



REHUMANISE PEOPLE WITH DEMENTIA



**social
approach
dementia**

Developed by:

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ANNE-MEI THE
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sociale benadering dementie

1. Vision

The Social Approach of Dementia

2. Dementia at home: Social Trials

The Social Approach put into practice

3. Nursing homes

Intramural care following the Social Approach of Dementia

4. The future:

Social Approach



Key numbers of the Dutch Healthcare system

Total healthcare expenditure 2020
Approx. EUR 116 billion²

Healthcare expenditure 2020
Approx. 14,5% of GDP²

Gross Domestic Product (GDP) 2020
Approx. EUR 800 billion⁵



Population 2020
Approx. 17.2 million¹

Long-term care expenditure
2020
Approx. EUR 23 billion³



Total number of people
employed in healthcare 2020
Roughly 1.4 million⁴

Sources:
¹ CBS: population dashboard. Publication year: 2022
² CBS: Healthcare spending, including support measures, increased by 8.3% in 2020. Publication date: June 29, 2021
³ National Health Care Institute (Zorginstituut Nederland): Healthcare monitor, Health Insurance Act and Lon-term Care Act 4th quarter 2021
⁴ CBS: healthcare and wellbeing labor market. Publication date: June 15, 2022
⁵ CBS: GDP per capita in the Netherlands still relatively high within the EU. Publication date: July 14, 2021

VISION

THE SOCIAL APPROACH EXPLAINED



**sociale
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dementie**

VU VRIJE UNIVERSITEIT AMSTERDAM

Dementie, Diversiteit & Inclusie

Van breindefecten en migranten naar beeldvorming en 'de ogen van de ander'

Rede bij de aanvaarding van het ambt van bijzonder hoogleraar Langdurige zorg en de Sociale Benadering Dementie vanwege Dagelijks Leven, aan de faculteit der Sociale Wetenschappen van

Prof. mr. dr. Anne-Mei The

3 oktober 2022




MOTIE VAN HET LID BERGKAMP C.S.
 Voorgesteld 14 december 2017 De Kamer, gehoord de beraadslaging,

constaterende dat het verbinden van zorg en welzijn een bijdrage kan leveren aan het verhogen van de kwaliteit van leven van mensen en hun omgeving;

constaterende dat daarbij schottenproblematiek een belemmering kan zijn om hieromtrent experimenten uit te voeren;

overwegende dat uit de voorstellen (social trials) van bijzonder hoogleraar Anne-Mei The over dementie, zoals ook te lezen is in haar boek «Dagelijks leven met dementie», blijkt dat er wel degelijk oplossingen hiervoor zijn die bijdragen aan betere zorg en begeleiding voor mensen met dementie en hun mantelzorgers en ook bijdragen aan beheersing van de kosten;

verzoekt de regering, de uitrol van deze specifieke experimenten over dementie en mantelzorg te ondersteunen, zorgkantoren, zorgverzekeraars, zorgaanbieders en gemeenten te benaderen om hier een actieve bijdrage aan te leveren en de belemmeringen die voortvloeien uit de schottenproblematiek te om- of ontschotten en de Kamer medio 2018 hierover te informeren, en gaat over tot de orde van de dag.

Bergkamp
 Dik-Faber
 Ellemeert





Gerard it has been three and a halve week since we heard about your diagnosis of Alzheimer

Prullenmand

Analyzing The Problem

- Dementia effects and pressurizes normal daily life
- Innerworld: self-confidence, meaning(fullness), autonomy
- Outerworld: relations and stigma



Collusion

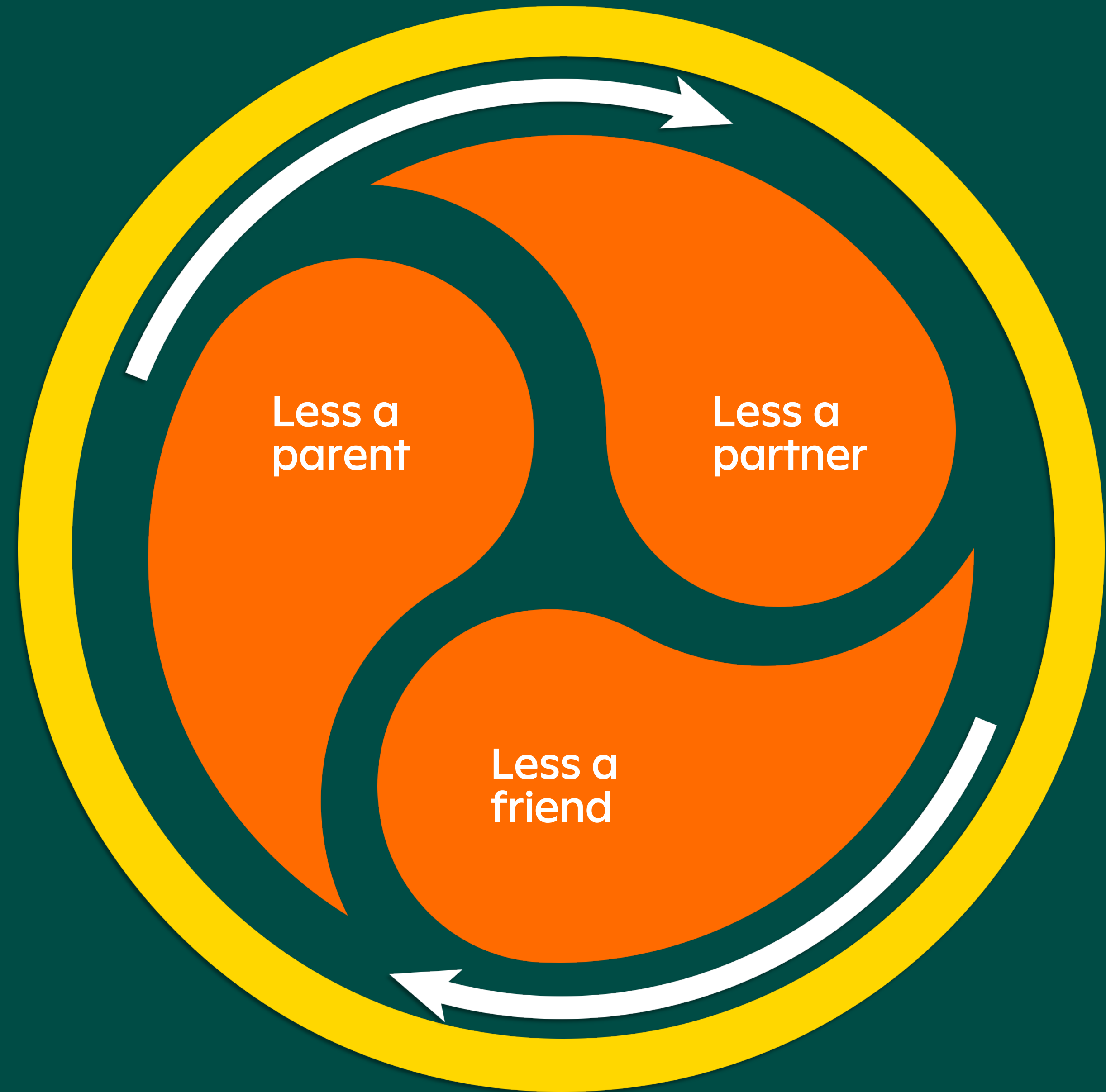
forgetting, confusion
influences
self-image
influences
relations & social roles
influences
forgetting, confusion
influences
...



Decline in social roles

A person with dementia feels a decline in being

a parent
a partner,
a friend,
a colleague
a....



Increase
of the 'patient
role'



The Solution



THE SOCIAL TRIALS

THE SOCIAL APPROACH

PUT INTO PRACTICE

2



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Social Trials

📍 1^e tranche 📍 2^e tranche 📍 Scholing & gebiedsscan 📍 Toekomst: bredere SBD-beweging



sbd-team



Inzet SBD-team van professionals met én zonder zorgachtergrond

Expert Buitenwereld

Verbinder zorg

Expert Leefwereld

SBD-expert

Expert Binnenwereld

Mens & Naasten



Intouchables



Some numbers

- In the Social Trials 680 people with dementia (and their family) were supported with the social approach. At this moment 438 people with dementia (and their family)
- 57% is female; 43% male
- Average age 81
- 24% doesn't have a diagnosis

Research Social Trials

1. Quality of Life

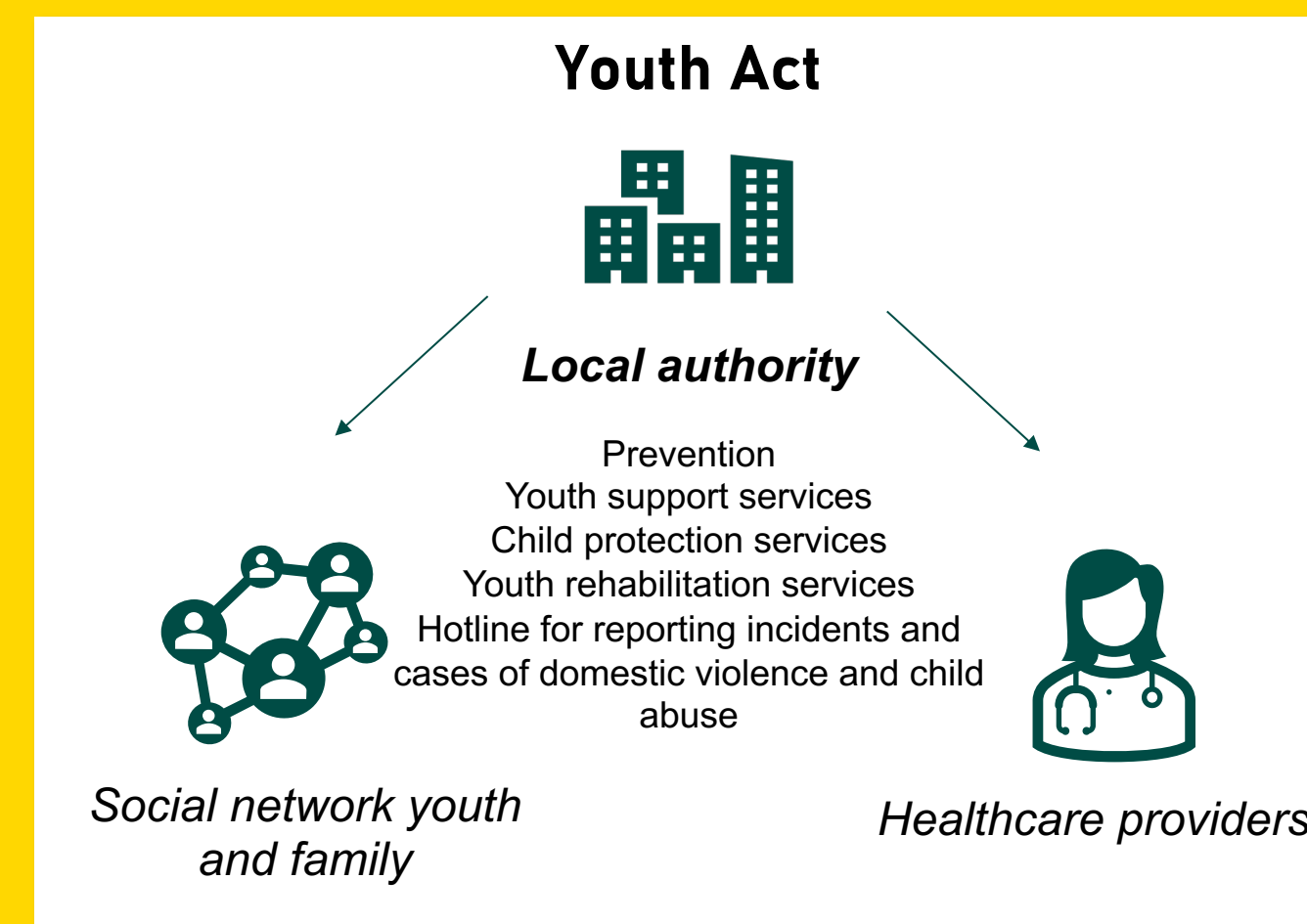
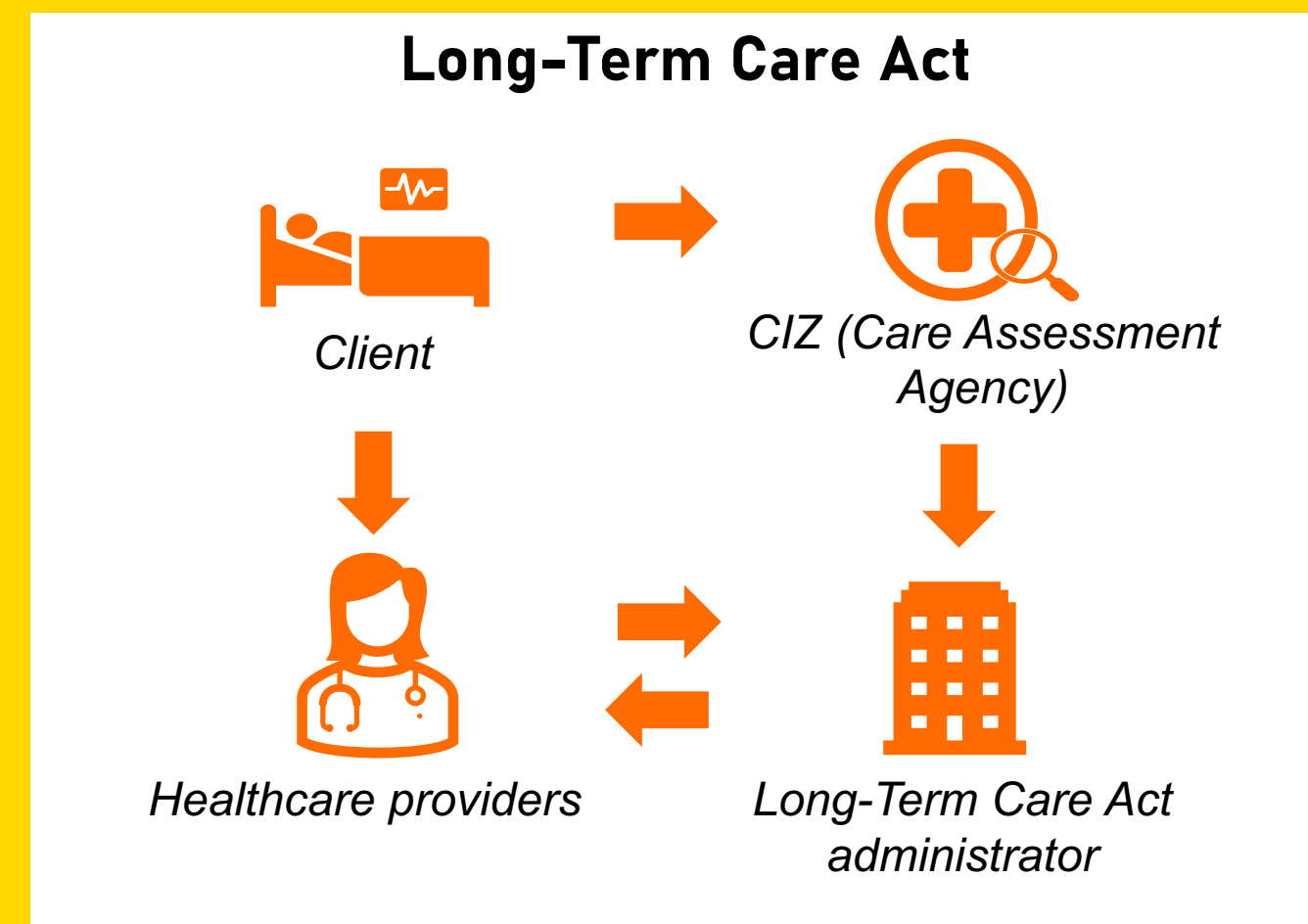
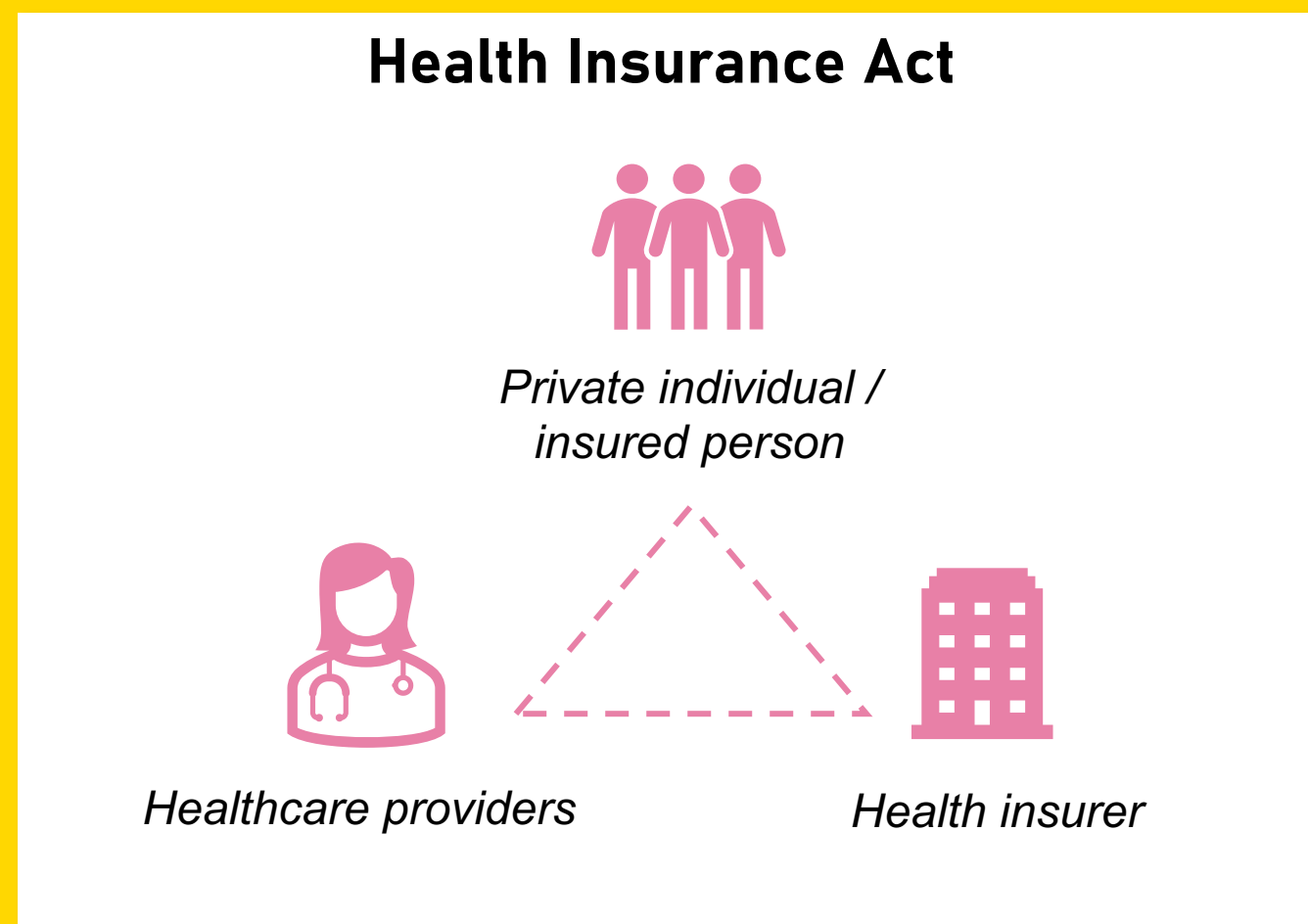
**2. Labour market:
more professionals**

3. Costs

The Dutch Healthcare system is governed by 4 healthcare-related acts focused on the principles of access for all, solidarity and high-quality healthcare

Overview of the 4 Dutch healthcare acts

Background



The Health Insurance Act and the Long-Term Care Act account for **the bulk of the healthcare budget**

In implementing the Health Insurance Act, private health insurers play a key role in a system based on **“regulated competition”**

All residents are required to purchase statutory health insurance from private insurers, which are required to **accept all applicants**

Long term care act is administered by **special long-term care administrators** at the behest of the central government

Municipalities are responsible for enforcement of the Social Support act and the Youth act

Providing accessible, equal and high-quality care is a challenge for all players within the Dutch healthcare system

The players in Dutch healthcare landscape...



4 big insurance companies



57 general- and 7 university hospitals



1063 residential and home care enterprises

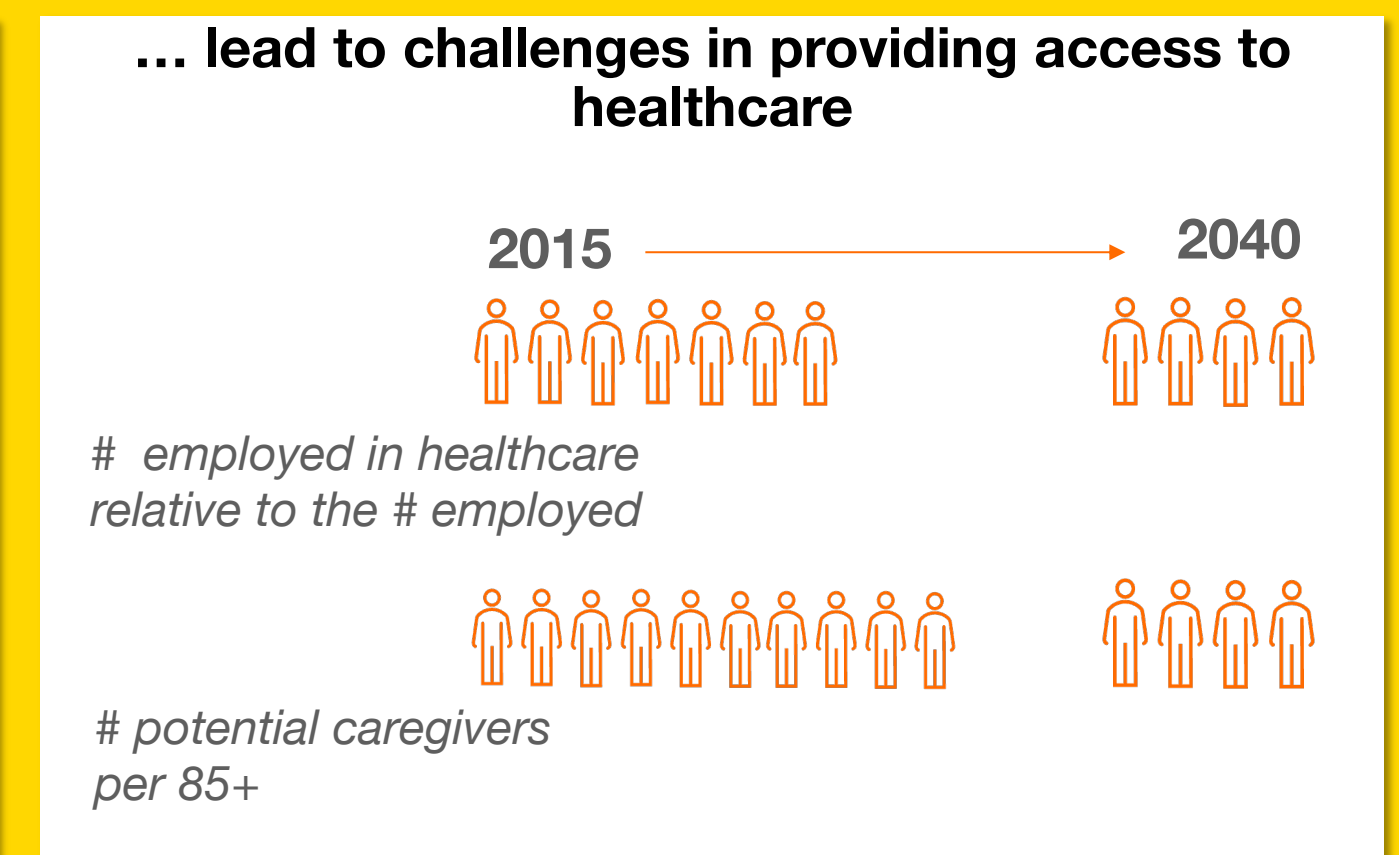
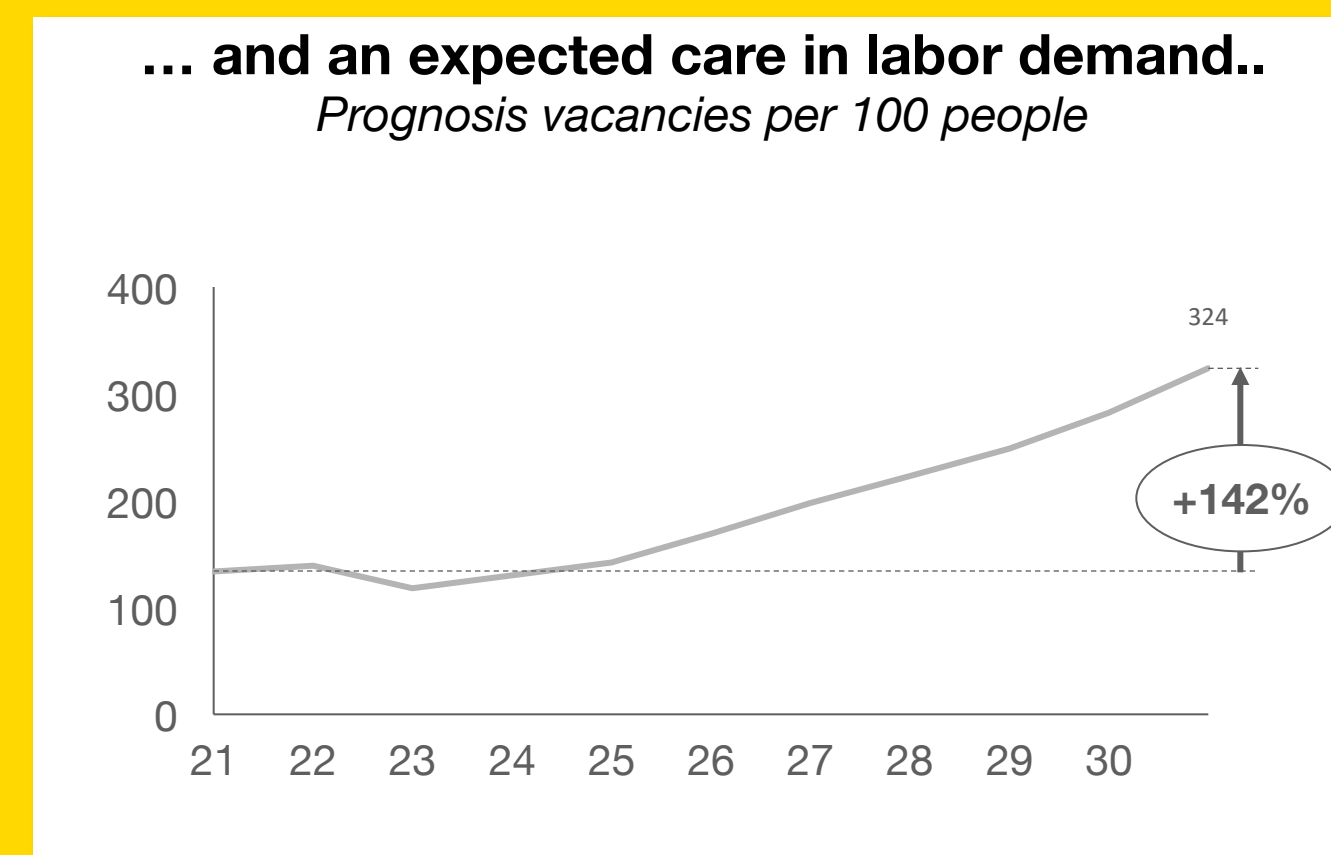
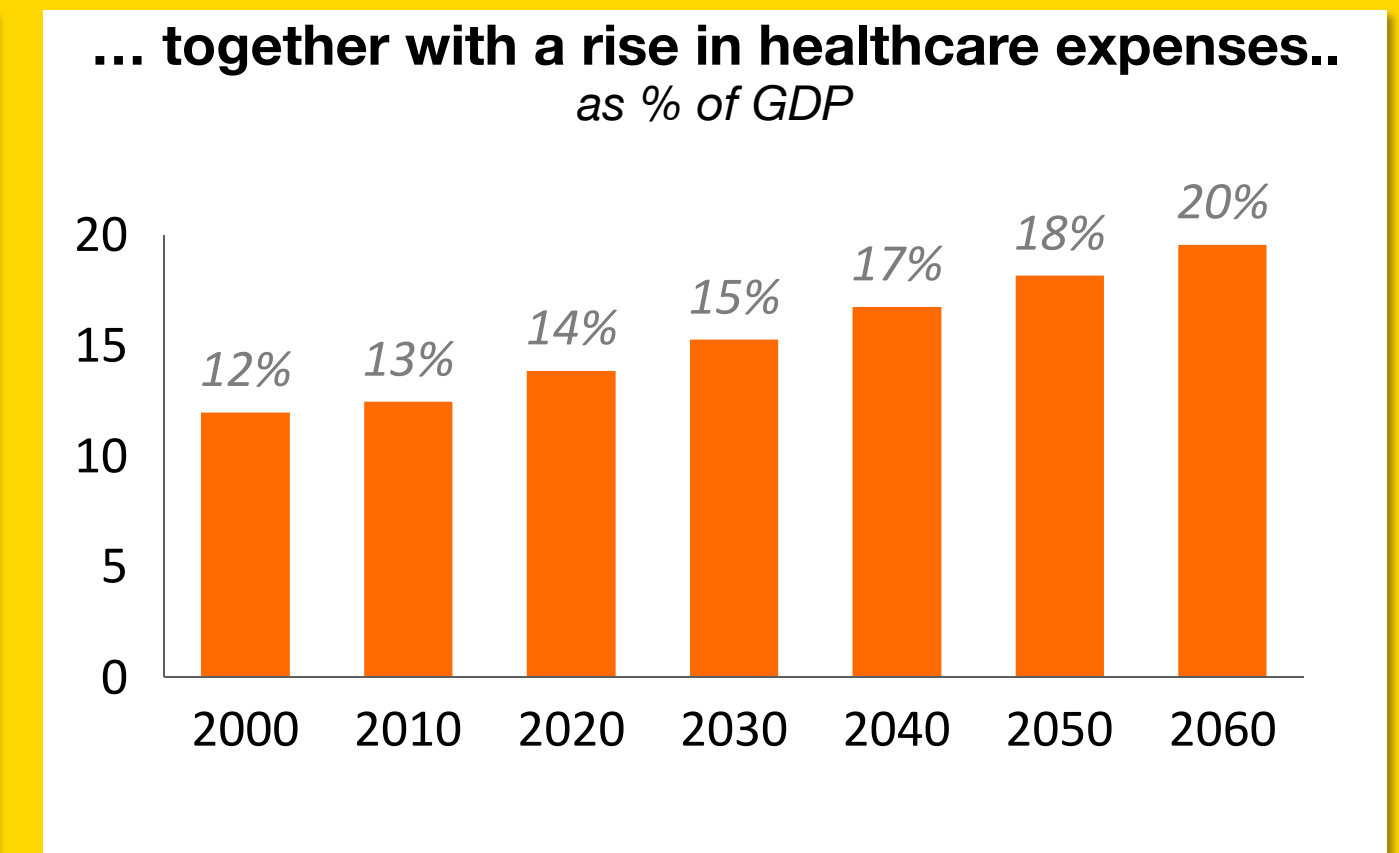
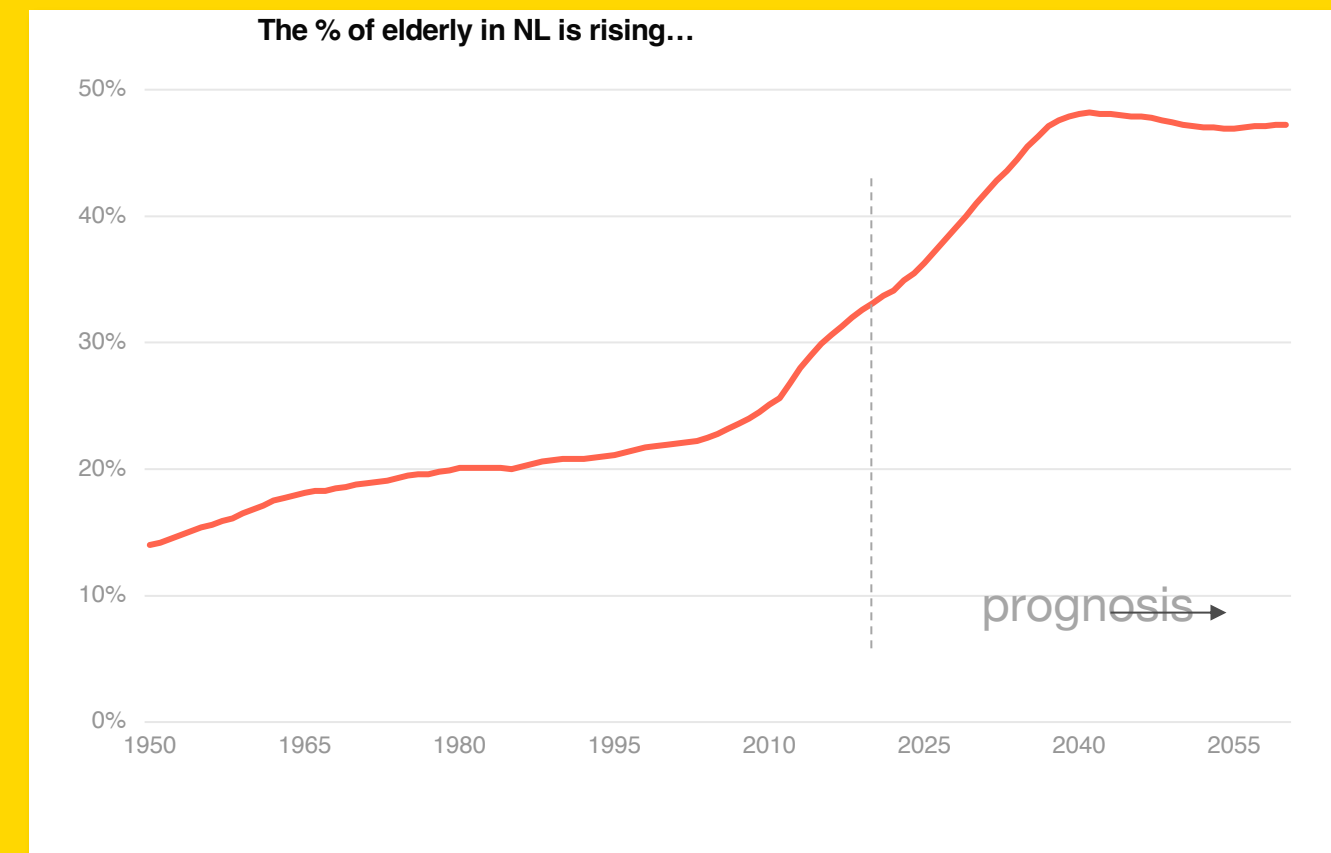


342 municipalities



1.4 million people employed in healthcare

...work together to face challenges in the Dutch healthcare system

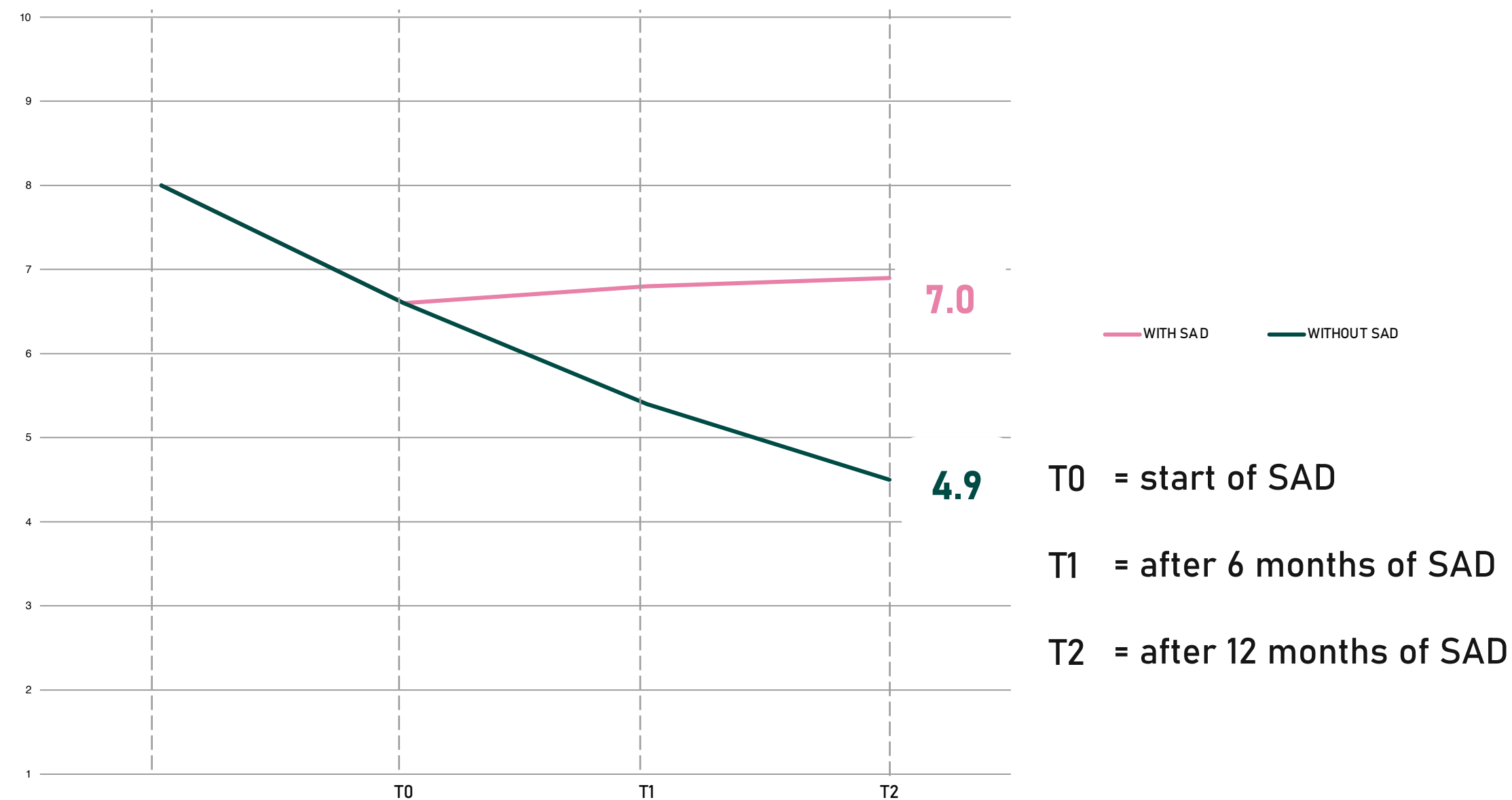


Sources:
 CBS. Health care institutions; key figures, finance and personnel. Publication date: February 2, 2023
 Government of the Netherlands. Municipal reorganization. Publication date: 2023
 CBS. Zorguitgaven stegen in 2021 met 7.6 procent. Publication date: June 7, 2022
 CBS. Healthcare and wellbeing labor market 2020. Publication date: June 15, 2022

The Social Approach to Dementia has a positive impact the quality of live for people with dementia – SAD-support will stop and reverse the decline of their wellbeing

Impact of SAD on quality of life

Wellbeing participants of the SAD pilots



T0 = start of SAD
 T1 = after 6 months of SAD
 T2 = after 12 months of SAD



On average, participants of the SAD pilots grade their own wellbeing 8/10 in the period before experiencing memory issues. At the start of the SAD-support, the participants of the SAD pilots grade their own wellbeing on average a 6.9/10.

It is expected people with dementia will grade their own wellbeing 4.9/10 without SAD support.

With SAD-support, a decline in wellbeing can be stopped and even reversed. Participants of the SAD pilots grade their wellbeing on average with a 7.0/10.

7.0

Wellbeing with SBD

4.9

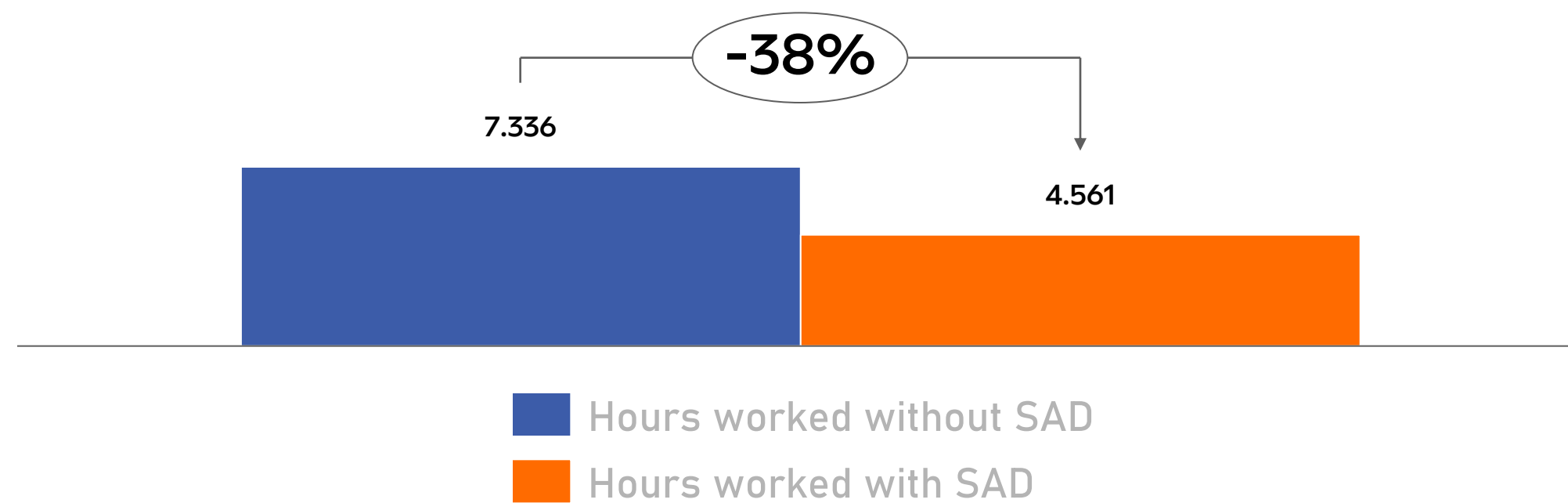
Wellbeing without SBD



The impact results of the 8 pilot regions together show the positive impact of the Social Approach to Dementia on the strain on employees and the total costs of care

Reducing the strain on employees

Impact of the Social Approach to Dementia (SAD) on the total number of hours worked by regular care professionals (excl. hours SBD-professional)¹



38% of the regular, scarce hours of case managers, personal care givers, care counselors and professionals in local care teams become available through the use of SAD-teams – It is expected the impact will increase with the implementation of a the integrated SAD model

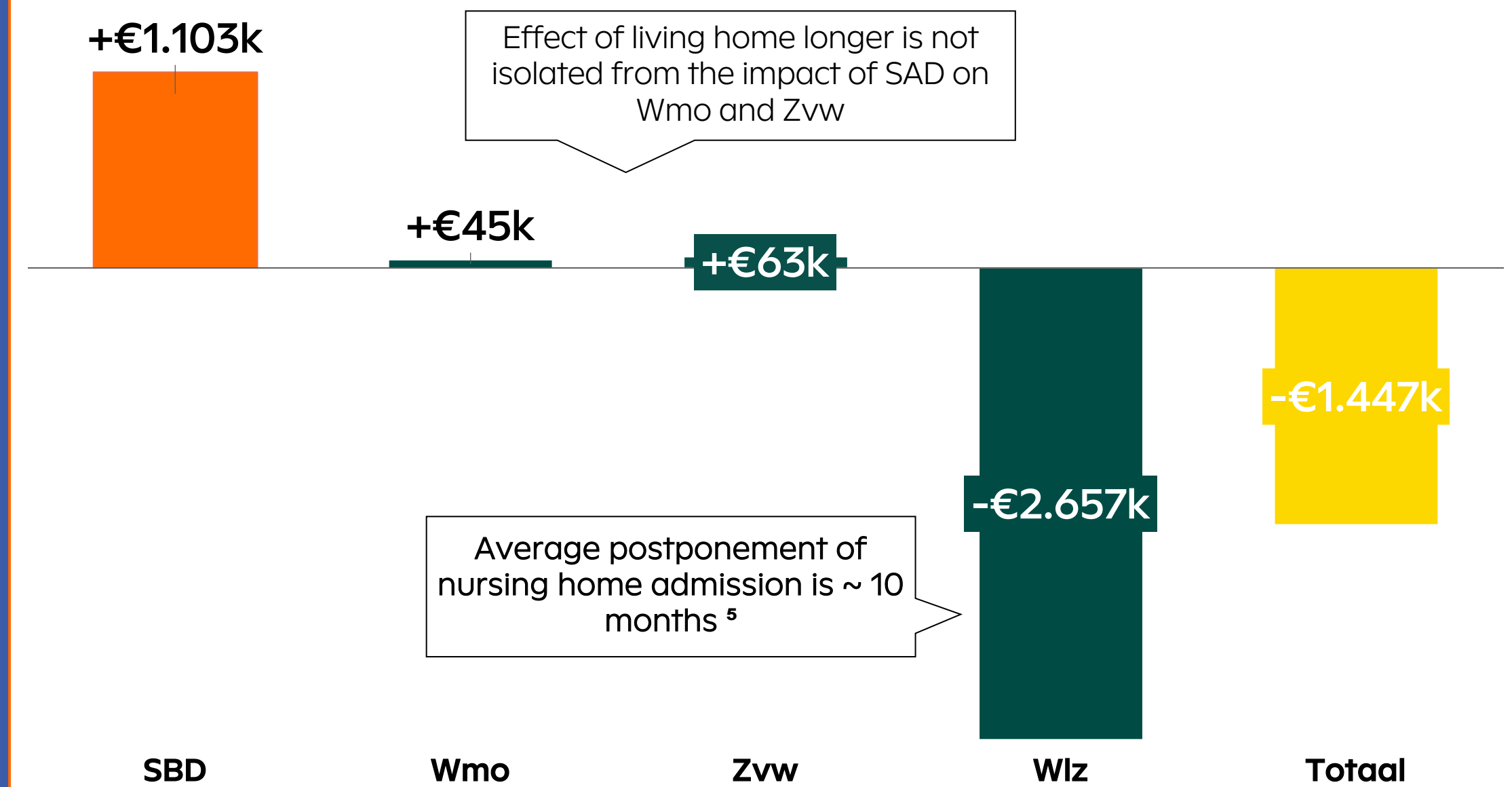
42% of the SAD-support is provided by professionals without a (medical) care background

Every week, students and volunteers provide an additional **360**

hours of SAD-support

Reducing total costs

Savings in care costs as a result of SAD compared to regular care and support (impact results of Sep 2022)³



SAD allows people with dementia to continue live in their own for a longer time, receiving SAD-support and less regular care and support, which results in a reduction of the total costs of care

1) Impact percentage m.b.t. zorggebruik zijn berekend o.b.v. resultaten uit de financiële monitor van de Social Trials – de gerealiseerde impact betreft de impact van inzet van SBD-ondersteuning op de inzet van zorgprofessionals gedurende de gehele Social Trial periode (4 jaar)
 2) Met een integraal SBD-model wordt beoogd alle benodigde zorg en ondersteuning zo optimaal mogelijk in te regelen, zonder onnodige stapeling en aansluitend op de daadwerkelijke behoeften van mensen met dementie en hun naasten
 3) Kostenbesparing is berekend o.b.v. 187 financiële casusanalyses t/m september 2022
 4) Kosten binnen de Wmo; hierin is enkel begeleiding/dagbesteding/hulp bij huishouden vanuit de Wmo meegenomen – regiotaxi, vervoersvoorziening, hulpmiddelen, beschermd wonen en woonvoorzieningen worden (nog niet meegenomen)
 5) Gemiddeld uitstel van verpleeghuisopname is berekend o.b.v. 43 casussen binnen de Social Trials

DEMENTIA IN NURSING HOMES



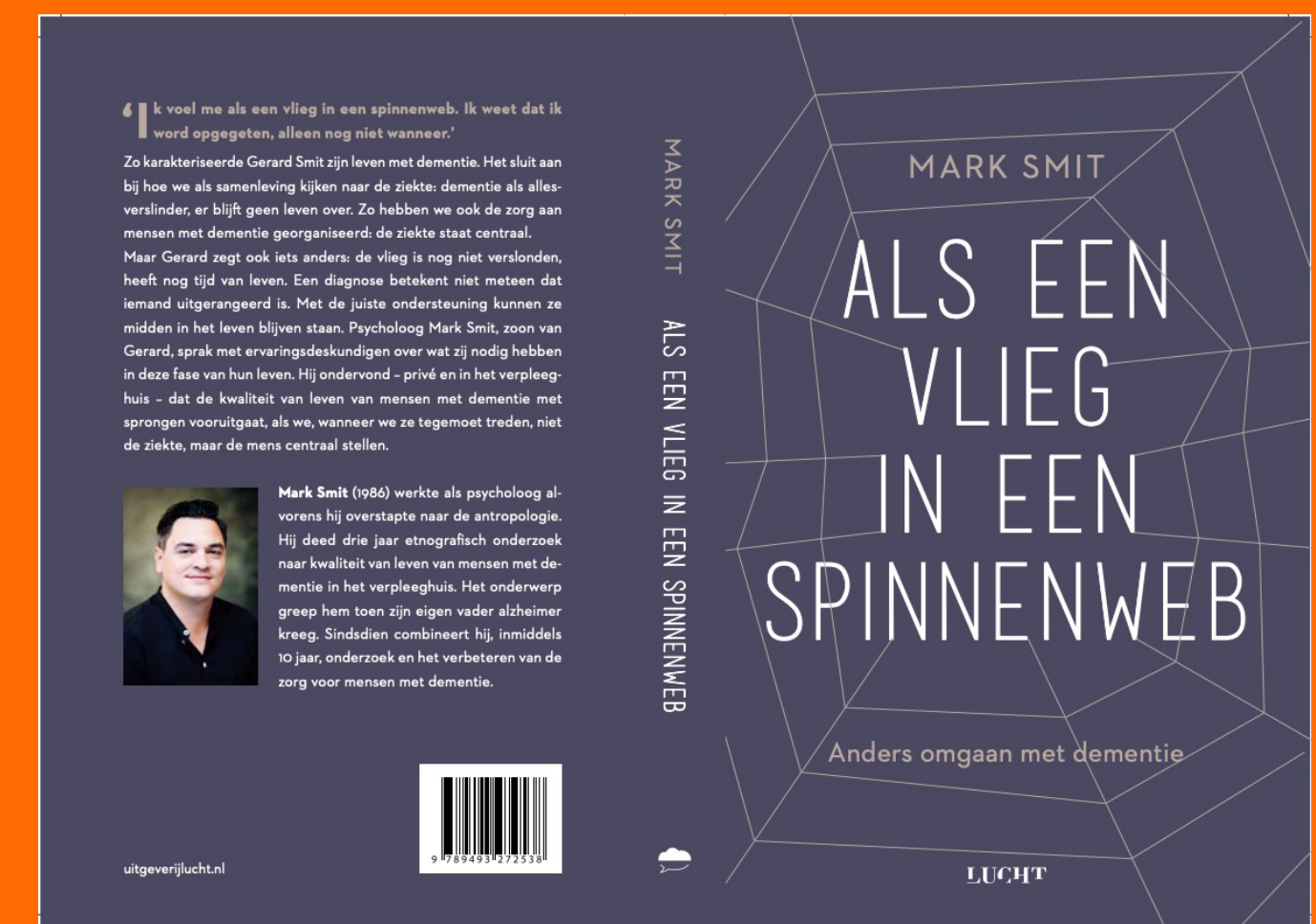
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Nursing homes in the Netherlands

- About 121.000 residents (60% on psychogeriatric wards: most wards are 'closed')
- 16.500 care workers: there is a very big shortage over care workers
- A development from big-scale to small scale nursing homes
- A shift in focus from care to living
- But we need a shift to quality of life

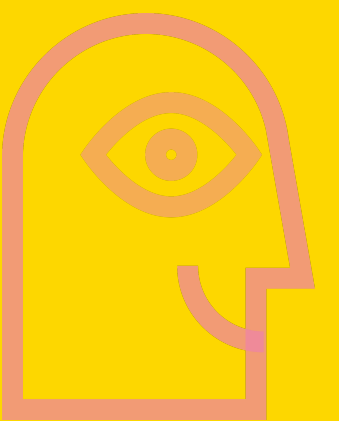
Nursing homes are still medicalized environments, leaving insufficient space for normal daily life

- Stigma and medicalisation
- But also the way we arrange nursing homes:
 - Closed from the outerworld
 - Mainly care workers
 - A doctor as leader and main practitioner
 - Electronic patient file focussed on care needs
 - Focus on protocol



We are experimenting with changing nursing homes

- Shift from quality of care to quality of life
- 30-50% professionals with no care education
- More connection with the outer world
- New ways of working together
- A new way of positioning paramedical staff (F.E. psychologist as main practitioner)
- Reporting on needs instead of care goals



The influence of Covid



The future of dementia care: The Social approach

- Care for disabled people
- Psychiatric care
- Youth care
- Palliative care





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meer weten?

socialebenadering.nl

Of neem contact op met

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