-term care in which institutions intended for older people assume a relevant role (Mali et al., 2018) and through the role of social work in long-term care.

LONG-TERM CARE OF PEOPLE WITH DEMENTIA

In the past few years, long-term care in the area of providing help has been seen as a response to various changes in contemporary society, especially due to changes in demographic ratio, forms and the patterns of providing care, a different culture of informal help and progress in medicine (Leichsenring, Billings and Wagner, 2013). In the framework of long-term care, people with dementia represent a peculiar challenge. Life with dementia is a grave experience for all involved: the people with dementia, their relatives, friends, acquaintances and professionals (Cantley, 2001; Marshall, 2005; Innes, 2009). Providing help for people with dementia demands coordinated provision of health and social services, a place of mutual cooperation, dialogue and coordinated action on the part of various professions. This is the central goal of long-term care (Flaker et al., 2008; Naiditch et al., 2013; Österle, 2011).

Additionally, long-term care represents a new paradigm of care, since the users gain power in decision-making regarding their way and style of life, while having a partner relationship in the helping process; therefore, they are not passive recipients of help dependent only on the power and knowledge of others (Gray and Birell, 2013; Perley, 2016). Long-term care services stem from the needs of people who are in need of long-term care and who determine the standards of care. In traditional care, the standards of service were determined by services or the professionals providing these services (Nies, Leichsenring and Mak, 2013), which only partly met users' needs and necessities. People often received the same help offered to everyone, regardless of their life situation. They were often obliged to accept particular services even when they did not need them, merely because there were none other available (Flaker et al., 2013; Gardner, 2014). The system of long-term care remedies this deficiency and adapts available services to people's needs, therefore it is important to find ways to research people's needs. Due to the heterogeneity of people who need long-term care, the methods of its research have to be specific and adapted to the abilities and capabilities of people with dementia.

We need to find ways to involve people with dementia as active co-creators of help, as this is the only way to realise the professional demands brought about by long-term care (Challis et al., 2009). It is also important for professionals to give up their persona of tough care-provider, which is often patronising towards people with dementia, as well as being disingenuous and possessive. It is up to the professionals to enable an autonomous attitude stemming from a person's right to tailor care according to their needs with professional support (Gardner, 2014; Mali, 2019). Former patients, clients and customers, demented people, as they are called, or patients with dementia, will, above all become people with relevant life experiences. The forms of help they will receive would be tailored according to their needs to meet their criteria of good life quality in community.

For people with dementia in Slovenia, the most extensive institutional care is that which is provided in old people's homes. There are four models of care available to residents with dementia, i.e. integrated, segregated and partly segregated models (Mali, Mešl and Rihter, 2011) and, recently included, household communities (Mali et al., 2018). In the integrated model, residents with dementia live with other residents. This may encourage mutual understanding and acceptance; it has a positive impact on the treatment and behaviour of people with dementia and gives other residents self-confidence due to the help that they provide to the residents with dementia. Various conflicts are not avoided, since living with people with dementia demands a great amount of patience, understanding and adaptation, which cannot be expected from all residents. In some old people's homes, the segregated model of care for people with dementia is implemented, in which residents with dementia live separately, in specialised and secured wards that enable the provision of care to various numbers of people with dementia, i.e. from 12 to 35 residents. In other old people's homes, the decision to opt for an intermediate model of care was made, i.e. a partly segregated form of care (Flaker et al., 2004), such as one that includes a special support group for residents with dementia. The group meets every day, accompanied by the same guidance professionals in a space reserved for this purpose. It consists of 10 to 16 residents with dementia. In most cases, these groups join together people with similar levels of dementia.

Since 2008, some old people's homes have introduced household units that provide individualised care for 12 to 15 people with dementia. These units are innovative forms of care (Mali et al., 2018) that change relations among all those who take part in institutional care on the basis of a household as an activity that creates living circumstances that resemble life outside institutions. The concept of household introduces into institutional care the notion of medical care not being the primary activity. In household communities, a different attitude towards the residents prevails, one that is based on a personally tailored culture of care. This

results in a culture of congruent personal care (Imperl, 2012). For this purpose, homes with household communities replaced basic »medical« terminology referring to various spaces and work processes. The wards were renamed to residential units, the nurse's room or ward clinic to the staff room, ward rounds to personal doctor's visits, report documentation to delivery books and ward meetings to team meetings (Mali et al., 2018).

The day care of people with dementia in day care services or day-care centres located in old people's homes or in their vicinity are also considerably developed. People with dementia are also admitted into old people's homes that enable temporary accommodation, but only for a limited period – usually up to three months (Community of social care institutions in Slovenia, 2019).

Abroad, various forms of community care prevail more than institutional care for people with dementia (Peace and Holland, 2001; Calkins and Arch, 2001; Curran, 1996). In Slovenia, people with dementia do not receive enough help at home and often live in flats that are not adapted to their needs; therefore, they are forced to leave their home to live in an institution. The forms of accommodation that would enable independent living of people with dementia in their home environment are very scarce. The possibilities seen in countries with a developed system of long-term care are found in the following community forms: group homes, shelter housing, guest houses, foster care, common households, independent living in a community with support, secured flats, flats with support (Mali, 2013). With some forms of dementia and with some levels of disease[3], some forms of help would be welcome, such as temporary forms of accommodation, e.g. in crisis centres, safe houses, shelters, which would help during a crisis in their own or some other home (Davies – Quarrell, Jones and Jones, 2007; Mali, 2013). Most older people prefer living in their own homes and independently, therefore new forms of living are developing. Older people also organise common households without organised support, by renting a room in their home to students or actively employed people in return for help with household chores (Filipovič Hrast et al., 2019).

THE CONCEPT OF INTEGRATED CARE OF RESIDENTS WITH DEMENTIA AS INNOVATION IN LONG-TERM CARE

In the provision of integrated care of residents with dementia, social work plays a crucial role as it has developed the concepts and methods of care that enable the establishment of such care. Integrated care is an innovation in long-term care

[3] Especially for younger people with dementia.

that Mali (2013:63) establishes by defining the role of social work in long-term care: »*The starting point in social work is the position of an individual who is in distress and needs help. In order to provide successful help, a social worker and a user of long-term care need to establish a working relationship (Saleebey, 1997; Čačinovič Vogrinčič et al., 2005), the goal of which is to remove distress and smooth out problems. A social worker provides help for people by researching their life (Flaker et al., 2013; Šugman Bohinc et al., 2007) and finding out the needs that they, in a current life situation, cannot provide adequate response to. Researching the response to the needs of people is based on user's empowerment (Dragoš et al., 2008; Thompson and Thompson, 2001). As such, the people in need of long-term care are given the mandate of active co-creators in resolving their situation. The nature of distress and problems of people in need of long-term care is such that it often demands a protective and caregiving role of help. In social work, it is the very analysis of risk (Grebenc and Flaker, 2011) that enables different ways of action, i.e. it highlights the risk from the perspective of the eventuality of an event and thus gives the possibility of maintaining the user's perspective (Beresford and Croft, 1993; Škerjanc, 2006). The performance of social work in long-term care is associated with the principle of advocacy (McDonald, 2010; Urek, 2005) that stems from real needs, interests and wishes of people in need of long-term care (Flaker et al., 2013) and, if necessary, under their authorisation, removes irregularities and injustice to ensure that they are fully-fledged players in society*«.

The central principle of the concept of integrated care in long-term care is to meet residents' needs. It is the individual with dementia that is central (McDonald, 2010; Ray, Bernard and Phillips, 2009) and not an institution or the professional experts employed in it. A resident of an old people's home and a professional create a partnership (Ray, Bernard and Phillips, 2009; McDonald, 2010) in which they find solutions by looking at the actual state of the user's life. Putting such a paradigm into practice is evident in the case of changes in the care of the residents with dementia that were introduced in the »Peter Uzar old people's home« in Tržič and are presented in this contribution. Along with changing the relations and attitudes of the residents with dementia and the staff, they also introduced changes to the role of relatives and the broader community in providing care for residents with dementia. They introduced new working methods into care, such as personal planning with the implementation of services (Flaker et al., 2013; Mali, 2019), researching residents' needs (Šugman Bohinc et al., 2007) using a method of observation and risk-analysis (Grebenc and Flaker, 2011).

The central position of a resident with dementia and equal representation of all the other members of the residents' social network ensure the circumstances for the empowerment of people with dementia (Larkin and Milne, 2014; Thompson and Thompson, 2001), which is the basis for the conditions that enable the introduction

of new methods of work and implementation of the services adapted to the needs, abilities and capabilities of residents with dementia. A special emphasis of integrated care consists of revealing the needs of people with dementia in order to adapt the forms of help available to them and to their relatives according to their needs, wishes and goals (Moore and Jones, 2012). For instance, it is presumed that there is no need for specialised activities if they are mainly targeted at preserving independence in everyday chores (e.g. care for personal hygiene, dressing and undressing, cleaning, preparing food, etc.). At the same time, a sufficient number of contacts with various people needs to be ensured – not only contacts with people with dementia and the staff, but also with other residents, relatives, friends and acquaintances (Challis et al., 2009; Innes, 2009). All organised activities should be designed in a way that ensures respect for people with dementia, their dignity and integrity, while taking into account the financial means of residents and their ability to pay for organised activities.

Care for residents with dementia dictates more active cooperation with their relatives (Marshall and Tibbs, 2006.). In the home environment, relatives are confronted with distress and problems. Due to insufficient knowledge on the disease and its symptoms, they do not understand why a person with dementia roams aimlessly, no longer taking care of their hygiene and no longer preparing their food. Through educational programmes for relatives and individual discussions with professionals, they can change their attitude towards their relatives with dementia and towards institutions (Mali and Kejžar, 2017). By recognising the visible positive changes in the behaviour of their family member with dementia and seeing the experience of relatives of other people with dementia, they are freed from the feeling of guilt associated with having sent their relative to live in an old people's home. They see the positive elements of institutional help in the development of social networks in an old people's home, while people with dementia in their home environment are often socially isolated due to their stigmatised position in society (Innes, 2009). The residents with dementia expand their social network when they arrive at an old people's home, since their life in the home environment was predominantly limited to contact with relatives that provided care for them.

A CASE OF ACTION RESEARCH AS A STARTING POINT FOR HOME INNOVATIONS

In this contribution, we shall present the project of integrated care of the residents in the Peter Uzar old people's home in Tržič (Mali and Kejžar, 2017), which is a novelty in the institutional care of older people in Slovenia. It is a combination

of action-research and participatory action research. Mesec (1993, 1994) defines action research (according to Lewin) as research that transforms society with new knowledge, theories and findings and at the same time changes society from within. The result is an action or a change on the practical level, which was also the aim of our project. Since changes are encouraged by the participation of various research stakeholders, action research may also be participatory. Alston and Bowles (2003) highlight that this involves the cooperation and inclusion of all participants in a study – researchers and those who are being researched – in order to create a theory together, based on the contemplation of a new practice that has led to changes in their space. In our case, the training was designed as a form of participatory action research. The process of changes took place in various phases that involved the typical situations of education: lectures, workshops and practice, during which the participants performed concrete tasks. Along with education, a new model of work with people with dementia was set in the old people's home.

The educational training was voluntary and involved all the staff[4] at the beginning and end of training. The kick-off meeting was dedicated to the prevailing trends in the care of older people in Slovenia and abroad and to the vision of institutional care and the importance of the implementation of quality service for integrated care of residents. Furthermore, the select team of professionals[5] (professionals/social workers, heads of wards, staff employed at the unit for people with dementia) gained knowledge and created innovations in the care of people with dementia. All the staff, residents, relatives and members of the broader social environment were acquainted with this new knowledge. In 20 hours of group education and training they became acquainted with the development of care for people with dementia in old people's homes, with the contemporary concepts of understanding dementia, the relevance of team work, continuing education, involvement of relatives in the care of residents with dementia and new methods of help in institutional care (Mali and Kejžar, 2017).

Prior to the training, the authors of the present contribution analysed the critical points in care for people with dementia. The critical points in care were then included in the conceptual part of the project and in the process of training in order to help the staff recognise them and find solutions to tackle them. The plan of education and training involved contemporary concepts, e.g. constructive learning (Vornanen et al., 2007) that enabled active participation of the people involved in training and in gaining and developing knowledge. In that, the authors followed the principle of creating »*a strong learning environment*« according to Marentič

[4] At the time of the survey, 108 people were employed at the old people's home.

[5] Altogether, 11 members of staff.

Požarnik and Lavrič (2011:19) as a pre-condition to encourage the participants to be mentally active and assume greater responsibility for their new knowledge. Such an approach to learning created the circumstances for real change in the care of residents with dementia in the old people's home.

The need for changes in the care of residents with dementia was acknowledged soon after the new leadership took up office in 2014. At the time, the unit for people with dementia, called »Deteljica (Shamrock)«, was still active and the new leadership recognised it as an unacceptable form of care both legally and from the perspective of human dignity. Namely, the »Deteljica« unit was formally a unit with more attention given to its residents, but in reality, the staff used a whole range of special security measures that were beyond the legal framework. The use of these measures was justified as being a way to provide more security for residents and to disburden the team in the nursing unit of feelings of responsibility.

Some changes needed to be introduced immediately – that is – to abolish all special security measures that were incompatible with legislation and to introduce work with one part of the permanent staff in this unit. The purpose of the project of integrated care was also to increase the quality of life of residents with dementia. The changes involved risks, a different way of providing care, various dilemmas and a different frame of mind; therefore it was essential to establish a safe space for the staff, so that they could openly address questions and suggest answers and solutions. The transition from a completely closed environment that was supposedly providing safety through the use of various safety devices (that also limited people's movement and freedom, thereby jeopardising their basic rights and dignity) into an environment where people were encouraged to participate in activities, exercise, create, do the gardening and many other activities, also raised fear. This included the fear of residents falling or getting lost or having something happen to the staff.

For this reason, the project was designed in a way as to involve the whole team. Through a set of lectures, workshops, homework and reflections on the experience, we encouraged new creative and constructive ideas to emerge. We analysed the spatial and architectural characteristics of the old people's home, talked to the residents with dementia and their relatives, and established a new culture of accepting the residents with dementia. During the six months of training, the professional staff began to recognise the urgency of introducing changes. The key changes were the employment of another housekeeper and the regular planning of activities at the unit by the staff, occupational therapist and physiotherapist. The biggest challenge was to transform the formerly closed »Deteljica« ward into an open unit. All the staff and relatives of people with dementia were involved in all the changes that were introduced.

A year and a half after the end of the project (in March 2018), they did an evaluation of the changes that was based on evaluating the concept of work in the »Deteljica« unit. In the first part, they conducted interviews with the members of the permanent staff at the ward: the housekeeper, assistant nurses and health-care assistants. In the second part, they conducted interviews with the professional team, consisting of a social worker, a registered nurse, a physiotherapist, an occupational therapist and a director. The evaluation referred to the changes in care as perceived by the residents, the staff and the relatives.

In this contribution, we will point out the key changes introduced into care through action research that were found through the evaluation of changes in care.

THE OUTCOMES OF INNOVATIONS IN INTEGRATED CARE OF RESIDENTS WITH DEMENTIA

With the project, this old people's home introduced new concepts of care for people with dementia in various fields that successfully linked all who were involved in care for people with dementia: residents, staff, relatives and representatives of the broader social environment. New forms of cooperation reduce the distress that often emerges due to ignorance, insufficient knowledge on the disease and the fear of dementia. We may label them as innovations that, in a broader sense, refer to improvements, new ideas that actually work, new phenomena, services, processes or products that are the result of creative and innovative performance (Mulgan et al., 2007). The outcomes in innovations are presented here according to the following fields: (1) care for residents with dementia – new concepts; (2) staff work; (3) relatives' involvement and (4) the broader social environment.

New concepts in care for residents with dementia

The residents with dementia live in an »increased personal attendance unit« that follows the concept of a household community. Mali et al. (2018) claim that the introduction of household communities is a relevant innovation in old people's homes, as it comes forward as a methodological innovation. With household communities, the relations among all those involved in institutional care are subject to change and the relevance of a household is highlighted in order to create living circumstances that resemble life outside an institution (Michell-Auli and Sowinski, 2012). The basic approach determines a different attitude towards the residents that forms the culture of conjunctive relations. The resident is at the centre of care, not the staff or the requirements of the old people's home. For this reason, the

residents with dementia have regular contact with the residents who live in other units of the old people's home. They participate in activities intended for all the residents. These include occupational therapy activities, during which, along with social contacts they gain graphomotor abilities and skills, physiotherapy activities, during which they gain muscular strength, and various events when the old people's home is visited by school or kindergarten children, choirs and folk dance groups, during which they can enjoy the music or various gastronomic workshops. Special ways to relax are also provided by musical and animal therapy. The residents from other units of old people's home who regularly pay visits to residents with dementia also strengthen their friendships. This way, the stigma of dementia is reduced and the same is true for fear of the disease (Bryden, 2005).

The key change in household communities involves the residents to actively participate in household chores (Michell-Auli and Sowinski, 2012). This gives them pleasure and a sense of order to their life in the old people's home. The residents with dementia help the two housekeepers to set the table, wash dishes, make coffee and bake. The pleasing aroma of food that fills the residential units stimulates various senses, brings back memories and helps to provide well-being. In cooperation with the housekeepers, the residents prepare various products, such as sage or melissa syrup or calendula ointment. They make ingredients by themselves or they collect them outside.

Another innovation according to Mali et al. (2018) is in individualisation of care. In our project, this appears in various places. Diet is one of the most important aspects in old people's homes. The diet is adapted to the residents' individual wishes and tastes. The housekeeper and the nursing staff are well acquainted with them and they take account of their wishes regarding breakfast (e.g. some residents do not like white bread, others do not eat bread crust, one eats only bread and jam, another bread dipped in milk). Therefore, it is important that everyone working at the unit is acquainted with the residents' habits. This is enabled by recording the »life-story« (McDonald, 2010) in which the lives of the residents are presented, along with their habits, wishes and people who are important to them.

The activities intended for the residents are also adapted to each individual, therefore individual and group activities are available. Up to five residents participate in group activities, which helps to maintain a higher level of concentration when activities take place. A lot of the residents just observe a particular activity and are passively involved in activities taking place at the unit. The group activities that take place at the old people's home and which involve the residents with dementia are conducted in larger groups – of up to 10 residents. They encourage the residents to remain active – when dressing, washing, having a meal – through everyday activities.

The individualised approach is the basis to ensure a personal approach towards each and every user and to adapt the care to each individual's life goals. Such an approach binds professional workers to monitor users' needs and ensure the services that efficiently respond to these needs (Gardner, 2014; McDonald, 2010). For this reason, music is introduced on a daily basis by radio or television, following the residents' wishes with respect to their life story. Singing folk songs has a calming effect on the residents. They often sing along with their housekeeper and also begin singing on their own. This old people's home also introduces music therapy (Calkins and Arch, 2001), which enables the residents to express themselves, to communicate and to relax. Music is used therapeutically for residents with dementia in the last phase of the disease, e.g. this was used with a resident with dementia in palliative care who no longer attempted to make any contact with other people. When he was younger, he loved to play a harmonica. When harmonica music is played over the speakers, he attempts to make eye contact with his visitor.

The outcome of the personal approach is the following innovation, e.g. a box of memories (Coleman and Mills, 2001). This is a box full of objects that used to mean a lot to a resident – this may be a prayer book, a piece of embroidery, a photo album, etc. It is used when the resident becomes restless or sad or when a worker or therapist wishes to encourage them to participate in organised activities. In an old people's home, it is a valuable means to maintain or reach contentment for the residents. It also represents an important element of associating with relatives, since they help design the boxes. The social worker informs the relatives of the purpose and use of the memory box before the resident even arrives. All the changes and innovations mentioned would not have come true unless changes were also introduced in the equipment and refurbishing of rooms. The outcome of the project was to revoke the segregated model of care and a secured ward (as determined in the Mental Health Act, 2009), therefore, they got rid of the locks on windows, abolished the use of special security measures and removed locks from the doors. To ensure that the residents don't get lost, there is always a housekeeper present in the room for daily activities and one stationed at the unit's exit. The room called »Going somewhere nice« is refurbished in the style of a wagon, equipped with two comfortable and safe loungers and a big screen with a film projection that shows a train ride. On the opposite side, there is a moving image of the sky projected with the help of Multivision accessories with clouds passing by and a wood carving of the outline of the Kamnik Alps, since the old people's home is situated in this area.

The changes involving the staff work

Team work is of key relevance for the introduction of innovations (Murray, Caulier-Grice and Mulgan, 2010, Mulgan et al., 2007). Regular team meetings were introduced in the old people's home during which employees exchange experiences, ideas and opinions on their work with the residents. The permanent team consisting of nurses, nurse assistant, a housekeeper, an attendant, the head nurse and if needed, other professional workers (physiotherapist, occupational therapist, social worker, director) discuss the events of the previous week and go through the topical challenges and ideas for the upcoming week. They exchange information on the residents' particularities and if need be, draw up a risk-analysis (Grebenc and Flaker, 2011).

Integrated care as an innovation in an old people's home begins before a person is admitted. A social worker makes first contact with the future residents and their relatives before they arrive at the old people's home. They begin drawing up their life stories and encourage the relatives to bring the users personal items into their room before they actually arrive. As such, the first contact with their future home is more personal and less institutionalised. The admission process takes place in the »Uzar Room« (the library), which has an intimate atmosphere. The social worker and a registered nurse offer coffee from the home coffee house to the future residents and their relatives. When the nurse accompanies them to their assigned room, they may already find their personal items, such as a painting on the wall, a lamp, a television set, a blanket or other furniture items.

Mali et al. (2018) define innovations as changes in care involving three standards: (1) residents' autonomy, (2) participation and (3) personally-tailored care. The innovations that involve all three standards have a relevant impact on the strengthening of cooperation between residents and staff as well as between staff and relatives. The personal plan of a resident in an old people's home is an innovation in itself (according to the standards above) and the basis for more innovations. It is drawn up by taking into account the residents' biographical stories (Bond, 2001) and, while doing so, the aforementioned standards are ensured. The needs and wishes of a resident are defined and the professional team becomes acquainted with them. Six months after drawing up the personal plan, the team re-evaluates it.

The change in work methods in the »Deteljica« unit meant an important change for the whole old people's home, since the ideas that emerged in this unit were also transferred to other units as good practice. The project made a relevant contribution to the more dignified care of people and acceptance of the residents' needs and wishes, which surpasses the classical institutional logic that demands that residents adapt to an old people's home (Mali et al., 2018).

Including relatives in care

Long-term care assumes a more active inclusion of relatives or informal caregivers in care in order to integrate what have traditionally been segregated systems of formal and informal care (Billings et al., 2013; Mali, 2017; Nies et al., 2013). An innovation in integrated care in an old people's home is the establishment of a self-help group of relatives of people with dementia. Along with the relatives of other residents, the relatives of residents with dementia who still live in the home environment are involved. They organise specialist lectures, read books or watch films on dementia together. There is also informal activity of socialising and chatting in the coffee house in the old people's home among the relatives and residents with dementia.

The involvement of relatives in care-planning has become a regular practice. The above-mentioned drawing up of a personal plan regularly takes place in cooperation with relatives. The result is that the relatives actively participate in care, seek information and wish to be acquainted with everything that is taking place at the unit. Their cooperation with the staff has strengthened. If a resident becomes restless, the professionals consult the relatives on what measures they should take to calm them down. The staff regularly informs the relatives of changes that take place with their relatives with dementia. The staff have also gained experience in the knowledge that a very individual, subtle and personal approach needs to be taken regarding relatives of those with dementia. In one case, the daughter of a mother with dementia told the staff that her mother did not like the photos in her memory box and in another case, a mother who was a resident, put away all the objects that her relatives had brought from home for her well-being. And was not willing to use them. An invitation to the relatives for cooperation is effective. Some relatives cooperate, e.g. in feeding or they accompany their relatives to some events and invite other residents to come along, they go for a walk together or they talk and joke with all the residents.

In the old people's home in Tržič, they found that opening a unit for dementia and introducing an innovative form of care would not have been possible without tight cooperation, trust and well-timed and honest communication with relatives. They also find that residents without regular visits from their relatives were more restless. The warm atmosphere of a home is also created by an institution, but only when a tight, almost family-like connection among the members of the permanent staff, the resident and their relatives is ensured (Reynolds and Walmsley, 1998).

Cooperation with a broader social environment

Among social innovations, Mali et al. (2018) also include the forms of support that other actors in the community provide in cooperation with old people's homes. These are particular social innovations dedicated to increase the quality of life of older people and the people accompanying them inside and outside an institution. In 2016, the »Peter Uzar old people's home« in Tržič opened the regional gerontology centre called the Centre for active and pleasant ageing. The purpose of the centre is to disseminate knowledge on ageing outside an old people's home as well as in the institution and to break down prejudice against old people's homes and ageing in general (against »ageism« according to Bytheway, 2005). The management of the home often saw the distress experienced by the relatives who provided care to those with dementia in their home environment which led to finally seeking help when they were completely drained and on the verge of falling ill themselves. Therefore, the old people's home organised lectures for relatives and set up a self-help group that meets once a month. The lectures, workshops and round tables are organised in the old people's home as well as at the municipality quarters and the broader public is informed about them through local media (radio, newspaper). The old people's home actively cooperates (through common breakfast, meetings, conferences) with other regional public institutions, such as the Pensioners Association of Tržič, the Social work centre, the Municipality of Tržič, the health centre, »Spominčica« (the Slovenian Association for help with dementia), hospitals and other old people's homes. They invite volunteers to attend their lectures and they meet weekly in an old people's home for various group or individual activities.

Many activities are dedicated to cooperation with local kindergartens and schools and strengthen inter-generational cooperation (Mali, 2014), which breaks down children's prejudice against ageing and older people. Children and school-children come to the old people's home through various activities, such as »Cordial letters«, when they pay a visit to every resident and spend an hour together chatting and relaxing. The »Cordial letter« event means a lot to the residents, because the letters and pictures from children decorate the walls of the residents all year long. Mali et al. (2018) place the educational innovations in old people's homes among social care innovations that are organisational in nature. In old people's home, such innovations, along with the above-mentioned educational programmes, include a »Živimo in starajmo se skupaj (Let's live and grow old together)« leaflet, participation in the programmes of the local radio station, publishing novelties in social networks and publishing videos. This is a way for the old people's home to be actively involved in the local community and disseminate knowledge on dementia to other services and to people that have access to the old people's home or are in

any other way associated with people with dementia, such as a postman, merchant, policeman or neighbours. The old people's home also became involved with the Croatian »Gerobus« project, which promotes dementia awareness in a new way and informs the public about the relevance of recognising symptoms of the disease, early treatment and care for relatives with dementia in the home environment.

CONCLUSION

In the field of institutional care of older people, ideas about the changes in institutions brought about by the research of various professions from the previous mid-century onwards (critical theory of institutions and total institutions – the most prominent representative being Goffman, 1961) and the principles of normalisation (Brandon and Brandon, 1992; Flaker, 1998; Mali, 2008; Wolfensberger, 1972), are still topical. We may trace the guidelines for deinstitutionalisation (Flaker and Ramon, 2016; Mali, 2016), the transformation from a medical perspective to a social one (Diamond, 2000; Mali, 2011; Peace, 1998) and even the ideas on the social revolution as a form of getting involved in changes in society (Theurer et al., 2015). The innovation in integrated care in the »Peter Uzar old people's home« in Tržič is presented here and predominantly includes the changes of the activities of the old people's home, such as spreading its mission in the community and unveiling dementia as a social phenomenon.

The case of introducing innovation in the »Peter Uzar old people's home« in Tržič in the area of care for the residents with dementia may be interpreted as a case of innovation within long-term care. The present innovation has the characteristics of a paradigm shift in care, which is reflected in exploring the users' needs and finding the sort of help that efficiently responds to their needs (Flaker et al., 2008; Mali, 2013, Marshall and Tibbs, 2006; McDonald, 2010).

Long-term care also introduces changes in methods of working with people that demand that professionals adapt to users by involving them in help as active co-creators of solutions and by respecting their experience of distress. Instead of trying to change the users, the professionals need to learn to live with them and support them rather than doing things for them (e.g. household chores) (Flaker et al., 2008). It is precisely these changes that are introduced by integrated care of residents with dementia, because they transform the role of residents with regard to the method of care that is provided. A person who needs long-term care is a partner in the process of providing that care (Lynch, 2014), that is, the user and the professional create a relationship based on equal cooperation in defining and solving distress and problems (Flaker et al., 2013). The innovation of integrated care as seen in the

»Peter Uzar old people's home« in Tržič ensures that the changes in the relationship between a professional and a user are put into practice in a way that ensures that the resident becomes an active participant in the helping process or, as stated by Lynch (2014), Flaker et al. (2013), a partner in the process of providing care. In case residents need help from other people, i.e. other residents with dementia, this help may first be complemented by relatives who know them and have provided care for them before they were admitted to the old people's home.

The outcomes of the innovation in integrated care in the old people's home are also a unique pre-condition for the development of the home as an institution for integrated care of old people as foreseen by the departing points of deinstitutionalisation in the Republic of Slovenia (Flaker et al., 2015). Old people's homes are presumed to develop into gerontology centres that provide integrated care for older people in the community. Along with providing institutional care, they should also ensure various forms of community care with additional forms of education and training intended for the informal care-providers in order to help them provide better care to older people as well as to disburden the care-providers. In this project, we have also foreseen the mentioned activities, as the old people's home in Tržič has established the first regional gerontology centre that offers services and activities of support in the area of dementia, palliative care and services that encourage active and healthy ageing.

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Jana Mali
Anamarija Kejžar

Sveučilište u Ljubljani
Fakultet socijalnog rada

MODEL INTEGRIRANE SKRBI ZA OSOBE S DEMENCIJOM – PRIMJER INOVACIJE U DUGOTRAJNOJ SKRBI SA SMJEŠTAJEM U SLOVENIJI

SAŽETAK

U svim dijelovima svijeta broj osoba s demencijom raste, a demencija predstavlja sve veći izazov i u socijalnom radu. U zemljama s visokim stupnjem razvijenosti skrbi za starije osobe, skrb za osobe s demencijom spada u dugotrajnu skrb. Stoga je u institucijama koje pružaju dugotrajnu skrb nužno razvijati nove metode skrbi. Među inovativnim oblicima skrbi je i model integrirane skrbi, koji se temelji na konceptima socijalnog rada. Taj model opisan je na primjeru skrbi za osobe s demencijom u jednom domu za starije osobe u Sloveniji. Integrirana skrb za osobe s demencijom podrazumijeva da zaposlenici u domu za starije osobe smještaju osobe s demencijom u centar skrbi. Korisnik tog doma i stručnjak stvaraju partnerski odnos u okviru kojega traže rješenja za stvarne situacije koje se jave u korisnikovu životu. Osim što se mijenja odnos između korisnika s demencijom i zaposlenika, inovativni model integrirane skrbi mijenja i ulogu rodbine i šire zajednice koja je uključena u skrb za osobe s demencijom. Stavljanje osobe s demencijom u središnji položaj te jednaka zastupljenost svih ostalih predstavnika socijalne mreže tog korisnika omogućavaju stvaranje preduvjeta za osnaživanje položaja štićenika s demencijom.

Ključne riječi: *dugotrajna skrb, starije osobe, demencija, socijalni rad, holistička skrb.*