

Professional Partnership of “Pflege” and Home Economics



**SPECIAL SITUATION
IN BREMEN**

2.5 million People in need of care



**70% (1,8 mil)
attended at home**

47% (1,2 mil)
attended by relatives

23% (0,6 mil) in cooperation/
via ambulant care services

12.300 ambulant care services

300.000 employees

**30% (0,75 mil) in residential
care homes for elderly**

12.500 residential care homes

700.000 employees

Percentage of persons with need of caring



Age	Percentage
< 70 y	Up to 3%
70-75	5%
75-80	10%
80-85	21%
85-90	38%
> 90 y	58%

Residents per Residential Care Home



Residents per Home	Quantity of Homes in %
Up to 10	4
11-20	10
21-40	21
41-60	18
61-80	17
81-100	12
Over 100	18

Principles of Caring



- Enable health, well-being and quality of life as far and as long as possible
- Prevent diseases
- Enable self-determined conduct of life despite physical restrictions

Strategies to meet requirements



- Put the medical-curing aspect into perspective
- Accentuate normality, living, quality of living and participation
- Establish partnership between all relevant actors

Consequences for forms of living



- Offer variety of forms of supply and facilities
 - Incorporated concepts of Housing and Supply
→ „Hausgemeinschaften“
 - Community living projects for self-catering elderly people
 - Quarters- oriented accommodations

Staff in residential care homes



	Residential care homes in %	Staff in Bremer Heimstiftung
Altenpfleger	33	60
Altenpflegehelfer	8	
Krankenpfleger	12	
Krankenpflegehelfer	4	
Other professions	24	10
Skilled Home Ec.	1	5
Non- or semiskilled H.E.	18	25

Heterogeneity in Health and Care Sector



Few apprenticeship occupations
in dual system based on BBiG

Predominantly training
qualifications
with admission by federal states

„Education lies in the
responsibility of the
16 federal states“





Special Situation in Bremen

Smallest federate state

Short ways of communication

→ best conditions for cooperation

Hausgemeinschaftskonzept Bremer Heimstiftung



**LIVING
WHERE LIFE CONTINUES**

Problems of traditional residential care homes



- Residents undergo a painful change from private home to an institution
- Economic principle: primacy of efficient supply
- Comparable to stay in a hospital
 - Loss of individual decision making
 - Heteronomy
 - deprivation of daily tasks
 - Passiveness

What does this Concept provide?



The Threats for Elderly

Hausgemeinschaftskonzept

Loneliness

Helplessness

Boredom

Companionship

Promotion of
autonomy

Diversity

Basic Idea of Hausgemeinschaften



Living primary to medical care

Residents live in assisted living groups with a „eat-and-live-in-kitchen“ as the centre.

Home Economists take care for a homelike supply and design of everyday live.



Activation of Residents



The Home Economists motivate the residents to participate actively in everyday tasks along their capabilities and affinities.



Basic Principles of Hausgemeinschaften



- Partnership of skills between „Pflege“ and Home Economics
- Cooperation with relatives and volunteers
- Soft change from private home to small living communities with related persons



Partnership of Skills



Profile Home Economics

- High amount of caring person oriented tasks
 - Activating/ motivation
 - Communication/
 - Handling of residents with dementia
- Method of operation is
 - Highly based on experience
 - Mostly self-organized
 - Largely complex and multi-activ
- Take the role of
 - Person in presence/attendance
 - Skilled for domestic supply, quality of housing and everyday live

Profile „Pflege“

- High amount of medical-curing tasks
 - Dress/ undress
 - Medical treatment and therapie
 - Handling of deficits
- Method of operation is
 - Highly based on expertise
 - Mostly defined
 - With temporary boundaries
- Take the role of
 - an assistant/ casemanager
 - Skilled for health care and curing supply

Benefits of the Hausgemeinschaft-Model



- Higher **contentment** of residents via participation and active embodiment
- **Slower decrease** of abilities
- Improved integration of residents with dementia
- Consideration and protection of individual personality
- Higher social integration involving relatives and social network

The Training Concept



SETTING AND INTENTION

Aims of the Training



Establish ***Home Economic*** as equal
service supply in elderly care

- Advancement of social action ability and job-related self-concept of the home economic staff
- Establishment of a partnership of skills
- Establishment of a new profile of home economic „Präsenzkraft“ for elderly care

Moduls of the Training



- **Area of responsibility**
 - Recognize and acknowledge diversity of tasks as an assistant
- **Creating a homelike atmosphere**
 - Focus on requirements of residents
- **Strategies of integration and activation**
 - Awareness of alternatives for the handling of residents
- **Communication abilities and skills**
 - Awareness of language as a tool

Why train in a modular kind of way?



Repeated illustration in reference to
common day-to-day situations

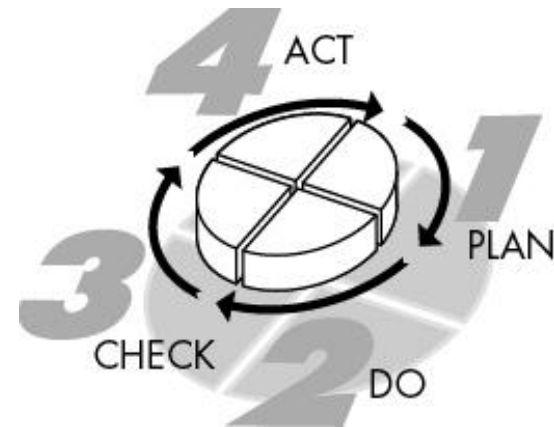
- Activation
- participation processes
- communication and
- caring

→ Continuing knowledge and know-how in
meetings of the teams

Achieving Sustainability



- Dynamic and organized storage of knowledge (maps of experience)
- Enhance sense of responsibility for own capabilities and advancement
- Active transfer of knowledge and know-how
- Secure quality of organization via routine of reflection processes



Managing the „household“



Companions for everyday life have to balance between loving care and businesslike service

**Management of
everyday life**

**Communication
Contact person for
residents and relatives**

**Integration
Create a homelike
atmosphere**

**Organization
Take care of a smooth
day to day routine**



Quartiersmanagement



Answer to increasing significance of

- Privateness
- Connetiveness with habitation
- Quality of living
- lack of financial possibilities
- and lack of skilled employees...

