SEE ME – Abstract symposium 26NKG, June 2022

Abstract

Congress topic
Education and competences in ageing societies

Title:
SEE ME: Social inclusion by meaningful ageing

Abstract:
In this symposium, we report on the European SEE ME project (2020-2023, Erasmus+ funding) that aims to develop an educational model and an international training toolkit for different groups of caregivers. The project's goal is to accommodate better the needs of older people receiving care by developing a broader view of what it means to grow older. The project starts from a comprehensive view of ageing that acknowledges the potentials of older people, encompasses social and meaning dimensions of the ageing experience, and envisions old age as a life stage in which autonomy and wellbeing are accessible for individuals with and without care needs. The innovative toolkit emphasises the competences of caregivers to SEE the older person behind the patient, SEE care as something more than physical and medical care, SEE social and meaning needs, and SEE the positive talents and dreams of older adults. Attention to the potentials of older people, for maintaining (and restoring) social connectedness and meaningfulness, is a fundamental goal of caregiving, with significant expected gains in the overall health and wellbeing of older people. By "seeing" older people, the project contributes to the social inclusion of older adults.

The presentations in this symposium are based on extensive literature reviews, complemented by empirical results of qualitative interviews with older adults and (informal, volunteer, and formal) caregivers in 5 European countries (Belgium, Germany, Italy, Netherlands, Spain).

1. Prof. dr. Machielse presents a comprehensive perspective on ageing that takes into account the potentials of older people, their social and meaning needs, and its implications for the provision of care to older adults.
2. Dr. Van der Vaart presents results on innovative approaches in 'good practice' care projects and the skills and competencies that caregivers need to "see" and respond to the needs of older adults..
3. Prof. dr. De Donder presents the educational model and accompanying training toolkit with a specific focus on the evaluation of the first test of the training toolkit.
4. Prof. dr. Dury presents the interim results of the six learning areas that are applying the training toolkit in their organisations.

References:
Machielse, A., & Duyndam, J. (2021). Attuning to the needs of structural socially isolated older adults with complex problems: the experiences of social workers with personal guidance trajectories for a less-researched group. Health & Social Care in the Community, 29(3), 800-808. https://doi.org/10.1111/hsc.13319.

Duppen, D., Machielse, A., Verté, D., Dury, S., De Donder, L., & D-SCOPE Consortium (2019). Meaning in Life for Socially Frail Older Adults. Journal of Community Health Nursing, 36(2), 65-77, DOI: 10.1080/07370016.2019.1582160.

Van der Vaart, W. & Van Oudenaarden, R. M (2018). The Practice of Dealing with Existential Questions in Long-Term Elderly Care. *International Journal of Qualitative Studies in Health & Well-being*, 13(1):1508197. DOI: 10.1080/17482631.2018.1508197.

Abstracts

Presentation 1 (Prof. dr. Machielse)

Introduction:
Dominant understandings of ageing depart from the assumption that old age is characterised by inevitable processes of decline and deterioration, both in physical and mental health and in social contacts and position in society. This bleak view of later life is not helpful to experience later life as a life stage with meaning and leads to the social exclusion of older people. Therefore, a paradigm shift towards a comprehensive perspective on ageing is necessary.

Material and methods:
We conducted an extensive literature review and an empirical study in Italy, Spain, Germany, Belgium, and the Netherlands. The empirical research consisted of interviews with older adults and (formal and informal) caregivers and case studies concerning six' best practices'.

Results:
A comprehensive perspective on ageing considers the potentials of older people and their social and meaning needs. With age, social and meaning needs are changing. Older adults become more selective and prefer relationships and activities that are the most fulfilling. Having valuable social relations is also vital for the experience of meaning in life. In later life, adverse life events may cause a loss of purpose, less experienced possibilities for personal growth, or a diminished sense of coherence. Concepts that help think about older people's potentials are generativity, ego-integrity, and gerotranscendence.

Conclusion:
A comprehensive perspective on later life requires person-centred care, which considers the older population's diversity and heterogeneity. Person-centred care requires recognising the older adults' desires, abilities, and means and supporting them in developing and using their strengths and talents.

Presentation 2 (Dr. Van der Vaart)

Introduction:
The shift in Europe towards a more participative and person-centred vision on health care emphasise the importance of self-management, empowerment and inclusion in care projects. 'Good practice' care projects in the participating countries of the SEE ME project provide insight in some inspiring care approaches and the required competences of caregivers.

Material and methods:
Six 'good practices' were selected by the European SEE ME partners (BE, DE, IT, NL and SP), involving 3 intramural and 3 extramural care projects. Data were derived from document study and in-depth interviews with purposefully selected volunteer (7), informal (4) and professional (6) caregivers and participating older adults (16).

Results:
The SEE ME 'good practices' displayed a dozen inspiring tactics and principles that aimed to facilitate 'seeing and responding to' the needs of older adults. They concern relational and/or substantive

aspects of care, ranging from tactics that induce reciprocity to shaping daily care based on a biographical approach. The results on competences of caregivers focused on skills to *attune to the clients' individual needs*, the broad range of *tasks performed* and the multiple *facets* of care that the competences comprise.

Conclusion:
The SEE ME study presents inspiring, effective approaches to optimizing caregiving as to contribute to 'social inclusion through meaningful ageing'. The study displayed coherent outcomes across the six European care projects, indicating that the approaches in these 'good practices' touch generic care issues.

Presentation 3 (Prof. dr. De Donder)

Introduction: To achieve increased quality of care, the SEE ME project developed a training toolkit to train care volunteers, informal and formal caregivers. Goal is to increase the competences of caregivers to SEE the older person behind the patient, SEE care as something more than physical and medical care, SEE social and meaning needs, and SEE the positive talents and dreams of older adults.
This presentation describes the training toolkit, the educational model behind and the evaluation of the first test-phase of the training toolkit.

Material and methods: The educational model is developed in co-creation with the 6 European SEE ME partners. Input for the training toolkit is provided by an online survey, collecting training needs, among 154 caregivers in Italy, Spain, Germany, Belgium, and the Netherlands. Thereupon, the training toolkit is piloted in a European 3-day-training in Campo Basso Italy among 12 participants from 6 care organisations (from IT, SP, DE, BE, NL) in May 2022. At the end of the 3-day-training participants engaged in a qualitative evaluation-interview.

Results: The educational model describes the educational foundation for the training: strengths-based education (focused on competences and amplition); transformative learning (critical, experiential and situational learning); a pick & mix approach (i.e. adaptation and context-specific modification impulses). The training toolkit consists of 5 modules focussing vision-development, critical reflection on meaning and social needs, care competences, and how these reflections can be used to for both personal as organisational change.

Conclusion: The presentation gives insights the educational model and the training toolkit, how it is developed, and piloted.

Presentation 4 (Prof. dr. Dury)

Introduction:
After the pilot-training in Campobasso, the training toolkit is tested in 6 learning areas: 6 care organisations implemented and evaluated the SEE ME training toolkit in their own (residential or community) care organisation in IT, SP, DE, BE, NL. This presentation will give insights in how these learning areas experienced this testing-phase.

Material and methods:
All learning areas used and tested a (self-)evaluation tool. The (self-)evaluation tool is developed based on a logic model that measures the impact (related to the overall SEE ME project) on the participants and organisation. Following, qualitative interviews are done with two key-figures in each care organisation to evaluate the self-evaluation tool and guidelines. Additionally, extra interviews are performed with the learning areas on their experiences of working in co-creation.

Results:
Interim results of the six learning areas that are applying the training toolkit in their organisation will be presented on user-experience, user-testing and user-friendliness of training model and toolkit.

Moreover, the results show that a training toolkit should be self-explanatory, so that care institutions or other organisations can use it independently, even after the SEE ME project is completed.

Conclusion:
The presentation will reveal how to use and assess a (self-)evaluation tool to measure the impact and the usage of a training toolkit to achieve increased quality of care, quality of life and social inclusion of caregivers and older adults.