

CONFERENCE ABSTRACT

Training in home care and kinaesthetics in Belarus

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Introduction: Out of 9,5 million people in Belarus there is 19,9% people over 60 years old and 5,8% people with disabilities. 17% of 'lonely' and 6,3% of 'living alone' seniors are in need of external care. BRC is the only organization providing training in home care and kinaesthetics.

Short description of practice change implemented: BRC provides training courses in home care, as well as main concepts and principles of kinaesthetics for informal caregivers and, recently, professional nurses and social workers.

Around 400 informal caregivers and 150 social and medical workers have been trained. More than 5,000 consultations were given for relatives.

Targeted population: Bed-ridden beneficiaries having difficulties with movement, as well as increases independence of beneficiaries with movement limitations while decreasing physical burden on caregivers.

Aim of and theory behind change: Improving the quality of life by increasing the motion competence/independence of disabled and chronically ill beneficiaries.

Stakeholders: Healthcare and social protection institutions (care homes, nursing hospitals and hospices).

Highlights: (innovation, Impact and outcomes) Main characteristics of the training:

- Uniqueness: The BRC is the only provider of home care training in Belarus and the only organizer of the training for trainers level II in kinaesthetics in the Commonwealth of Independent States (CIS);
- Flexibility: The 16-hour program can be split into modules: decubitus prevention, kinaesthetics, feeding in bed, etc. Otherwise caregivers are consulted and trained at a patient's bed;
- Supporting government in ensuring quality home care: Promotion of obligatory home care course for social workers; incorporation of kinaesthetics components into postgraduate courses for nurses.

- Integration of kinaesthetics into home care training. Nurses applying kinaesthetics in their work (246 beneficiaries) register increase in beneficiaries' movement competence: independent walking, bath taking.

Comments on sustainability:

- 2-level program for trainers (more than 20 trainers in home care);
- nine level 2 trainers in kinaesthetics expected by mid-2017;
- business-plan on paid trainings in home care and kinaesthetics for individuals and organisations.

Comments on transferability: 100% country coverage by the BRC and trainers on home care in every regional branch;

Standard programme and guidelines.

Conclusions: (comprising key findings)

- Training in home care with kinaesthetics elements for non-formal caregivers fills the gap in provision of professional medico-social services at home;
- Practical benefit from integration of elements and principles of kinaesthetics in home care training (both for "recipients" of care and caregivers);

Discussions: With growing demand for home care training what is the best way of scaling it up: advocating for official recognition of the BRC programme as a standard one for the country or incorporating it into existing graduate and postgraduate curricula for nurses and social workers?

Lessons learned:

Possibilities:

- demand exceeds supply; scaling up within BRC may be needed including provision of paid services;
- kinaesthetics as a science demands a long time of assimilation and training. A further search for an optimal format and volume of integrating kinaesthetics elements and principles into home care training is necessary.

Keywords: training courses in home care; kinaesthetics; informal caregivers; improving the quality of life; independence of disabled and chronically ill beneficiaries
