

Professional carers' experiences of working with reablement

Janne M. A. Liaaen

Masteroppgave i aktivitet og bevegelse

Høgskolen i Sør-Trøndelag

Fakultet for Helse- og sosialvitenskap



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Foreword.

Ever since I started studying to become an Occupational Therapist in 2003, I have been concerned with the challenges of ensuring participation in everyday activities. It is my understanding that health care professionals strive for increasing patients and service recipients' independence and participation. However, this appear to be challenging. Therefore, studying reablement came about as a natural choice, as reablement is believed to increase participation for its recipients.

The idea for the aim of this study in particular came about as a result of a discussion with my cousin Kristina who recently had started working in a reablement team. Following our discussion I was left with a question: how could reablement be a positive framework for home-care services? At this time Professor Kjersti Vik, my supervisor, was in contact with two municipalities who wanted Sør-Trøndelag University College to conduct a study on reablement. As it happens, they were also curious about the home care professional carers' experiences of working with reablement. The result of this collaboration can be read in the following thesis.

I would like to take the opportunity to say thank you to Professor Kjersti Vik. You have been a superb supervisor. You have asked difficult questions, been brutally honest and very supportive. I have been enjoying the process of working with this project, especially because you have been there to provide support and supervision.

I would like to say a big thank you to all those who have participated in this study. Without you, there would be no study. A great thank you to the team leaders and managers for allowing me to take up the participants' time.

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Contents

Foreword.....	1
Abstract.....	4
Background.	5
Previous research.	8
Method.	10
Design.	10
Study context.	11
Participants and recruitment.....	11
Data collection.	13
Transcribing the data.....	14
Ethical approval.	14
Analysis.	15
Reflexivity and preconceptions.	17
Results.....	18
Working with reablement is exciting and challenging.....	19
Sustainable change for the professional carers.	19
Think different.	20
Act different.....	22
Transferring the use of reablement to others.....	23
Negotiating the line between helping and enabling.	24
Having to endure conflicted feelings.	25
Finding a balance between help and enablement.	25
Role conflict.....	27
The privilege of enabling achievement.....	28
Playing a part in creating change.	28
Experiencing a more independent service recipient.....	29
Discussion.	30
Reflections on occupational science.	34

Ideas for further research.	35
Methodological considerations.	35
Conclusion.	37
List of references.	38

Abstract.

Purpose. The purpose of this study was to provide knowledge about professional carers' experiences of working with everyday activities within the framework of reablement.

Method. In this explorative study focus group discussions were utilised as a method for collecting data. There was a total of twenty-five participants across five focus groups. The participants were professional carers working in home care services across two municipalities. A grounded theory approach was used to analyse the data.

Results. The findings indicate that the professional carers have experienced working with reablement as exciting and challenging. Reablement has led to a change in how they work to ensure participation for service recipients. Implementing this change has led to having to negotiate dilemmas. However, the professional carers experienced it as a privilege to play a part in service recipients' achievements.

Conclusion. Reablement can be a framework that allows for an increased focus on participation in everyday activities. Due to a shift from providing assistance to enabling participation, reablement was perceived as a positive framework for increasing independence for home care service users. Reablement can also be a framework for increased collaboration between professional carers and their service recipients. However, there is a need for focusing on how professional carers' can be better prepared for the dilemmas they encountered.

Keywords: Reablement, home care services, professional carers, older persons, participation, everyday activities, explorative study.

Background.

Growing old usually means an increased risk of encountering health issues at some point. This is a result of a general ageing process (World Health Organisation, 2015). However, health issues are not necessarily equivalent with becoming dependent of care, or being less able to participate in everyday activities of choice. As the World Health Organisation (2015) highlights, many health issues can be effectively managed. Over the past few years, there has been an increased focus on innovation in health care in Norway. Following the White Paper “The Coordination Reform (Ministry of Health and care services, 2009), and the Norwegian Official Report 2011:11 “Innovation in the care services” (Ministry of Health and care services, 2011), rehabilitation has become increasingly utilised as a way to meet the challenges opposed on health services.

For active ageing to be taken into account in health services, one need to take into consideration at least two aspects: healthy ageing does not mean an actual absence of ill health, and health care need to focus on enabling participation (World Health Organisation, 2015). As more focus has been drawn towards the resources of the ageing person, it has become clear that there is a need to offer health services that work to support the resources of the older person.

Research has shown that older people are not as frail as they often are perceived. They are not as lonely (Hansen & Slagsvold, 2015; Birkeland, 2013) or as passive as they often are believed to be (Vik, 2015; Witsø, Vik & Ytterhus, 2012; Haak, Fänge, Iwarsson & Ivanoff, 2007; Borell, Lilja, Svidèn & Sadlo, 2001). Discrimination against older people appears to be based on stereotyping and can be problematic in health care provision (World Health Organisation, 2002). If health care provision is directed to create services that take care of older people and not work with them to support participation and prevent further health issues, the health services are at risk of not meeting the actual needs people have. Empirical studies among older adults receiving home care services have highlighted the importance of participation. It has been found that participation is indeed important, also for the older person living at home (Vik & Eide, 2014; Randström, Asplund, Svedlund, & Paulson, 2013; Vik & Eide, 2012; Haak et al., 2007; Borell et al., 2001). Research indicates that older people’s goals for rehabilitation focus on being able to participate in everyday activities (Randström et al., 2013; Vik, Nygard, Borell & Josephsson, 2008).

Even if the persons are not able to do their everyday activities as before, the exertion of choices is important. Being at home can lead to a feeling of increased autonomy (Randström et al, 2013; Vik et al., 2008). Following the empirical evidence, rehabilitation focusing on participation in peoples’ own homes can increase the possibilities for the older person to reach their potential for participation in everyday activities.

World Health Organisation (2002) describes active ageing as a process that allows for participation, health and security. It is worth noting that the health care services provided for older persons in Norway over the past decades have been criticised for making service recipients passive. Vabø (2012) argues that the changes home care services have been through have made the services more transparent and reliable. However, this has made the services less responsive to the needs of the individual service recipients. She points out that this has reduced the home care services' ability to enable the individuals they care for.

Participation is a determinant for health. Engaging in activities is necessary to sustain life. As Christiansen and Townsend (2010) writes, humans have engaged in occupations since they came into existence. Providing food, shelter and clothes, all these requires engagement in occupations. Participation is to engage in life situations (World Health Organisation, 2001). This is done by engaging in everyday activities.

Not only is participation necessary to meet the most urgent needs in life. It is also closely linked to roles and meaning. What we do, is linked to the roles we have in life, and the interests we have (Christiansen & Townsend, 2010). The roles and interests may change throughout a lifetime. However, this does not make participation less important in old age. The meaning of everyday activities and the impact of being able to participate in the activities of preference and choice is seen as important for well-being (Hasselkus, 2002). The belief that participation in everyday activities are essential is the core of occupational science. It is however, something that has been taken for granted. As Christiansen and Townsend (2010) argues, it is so embedded in human existence it has been overlooked. Over the recent decade, there has been an increased focus on the importance of participation in everyday activities.

As Hasselkus (2006) argues, daily life is each individual's reality. Daily life is made up of those activities one chooses to participate in. Hasselkus (2006) points to research supporting this statement when she argues that without the opportunity to engage in activities that makes up daily life, people are at risk of becoming occupationally deprived.

In a theoretical article about active ageing, Wilcock (2007) reflects about the concept of active ageing in contemporary occupational therapy. Wilcock (2007) argues that many older people have the expertise required to maintain and improve their own health. There is therefore a need to provide services in health and social care that take the resources people have into account and allows for maintenance and rehabilitation on the terms of the older person, utilising their strengths and motivation. Although she primarily writes about active ageing, or the lack of this in New Zealand, her thoughts and reflections can also be of value for those working with older people in Norway. What

can be done to provide services working towards actively engaging people in their everyday activities?

Health care services tend to pacify service recipients (Vik & Eide, 2012). The focus of providing assistance and help, rather than encouraging participation can make service recipients more inclined to need more and more assistance as their ability to manage on their own is reduced. Vabø (2012) argues that it is a challenge for Norwegian authorities to find the balance between providing accountability in the home-care services, and at the same time provide a service that takes into account the individual needs of the service recipients.

Thus, there is a need to change how health care services are provided to meet the needs of an ageing population. Looking at a change in demographics, an increase in the amount of elderly people and people living with chronic illness, there is a need for alternatives to the traditional home care services. Fürst and Høverstad's (2014) report points out that the required change entails going from providing help to address a particular problem, to providing the assistance and rehabilitation required to manage on one's own. This is what Øygarden (2013) calls a paradigm shift from passive services to promoting health through activity.

Reablement focuses on enabling participation in everyday activities (Tuntland & Ness, 2014). The intention being that those who take part in reablement, are being enabled to take part in those activities they perceive as important to be able to continue to living at home, in contrast from ordinary home care services. Traditionally, home care services aims at supporting the older person living at home, by providing assistance with activities of daily living. As stated above, the view is that this makes for passive recipients of care. The shift then, is from providing passive care, to focusing on the recipients' resources and abilities to increase their ability to manage their daily life, as independently as possible.

Reablement is a general form of rehabilitation, aimed at people with different diagnosis and levels of disability (Tuntland & Ness, 2014). Typically, it is used with people who are experiencing a sudden or gradual fall in functional ability (Tuntland & Ness, 2014). The target group for reablement are those older than 65 who receive home care services and experience a further loss in function, or those who are in contact with home care services for the first time. Reablement is not a specific method. It is a way of working, a form of rehabilitation. Tuntland and Ness (2014) have attempted to make a definition of reablement based on Norwegian conditions. As Tuntland and Ness (2014) concludes, it may be easier to point out what reablement is not. However, reablement can be summarised as a short term, multidisciplinary approach where the focus is on "reabling" the person to manage the everyday activities that are required of them to continue living at home.

Reablement appears to be a preferred term in current scientific literature, especially in Europe. Restorative care also appears in published literature. However, it appears to be a preferred term in the United States, Australia and New Zealand. Norwegian studies published have favoured the term reablement (Tuntland, Aaslund, Espehaug, Førlund & Kjekshus, 2015). Therefore, the term reablement was the preferred term for this current study.

Inspired by Hasselkus (2006) and her opinions on dividing occupations into understandable but reductive terms, it was decided to use the term everyday activities. The term “activities of daily living” is often associated with self-care activities. It is in itself a term that can be divided into further categories, such as Personal activities of daily living and Instrumental activities of daily living. The everyday activity a person practices being able to perform again depends on their own choice, what the individual see as meaningful. The use of the term everyday activity is therefore, an attempt to reflect the diversity of activities in which service recipients choose to participate.

Previous research.

Reablement is a relatively new concept. There is a growing amount of research being conducted and published. Several of these published studies focus on the effect of reablement. The importance of ascertaining whether treatment offered is effective or not is a given. However, Tuntland et al. (2015) points out that reablement is increasingly being offered in Norway, despite a lack of evidence of effect. Studies show that reablement can have a positive effect (Glendinning & Newbrunner, 2008). However, the results are inconclusive (Tuntland et al., 2015). In their recent study, Tuntland et al. (2015) concluded that reablement was superior to traditional home care with regards to improving self-perceived activity performance and satisfaction with performance. Winkel, Langberg and Wæhrens (2014) found that recipients’ activities of daily living improved following a programme of reablement. Tinetti, Charpentier, Gottschalk & Baker (2012) found that reablement could reduce the number of re-admissions to hospital. Parsons, Sheridan, Rouse, Robinson & Connolly (2013) found that reablement could improve physical function. What these studies indicate is that reablement can have a positive effect on a person’s ability to live at home. They also imply that reablement can be cost-effective, because there are fewer hospital re-admissions and less need for home care. An increased ability to participate in everyday activities should be a guiding principle. Tuntland et al. (2015) and Wilde and Glendinnings (2012) both found that participants felt they had benefitted from the reablement services because receiving help to work towards goals and improving their ability to manage at home was highly valued. The studies also clearly showed a need for revisiting how information is provided about reablement services.

To date, there is a limited amount of scientific publications on professional carers' experiences with reablement. Rabiee and Glendinning (2011) studied the organisation and content of reablement services. They also studied the features of organisation and delivery that have the potential to enhance or detract effectiveness of reablement. Their findings are extensive when it comes to organisation and content of reablement service. During the same study, they also generated knowledge about the front line staffs' experiences about reablement. This entailed information on the importance of a clear agenda for reablement, access to specialist skills and good reporting systems.

Øy garden (2013) completed a master thesis studying the experiences of establishing reablement in Norwegian municipalities, as experienced by project groups. She found that a shift of paradigms was necessary to meet the needs of the service recipients. This required a shift from passive services to supporting the home care recipients to increase their health and well-being by being active. Different evaluation reports have also been published. These reports have mainly focused on implementation of reablement, and the experiences the project managers and reablement teams and home-care professional carers have with the establishment and implementation of reablement (Gunnarson et al, 2011, Gustafsson, Gunnarson, Sjøstrand & Gran, 2010 and Kjellberg, 2010). A common finding is that reablement appears to be successful. Service recipients are able to participate in everyday activities and experience better health and increased well-being. Månson, Nordholm, Andersson, Mikaelsson and Ekman (2006) compiled a report based on professional carers' experiences of reablement. Their findings shows that the participants experienced a positive change in the home care services following the implementation of reablement. For instance, there was an increased focus on participation and productive co-operation with physiotherapy and occupational therapy had been established. It also appears that a financial incentive is recognised. Because reablement is conducted in the service recipients own homes, and because it possibly reduces the need for further home care, it is believed to be a cost effective service (Gunnarson et al, 2011; Gustafsson et al., 2010; Kjellberg, 2010; Månson et al., 2006).

Tuntland and Ness (2014) argues that reablement legitimise working with participation in everyday activities. In the transition of going from providing help to becoming an enabler of participation in everyday activities, lies potential challenges. There is a need to develop knowledge about what this transition entails.

Previous research has shown that that the transition from giving help to enabling independence and participation can be challenging (Wilde & Glendinning, 2012; Rabiee & Glendinning, 2011). There is a need to research this further, learning about home care professional carers' experiences. Listening to professional carers who work directly with reablement and the recipients it is possible to develop more in-depth knowledge about reablement. It is important to develop knowledge about success

factors as well as which aspects of reablement needs further development. At the same time it is important to find out what challenges home care staff encounter when working with reablement.

To my knowledge, there is limited amount of knowledge about the experience of working with reablement, as described by those who work directly with service recipient in reablement and home care services. The purpose of this study is to develop knowledge about home professional carers' experiences of working with reablement. This study provides an explorative insight into the experiences of the professional carers working directly with reablement. The results of this study can provide knowledge to health care professionals and policy makers about benefits and challenges of working with reablement. Therefore, the aim of this study is to explore the experiences of working with everyday activities within the framework of reablement among professional carers.

Method.

Design.

Which research design to choose is directed by what you aim to develop knowledge about. DePoy and Gitlin (2011) point to the fact that it is important to consider for which purpose one is conducting research, before selecting a research strategy. This study's aim was to develop knowledge about home care professional carers' own experiences of working with everyday activities within the framework of reablement because very little is known about this to date. This implies that a research design allowing the researcher to work directly with the descriptions of the staffs own experiences is necessary.

This study is based on a qualitative approach and is conducted using strategies from constructivist Grounded Theory as described by Charmaz (2014). A qualitative approach allows the researcher to collect rich data about the subjective experiences of individuals and groups. Qualitative approaches are considered useful when the aim of the study is to explore a phenomenon in depth (Malterud, 2012), as is the case of this study.

Constructivist Grounded Theory acknowledge the subjectivity of the researcher and that research in itself is a construct. That is, the situation in which the data is collected is especially created for that purpose (Charmaz, 2014). Therein lies an acknowledgement of the fact that the researcher is setting the frames for the study. The participants are sharing experiences about a predetermined topic in a constructed context set to provide as useful as possible for providing rich data. The researcher's subjectivity, e.g. his or her interests in the topic of study, also influence the data collection and the data analysis. According to Charmaz (2014) this is not problematic if the researcher is reflexive and open about his or her preconceptions.

Study context.

Ness (2014) points out that there are several ways of organising reablement services. He proposes that there are three main ways this is currently organised in Norway. In one model reablement is a part of already existing home care services, reinforced with occupational and physical therapist. The second is a specialist rehabilitation team consisting of occupational and physical therapists, and nurses. The team is responsible for assessment and follow up, however the reablement itself is conducted by professional carers in the home care services. A third organisational model have an independent reablement team. This team is parallel to the home care services and to a degree co-operates with home care services and rehabilitation teams.

The study was a joint project between two municipalities and Sør-Trøndelag University College. Both municipalities have different models of reablement. Municipality 1 (city) have incorporated reablement in home care services. The service recipients were already known to the home care services. The home care professional carers were the ones who identified potential service recipients for reablement, and referred these to the reablement team for assessment. The reablement team consisted of physiotherapists and occupational therapists, and in cooperation with a nurse from home care services, the service recipients were assessed. Home care services were responsible for reablement, under guidance from the reablement team.

Municipality 2 (rural) had chosen a different model for reablement. A team consisting of occupational therapist, physiotherapist, occupational therapy assistant and nurses from the home care team acted as the reablement team. Referrals could be both new patients and those already known to home care services. The team utilised professional carers from home care services for assessment and also relied on these to work to enhance participation for the service users. The team were however those who implemented reablement. Both municipalities therefore have home care staff working with reablement, although at varying degrees. As this is the case, it was decided to see their experiences as a whole, rather than dividing between the two models.

In this study, home care professional carers refers to those working with providing home care services and reablement. It does not include the reablement team. See table 1 for information about the participants.

Participants and recruitment.

There are no right or wrong number of groups when using focus groups as a tool for collecting data. Malterud (2012) points out that number of groups can vary greatly, starting at one with no upper boundary. The recruitment process for this study, was done in co-operation with the managers in the

municipalities. It included presenting the study for six home care teams, three teams in each municipality. Therefore, the aim was to conduct six focus group discussions in total. One team opted to drop out due to difficulties with sick leave.

The number of participants for each group was set ranging from two to about eight. The number of participants was set on basis of recommendations by Jacobsen (2003). These recommendations included advice on group size in relation to group composition. The group size was also set for pragmatic reasons such as the space and time it would take to conduct the group discussions. The groups varied in size ranging from the smallest groups of three participants to the largest group of nine participants.

Strategic samples, the choosing of informants based on attributes or qualifications deemed strategic in relation to the aim of the study, is common in qualitative studies (Thagaard, 2011). In this study, one could have chosen to enrol both professional carers' from the home-care teams and reablement teams. One could also have chosen to enrol only nurses. The target population for this study was people working in home care teams. Typically in both municipalities home care teams consisted of people with different educational backgrounds, variation in range of age, and variation in years of experience. Therefore, it was decided that the sample should reflect the composition of home care teams. Hence, participants included were all working in home care teams, and represented the wide range of educational backgrounds working within a team. Thus, any one person who worked in the teams we approached could enroll in the study.

In convenience sampling, the sample is chosen because of their availability (DePoy and Gitlin, 2011). The participants in this study is a convenience sample. The data collection relied on participants volunteering to engage in focus group discussions. In order to increase the number of participants the focus groups were held at the time of day when the home care carers returned to the office after their rounds of home visits.

The researcher met the home care team at one of their monthly meetings and presented the study. Present at this meeting was also the team leader. To increase the variation in the sample it was conveyed to the potential participants that the researcher wanted participants with differences in educational background, variations in years of experience, and wanted to speak with people with both positive and negative experiences.

Having informed the home care teams about the research project, the team leader acted as contact person. Those interested in taking part informed their team leader. The team leader in turn contacted the researcher to agree on a date for conducting the focus group once team members had volunteered to participate.

Groups	Profession	Mean years of practice
1 – Municipality 1	Occupational therapist (1), nurse (2), health worker (1)	4,6
2 – Municipality 1	Nurse (2), occupational therapist (1)	2,5
3 – Municipality 2	Nurse (2), auxilliary nurse (3), student nurse (1)	13,6
4 – Municipality 2	Nurse (4), auxilliary nurse (2), health worker (2), apprentice health worker (1)	13,2
5 – Municipality 2	Nurse (1), health worker (1), social educator (1)	7

Table 1: Sample characteristics

In total, 25 professional carers' participated, divided between five focus groups. In municipality 1, two focus groups were conducted. The remaining three groups were conducted in municipality 2. Only one of the participants was male. Table one presents an overview of the sample.

Data collection.

Focus group discussions can be a useful tool for collecting rich qualitative data (Malterud, 2012). The participants in a focus group can build on each other's' reflections, and spur the discussions in directions that might not have been natural in a one to one interview. Focus groups were the preferred method of data collection due to this quality. Focus groups are believed to be useful in situations where the researcher want to know about a group of peoples' experiences (Malterud, 2012). In focus group discussions, the researcher can take on a role of observing and listening to the participants, and ask questions based upon what the participants discuss.

The differences in opinions, experience and educational background can further add to the richness of the data collected by using focus groups. How the experiences are perceived and what experiences one in fact have, can depend on educational background, experience and work role. A team of home care professional carers can range from those with no formal education to those with a university level degree. It can also consist of people with very brief working experience, to those who have been working there most of their career.

Focus groups also have negative aspects, such as dominant participants and few attendees. As pointed out by Kruger and Casey (2000), this requires a sturdy researcher who can pay full attention to the group and its dynamics. For this study, the researcher had the help of an assistant. The assistant took notes, aided with the summary at the end of each group, and noted personal details. This allowed the researcher to concentrate on group dynamics and data collection.

The term focus group discussion was chosen based on a wish to normalise and make participation as non-threatening as possible. As Kruger and Casey (2000) explains, the word interview have a more formal meaning. As it was important to establish a feeling of security so the participants would feel confident about taking part and sharing experiences, the word discussion was preferred over the word interview. The word discussion also has a stronger connotation to participation. It was important to encourage the participants to volunteer information by engaging in a discussion, rather than merely answering questions.

To guide the discussion a semi-structured interview guide was prepared. When collecting data using focus groups, there is a need for a focus on how to engage the participants in conversation (Malterud, 2012). Therefore, what method to use for collecting data is important. The aim was to enable a free discussion between the participants on a set of topics related to reablement. At the same time, it was necessary for the study to establish common grounds for understanding. Asking open-ended questions about their experiences of different topics allowed for a free-flowing discussion between participants. It also enabled the participants to branch off into unanticipated aspects of the topics. This was important, as it enabled collecting data that reflected the experiences of the participants, rather than the researcher's preconceptions about possible experiences.

Transcribing the data.

The data was collected using a tape-recorder. Following each interview, the data was transcribed verbatim. The total number of pages with transcribed text was 260.

Ethical approval.

This study is approved by the Norwegian social science data services (NSD) on the 11th December 2014. All participants signed an informed consent form prior to each focus group. This entailed information regarding the aim of the study, anonymity and record keeping.

To avoid storing personal information along with the data from the interviews, the personal details were not recorded on tape, only written down by the assistant prior to each group discussion. Hence, great care was taken to ensure the participants anonymity.

Analysis.

The data have been analysed by using principles from Grounded Theory as described by Charmaz (2014). As Charmaz (2014) points out, aspects of Grounded Theory can be used even though the researcher do not intend to develop a theory. The process of analysis is flexible. According to Charmaz (2014), the process of analysis will take you back and forth in your data, leaving some codes out, and focusing more on others.

Grounded Theory analysis consist of at least two steps: Initial coding followed by focused coding. Initial coding creates the basis of the analysis, while focused coding consists of a more selective phase where the researcher use the most significant or most frequent codes to organize large amount of data (Charmaz, 2014). In addition to this, the analysis can take a further step into theoretical coding. Theoretical coding aids the researcher in theorising the focused codes and point to a theoretical direction to take the analysis in to (Charmaz, 2014). As well as this, theoretical coding helps conceptualise the connections between the codes (Charmaz, 2014). The analysis for this study consisted of memo-writing, initial and focused analysis as described by Charmaz (2014).

Memo-writing was utilised throughout the data collection and analysis. According to Charmaz (2014) memo-writing is a crucial method when using Grounded Theory. Indeed, writing memos can help the researcher see connections, directions and questions. Memo-writing can also be useful for keeping track of ones' thought-processes. As Charmaz (2014) points out, memo-writing can help the researcher keep a dialogue with oneself about data, codes, ideas and also explore thoughts and hunches.

Memo-writing highlighted connections between provisional codes during the process of initial coding, and connections between codes during the process of focused coding. It provided a useful way of tracking one's own thought-processes and decision-making during the analysis, and it provided useful during all steps of the analysis when it was necessary to go back and forth during the iterative process of coding.

The data from the five group discussions were initially coded separately. Distinguishing between the municipalities and the different organisational models was not done in this phase, nor the latter phases. As stated in the methods section, this decision is based on the fact that in both municipalities and both organisational models the home-care professional carers are part of providing the reablement service.

Following transcription, each of the manuscripts were read and the first initial coding conducted. Line-by-line coding as described by Charmaz (2014) was undertaken as it allowed the researcher to

break up the data, compare data with data and find crystallising statements. This underlined the significance of the codes.

The first line-by-line initial coding was conducted to provide an overview of the data. The codes were then compared with relevant memos from the process of data collection and memos written during the process of the first initial analysis. The memos proved useful in sorting the large amounts of data.

The first initial coding resulted in the codes: organisational aspects, motivation and activity. As coding is a flexible process, one can leave some codes and move on with analysing others further. As the aim of this study was to explore how home-care professional carers describe their experiences with engaging service users in activities of daily living using reablement, it was decided that organisational aspects and motivation were not to be included in the next step of the initial coding.

In the initial coding *in vivo coding* was used. *In vivo coding* means using the participants own words when naming the codes (Charmaz, 2014). This was particularly helpful as it was necessary to understand the nuances in the data. Interestingly, many of the participants used the same words and phrases to describe experiences. This was evident within the groups, but it also occurred across groups. Of course, this could be related to them all working in the same field, reading much the same literature and having similar educational backgrounds. Nevertheless, using *in vivo coding* as much as possible kept the data “alive” and made sense as using terms that reoccurred across focus groups provided useful in the initial coding process. An example of this were the initial codes *Small changes is all it takes* and *To let go of the old way*. During the focused coding, these two codes were merged into one. However, being attentive to the stories the participants were telling and the words they used, it became clear there were at least two aspects in this: it only takes small changes in the carers work routine to start using reablement, but it also means having to let go of some of the routines they were used to.

During the process of analysing the data, one constantly compare statement with statement, looking for similarities and differences (Charmaz, 2014). This is known as a constant comparative method. This entailed comparing data with data, and codes with codes. As the coding progressed, this method was also used to compare code with code again, looking for differences and similarities. Following each step of the coding there was a need for comparing the codes with each other. The initial coding led to the identification of 22 codes from the five focus group discussions.

During the process of focused coding, the researcher must make decisions about which initial codes that are to be included in the further work to make a clear and concise analysis (Charmaz, 2014). Of the 22 initial codes, ten were included in the focused coding. The decision was made on the premise of whether or not the codes were relevant to develop knowledge about the aim of the study.

As Charmaz (2014) writes, analysing data is a process where one go back and forth. The aim of the focused coding should be to sharpen the analysis further. This iterative process requires analytic and systematic work. The process involves comparing initial codes, and looking at what the codes reveal as well as what they imply. By using constant comparative methods analysing the initial codes, looking for similarities, differences and further crystallise the codes meanings, new codes were developed. Using memo-writing as a tool to aid the crystallisation of the codes proved helpful. From this, new codes emerged. An example of this process was the creation of a code about enablement. The initial codes about *creating independence* and *becoming better at seeing the service recipients potential* were merged into one code, enablement.

A last step in focused coding is to develop categories (Charmaz, 2014). The coding lead to preliminary categories. However, the work was only tentative. The categories needed further work to get across their complexity and the nuances they consisted of. After analysing the data and reaching categories it was necessary to analyse and clarify each category. To do this, sub-categories were made. Making sub-categories provided useful in that it reflected how the categories were build up and how the sub-categories' meanings interacted with each other.

Reflexivity and preconceptions.

In constructivist Grounded Theory as described by Charmaz (2014) the view of the researcher is not as an objective scientist looking into one reality. The researcher's views and presence is included throughout the process. Interests and background shapes what is being researched. The researchers presence in the context the data is gathered influence what and how data is collected. During the process of analysis the researcher's preconceptions and background affects the analysis. This is not a problem if accounted for. It does however require a reflexive researcher.

Before starting the study, I reflected and dwelled on my reasons for studying reablement. From a professional standpoint, I saw that reablement could be a useful tool for the health care services and for the service recipients receiving it. I was however, sceptical to whether or not the professional carers experienced it as useful.

Bearing in mind this is a project in co-operation with the two municipalities, I also had to think about the usefulness of this study. Having met with the municipalities it soon became clear that there was a need to learn more about the professional carers' experiences with reablement. My presumption is that a study on this topic could be of use for several other municipalities and health care services providing or thinking of starting providing, reablement.

As Charmaz (2014) points out, data is collected in a given context. The researcher is a part of this context. What the participants told me could be affected by how they perceived my interest.

Accounting for this, the participants were encouraged to share all their experiences on the topics discussed, both positive and negative. They were also encouraged to follow other tracks and topics. I had an interview guide, but there was time to follow other topics of interest too. This allowed for a wider perspective of experiences being collected.

It is not possible to be neutral when analysing data. As Charmaz (2014) point out, language and words have specific meanings. The data for this study is collected from participants who share my professional language. This can affect my coding in that I believe we have the same understanding of the words used to describe incidents, where this in fact may not be the case. Throughout the process of analysing the data I have been attentive to the fact that this is a pitfall I must avoid. It has meant that I must be careful and avoid taking for granted that we share the same meaning of the words used.

Charmaz (2014) also points out that the researchers define what is significant when coding data. The study's aim, as well as the topic I study, affect what I define as significant. I have strived to pay close attention to all codes I have found, and why I have had to leave some out of the further coding process. The fact that I am an occupational therapist, writing a thesis in occupational science, affect the coding. I have however stayed clear of fitting codes into preconceived notions. Any theoretical concepts I bring into this master thesis have arisen because of what I found in the data. That has also been the aim of deciding to run an explorative study. Starting the study, not having chosen a theoretical frame in which I saw the data, have helped greatly during the collection and analysis.

Results.

The analysis led to the discovery of a core category: *working with reablement is exciting and challenging*. The participants described how their experience of working with reablement was both exciting and challenging. They described their experiences as being multifaceted, that is, working with reablement was exciting, satisfying, challenging and at times difficult. The participants could tell of many and varied experiences. The core category therefore, contains three categories, whom all cover the experience of working with reablement. The categories are *Sustainable change*, *Negotiating the line between helping and enabling*, and *The privilege of enabling achievement*. The categories all have sub-categories, as presented in table 1.

Working with reablement is exciting and challenging.

Sustainable change for the professional carers	Negotiating the line between helping and enabling	The privilege of enabling achievement
<i>Think different</i>	<i>Having to endure conflicted feelings</i>	<i>Playing a part of creating change</i>
<i>Act different</i>	<i>Finding a balance between help and enablement</i>	<i>Experiencing a more independent service recipient</i>
<i>Transferring the use of reablement to others</i>	<i>Role conflict</i>	

Table 2: categories and sub-categories.

Working with reablement is exciting and challenging.

When asked about their experiences with working with reablement, the participants highlighted how this was an ambiguous process. Their experiences ranged from feelings of success, usefulness, and that this was “*the way forward*”, to expressing ambiguity and confusion about their role and having to tackle difficult dilemmas. Working with increasing participation in everyday activities within the framework of reablement was therefore, seen as both exciting and challenging. The following presentation of results will present the participants’ experiences.

Sustainable change for the professional carers.

During the analysis it became evident that the professional carers had gathered a sustainable amount of experience working with reablement. It was also evident that the staff had experienced a change in how they work. This change was related to both a change in clinical reasoning and a change in actual work pattern.

Think different.

The first sub-category, “Think different”, consisted of two dimensions, one describing a change in clinical reasoning, and how the staff reflected about their role. The second was about how the participants experienced a change in how they perceived the service recipient.

One participant described a change in how she perceived her own clinical reasoning about nursing. *“They have another point of view, a different, to, yes. Another approach than the traditional nurse, like, that is very caring and nursing and yes, giving help and look for the problems and act on those problems. Like we are so used to thinking. So I have been forced to think differently. Rather than being looking for what you need help for all the time, what can I provide, what can I assist with”*. She described a change where she was leaving behind her traditional clinical reasoning, what she named the “*traditional nurse*”. The focus was shifting from assisting and providing help to something “*different*”. This “*different*” was referred to as a change. Another participant described what she meant this change was. *“Rather think like “what can you do yourself”, what can we help you with so that you can become as self-reliant as possible.”* The participant was describing a change in how one think when approaching the service recipient’s challenges. The change contains focusing on what the professional carers can do to increase independence, rather than giving help.

This change was not only brought on by learning and becoming aware of the concepts of reablement, but also by working alongside other professions. Learning by working alongside professionals with a different background than themselves, aided their problem solving skills and clinical reasoning. For example, seeing how the occupational therapist addressed a service recipients problem spurred the participants clinical reasoning and hence, a new way of thinking about how to work to encourage increased participation.

“Think different” does not only entail a change in how one reason about service recipient problems. It also entails another aspect of how to sustain this change. Several of the participants described reflections about this. One participant stated, *“What is the challenge ahead is to daring to let go of the patient, the service recipient, let them do things themselves. Thinking especially about handling their own medication and that about increasing what we are responsible for, and that we can say “No, you can actually manage this on your own”, and stand by that. And it can be other things that requires us to take that chance, like.... Just because he has had a fall once does not mean he needs us to check on him every day”*. The statement reflects that the participants have to rely more on the service recipients’ ability to manage on their own. This was a change from how they were used to think. The participants described how they used to think of the service recipients’ as dependent on the service they provided. Reablement on the other hand, led to the participants reflecting about how this had changed. Another participant stated that *“but to give her that, when she believes that she will be fine,*

and manage a whole day on her own. I think one should take that opportunity and not destroy their confidence: "no, but we have to swing by, you won't manage this"." The statements show that the participants experience that to sustain change they had to take a chance and believe in the service recipients abilities to manage on their own.

The participants described a third aspect, how they had become increasingly aware of looking for the service recipients' potential. *"I believe, I believe that this is making us more conscious about taking care of their resources."* The participants were constantly on the lookout for the service recipients' potential and resources and thinking about how their resources could be utilised to increase participation in everyday activities. The participants highlighted how reablement could help the service recipients' see their own potential. One participant spoke about her experience: *"Part of it is that maybe putting spread on the bread yourself, maybe discover a bit where the fridge is and where I find things and how I do things and maybe it is easier that they make their own food. Thinking that this makes them less dependent on us, coming to their home."* Thinking about what activities the service recipients could do to themselves had become an integral part in many of the participants' clinical reasoning. The focus on recognising the service recipients' potential had led to the service recipients becoming more aware of their own strengths as well. One participant stated: *"Like, they are becoming more aware, the service users I think. There is more focus on this, it brings about only positive things practicing on doing most things yourself, as long as possible."* The participants acknowledged the multidisciplinary approach as partly responsible for this change. Working with other health care professionals assisted their learning in how to recognise potential. Some of the nurses in the teams who were part of assessing the service recipients along with the reablement team occupational therapist and physiotherapist emphasised how seeing other health care professionals work was useful for developing their own skills. During one of the group discussions the participants discussed how they could best utilise this opportunity. Some of the staff that had not yet been able to go with the reablement team to assess expressed a wish to do so. The reasoning behind this being that they needed to learn to recognise potential, and how to act on this.

A final aspect of "Think different" is about critically reviewing the change they have experienced. As one participant stated: *"I believe that we have done a lot of things they actually have been able to do on their own. We are doing it just to speed things up. Right? We have to learn this about thinking a bit differently. They [the service recipients] are probably getting a lot out of it when they start, I'm sure of it."* The participants discussed how they previously had been giving more help than what was probably required. They were critical to this practice and meant that it was favourable to become more aware of this. As one participant stated, *"I think we may all have become better at thinking... that we are trying to find possibilities, [...], a way he can do it himself"*.

Act different.

The analysis showed that the participants described a change in how they work. This change in how they acted differently at work ranged from how they collaborated with the service recipients to encourage them to become more independent, to a change in how they practically performed their job.

As part of starting with reablement the participants experienced that they incorporated small and practical changes in how they collaborated with service recipients. As one participant stated, *“I know that I use to do that when I come to someone who may have been service recipient for many years but I don’t know them very well and are there for the first time and am helping them with a shower for example. Then I start with a little conversation first where I sit down and tell them that “I say this to everyone, but I want to see what you can do yourself, and then I can help you when I see that you are having problems”.*” The participants discussed the importance of preparing the service recipients for the fact that the staff would not help them with what they could manage on their own. This was a way of establishing a common understanding for what was expected of the service recipients and for what the staff would do to ensure that they did not help too much. This increased chances for a collaboration, which in turn could lead to increased participation.

The analysis also uncovered an aspect of how the participants described a practical change in how they performed their job. The changes they described were small but significant. One participant stated that: *“No, but we have thought about it this way: instead of unlocking the door and walk in to them [the service recipients], we are taking our time and stand by the door until they come and unlock the door themselves. They think that is fine. It is often simple things like that”.* The participants spoke about these small changes as quite significant in that the sum of all of these small changes lies an opportunity for the service recipients to do more of their everyday activities themselves.

A result of this practical change was that the participants discovered that when the change is implemented, it does not necessarily take longer to let the service recipients do tasks themselves. An example of this was a quote from one participant that stated; *“And then you start experiencing that one does in fact not use that much more time on the task if the service recipients take the washcloth and wring it them selves, right?”* However, this was not straight forward. The participants also experienced that lack of time to do their job and a need to hurry could have an impact on whether they were able to let the service recipients participate or not. One participant stated that: *“but then there is so little time and then it goes a lot faster if we help a little bit, so you really.... [hear several participants making confirming sounds]... have to sharpen up.”* In this statement lies an underpinning message: not only do the participants need the required time to do their job, it is also important that they let the service recipients participate themselves, as a more independent service recipient requires less help and hence it does not take quite as long to help them.

Since they acted differently, the participants experienced that the change in how one work had led to changes for the service recipients. As one participant stated, *“so the difference between home help and that reablement is that we don’t have to do everything for the service recipient. They have to get started and do things themselves.”* The change of role and work pattern is clearly stated. The service recipients do more now than before, and the role of the professional carer is more of an enabler and facilitator for participation rather than that of the helper that performs the activity for the service recipient. This was exemplified by one participant who stated: *«It’s not that, and that’s important, that we aren’t coming to start... we aren’t coming with reablement and then end it all [the care]. It is rather so that we can make them manage as much as possible on their own. We can rather be there to guide them.»*

The results showed that the participants had an increased focus on identifying what the service recipients were capable of doing by themselves. One participant stated, *“I believe, from the very start with a new service recipient, that we are better at observing and looking for what they actually can do on their own. And we are better at changing the assignment description when they are, when they become better at doing things, emmm, I believe, among other things”*. Here, the participant described not only how the professional carers were increasingly looking for what the service recipients could manage on their own, but also describing how this change was leading to the participants becoming more aware about informing colleagues by changing the assignment description in the patient notes to alert them to the service recipients potential for performing activities. One participant described what could be the result if the staff were not changing the assignments in the patient notes: *“So if she can put her trousers on herself, and only need help with her stockings, we have to write it. If not it is quickly done to just “swish”.*” By swish, the participant meant doing it for the service recipient.

Transferring the use of reablement to others.

The results show that the participants had implemented aspects of reablement in a wider sense. They talked about how they had started focusing more on participation with all service recipients, not only those who were included in the reablement project. Interestingly, the participants often did not distinguish between those who received home care and those who were enrolled in the reablement project as the focus groups proceeded. It appeared that the staff had incorporated the reablement approach to more service recipients. One participant stated *“So the big difference is that it’s not only those service recipients who are in reablement but it applies to all the service recipients.”* This described how the introduction of reablement had led to an overall change in how home care service was provided. Another participant stated that *“I’m not entirely happy really. Because I mean that reablement, that should apply to everyone, not just those who are included in the project or those with a low score [IPLOS] or who are managing fine, it should apply to everyone. Absolutely everyone!”* The results show that the participants were not content with the focus on enabling participation being

restricted to only this with low ADL-scores. The participants spoke about how they wanted this to apply to all who were receiving home care. They also gave examples of how they tried to implement reablement to all service recipients: *“Yes, and now we are doing reablement unconsciously too. Every visit almost.”* The participants described how they wanted this to become a permanent offer from the municipality: *“thinking this could have become a permanent offer from the county”*, and how they thought reablement could be used as a tool in home care services. One participant stated: *“I could sort of think of this as something we were doing for longer really. To increase everyone’s awareness, used it as a tool”*.

Interestingly, the staff spoke about reablement as increasing participation, not only about the training programme to increase strength and balance. The participants did not directly use the term activities of daily living, but used ordinary words like “doing things, getting dressed, making food”. They clearly focused on everyday activities when implementing the concepts of reablement to a wider part of the service recipients. One participant stated, *“Then I just have to come with an example that I have now. Another one of my service recipient’s who’s got a too high ADL-score, can’t be in the project. I had a conversation with her and her daughter, in relation to the assessment we do every six months, and tried to get some goals, eee, with her, in relation to what she can manage of getting dressed and such things”*. During the focus groups the participants highlighted how they had focused on increasing the service recipients’ ability to partake in everyday activities, and how this, in many cases, had been successful. The participants also highlighted the challenge of reablement focusing mainly on activities of daily living such as attending personal hygiene and preparing simple meals. A critique to the provision of reablement was that there was not enough focus on attending to outdoor activities and leisure activities.

Clearly, working with reablement leads to many exciting experiences for the participants. Using reablement as a framework for practice has provided new ways of reflecting about ones’ practice and lead to practical changes, which increases service recipients’ opportunities for participating in everyday activities. The next part of the results are going to look more at the challenges the participants are facing.

Negotiating the line between helping and enabling.

The second category entails information regarding participants’ negotiations around dilemmas they face following the onset of reablement. These dilemmas were what the participants found challenging about working with reablement. The participants described many and diverse dilemmas, which they faced regularly. Some concerned how being an enabler meant having to endure the conflicted feelings one experienced having to see service recipients struggle when they attempted doing activities on

their own. Other dilemmas were about role conflicts between the role they previously had, and the new role they now had established.

Having to endure conflicted feelings.

The results showed that the staff described that having implemented reablement meant they had to be aware of avoiding the pitfall of stepping in and helping where the service recipient could manage on their own. This was particularly evident when the participants experienced that the service recipient was struggling.

The participants described having to endure when the service recipients' were struggling, and stay in an ambivalent situation and negotiate whether or not they should help. One participant shared an experience saying: *"I agree with you. And I am finding it very hard sometimes when I am standing there, hands on my back, and watching them struggle. So... sometimes I think it is bad."* However, the participants also highlighted that service recipients could give an impression that they found it more difficult to manage than it really was. This, in turn, highlighted for the participants how important it was to stay in that situation of ambivalence and think about the overall aim of the service recipient being as independent as possible.

Finding a balance between help and enablement.

Ambivalence was also evident in the next sub-category, "Finding a balance between help and enablement". Here, the participants described how they negotiated finding the right balance between how much help to give, and how much they could push the service recipient to try themselves.

One participant stated: *"But I do feel that maybe there is a line sometimes and how much you are supposed to push them... Because it's not good if you push too hard and that patients becomes, get other problems because of it. Sooo... there is a balance there."* The participants described being concerned that if they pushed too hard the service recipient would end up having other health related problems. They worried that pushing too hard would make the service recipients ill, or too exhausted to engage in other important activities in their life. One participant described this balancing act by sharing an example: *"But I am thinking about it as well, what you are saying about helping them with that button or maybe that little ring so that they can manage something else by themselves. And trying to find what is important to them, that's what we are focusing on. What is important for you to do? And then we can help them so that they can manage that, I was about to say. That we help them with what is important to manage. So that they don't use all their energy on personal care in the morning and then aren't getting anything else done that day because they had to struggle with a button or to get their socks on. Instead there was something else that was more important to manage on their own."* This quote highlighted why it was important to have the service recipients' goals in mind.

Receiving help to do some tasks freed up time and energy to do the task that were important to the service recipient on their own. Pushing on practicing the “wrong” tasks was believed to be counterproductive as it took the energy required to performing the tasks the service recipient perceive as most important. Questions were asked whether it was worth using a lot of resources for the service recipients to become as independent as possible. A participant stated: *“they use an hour on their morning routine and yes, then you have destroyed the rest of the day because they are so exhausted. Is it worth it just so they can manage on their own.”* Participants experienced that for some service recipients reablement may come at too high a cost. If reablement meant they had to work so hard at managing tasks that the rest of the day was to be spent recuperating it would not be appropriate. The participants stated that this often entailed their oldest service recipients, those described as the oldest of the old (85 and upwards).

This sub-category also entailed a dimension of the dilemma about what was the possible outcome of deciding to help rather than facilitating. One of the participants stated: *“Because some..... I don't know what it is, but some are just... I see that you are struggling but I see that maybe you can manage on your own, but difficult and so maybe need...And there! I put my hand in to help, right! And then it's done. Hehe! Then it's done. So then, what do I do the next time? Then maybe I'll think to myself that she needs help because I helped her last time. Right?”* If the participants did not take great care they could end up giving too much help routinely. They described how this was important to avoid as it could lead to the service recipients getting used to the help, hence not gain independence in their everyday activities.

The participants described still another aspect of this dilemma. Service recipients who had received care for a long time were questioning why they were not given the same amount of help now. The participants increased awareness of not giving too much help had led to them holding back on the help and this was questioned by service recipients who had been with the service for a long time. One participant stated: *“So we don't help them too much. Because it is quite clear that those who've had help for ten years for instance, it is difficult to take that help from them, why am I not getting help to do this now?”* Some of the participants found this challenging. They described how they almost felt like they were taking the help away from the service recipients. They felt conflicted, knowing that it was better for the service recipients to be more independent, and having to hold back on helping them to achieve this. However, one participant questioned whether this was necessarily a dilemma at all. She stated: *“But that's a thing, we are in there maybe ten minutes. The rest of the day they are managing on their own.”*

Role conflict.

This sub-category consists of the dilemma of feeling conflicted in relation to what was expected of the home care professional carers. The participant described feeling conflicted as to what their role was. Some stated that they had learned during their education that they were to help and be caring. This conflicted with their new role, that of the enabler. It also entailed a dilemma the participants described as “*some people need help*”. Reablement isn’t for everyone, yet they are expected to think about ensuring that the service recipients are as independent as possible.

As one participant stated when discussing feeling conflicted between her old and new role: “*But I do feel when we are sitting, that is I sometimes feel “what did I get a diploma in?” Many times. Because I sometimes feel we are rehabilitating at any cost. Feel that sometimes. When is that limit... what is what, where is it going? Maintain functions instead of... I find it difficult. Very difficult many times. I feel like it is an auxiliary nurse I went to school to become and then all of a sudden we are supposed to think economy, waiting to be discharged from hospital, little time, do what you manage on your own. That is, I think it has changed a lot the past years after we started with it [reablement]. It is both positive and negative. That’s what I think.*” Another participant stated that reablement was at the expense of those service recipients who required a lot of care. She argued that staff needed to focus on these service recipients as well, and not spend all energy and resources on reablement.

The participants are experiencing a change in roles. They are moving from being helpers to being enablers. One participant stated, “*a lot more conscious of the fact that my hands are behind my back and as such getting them to do more things on their own. Then I sort of have, I feel that they are doing something, that they are not just sitting in their chair receiving help*”. It was evident that the participants were conscious of this new role, and that they were working to maintain this new role by adopting new strategies in their daily work routine. “Hands on our backs” was used to describe this change in several group discussions. Being an enabler also entailed being aware of the fact that the service recipient was participating in what they could. It also meant having to avoid falling into old habits. One participant stated: “*But I also see that now when I get to know new service recipients, that I sort of try to make them do as much as possible by themselves, and... because it is a bit like a pitfall when you have been there for a longer period of time you’re on autopilot.*” Avoiding going back into old work habits was a skill the participants needed to work with continuously.

Interestingly, it was also stated in some of the interviews that it wasn’t a new concept to focus on health promoting issues, such as preventing functional decline. Several of the participants stated that this was something they had learned during their education. Starting to work using reablement had led to knowledge and skills resurfacing again.

The privilege of enabling achievement.

Following the analysis, it was evident that the participants experienced working with reablement as exciting. The final category entailed information regarding how the staff experience taking part in helping the service recipients reaching their goals. The analysis showed that these experiences of enabling achievement worked as positive re-enforcers for the participants when it comes to the challenges they had experienced.

Playing a part in creating change.

The participants described a feeling of satisfaction about being able to help their service recipients achieve daily tasks and goals. It was evident that the staff saw how their new role and work pattern played a part in the service recipients' reaching their goals and being able to participate more in everyday activities. One participant stated that: *"Usually, where we help them, we can manage to make them do things themselves! Right? I have had this one lady, now she's in a nursing home, but she does not remember what she said five seconds ago. But she can follow instructions, right? And she was difficult to get going and it was hard work getting her to do things, everything was hard for her. But she did it."* The participant described the story of a woman whom she experienced as difficult to engage. However, persistent work had led to increased participation in everyday activities for the service recipient. This outcome had led to an increased feeling of job satisfaction for the participant. Other participants described similar stories. They described how their work had led to increased engagement in everyday activities. The stories contain an element of success. What was described as success was being able to change an existing pattern of inactivity, to a pattern of increased participation. One participant stated: *"And then you change the assignment in relation to the lunch-assignment or whatever else, and: "Now, you can go up and make yourself lunch". And then it is clear that it has been like this for years I think, that one [professional carers] have simply just made lunch for her and she has just sat there, in her chair. But when the assignment was changed, she, after a while, started doing it herself."* The participants described this as strengthening the individual service recipients and increasing their feelings of mastery.

The participants discussed how rewarding it could be to see how service recipients increasingly became less dependent on the services. One aspect that struck the participants was how little it took at times. The participants described events where they had done several small but significant changes, and thereafter experienced how successful this could be. One participants stated that: *«And then see them manage; it doesn't take much, all of those we really have had. To lift them up and see that they can manage on their own. And you see it in their eyes too, how proud they are of themselves.»* When the participants shared these stories, the rest of the group would have similar stories to share.

The analysis showed that the participants experienced feelings of achievement and excitement when the service recipients achieved their goals and was participating more in everyday activities. One participant stated: *“And then there is the great joy of mastery, because we have also experienced that”*. This feeling motivated the participants and was described as joyful. Two participants discussing this in a focus group said: *“It’s fun too, when the service recipients manage it. Yes, right? Yes, that is, to master things”*. This feeling of success motivated the participants to keep working with reablement, as it was helpful for them to see the success as it worked as “evidence” that reablement did in fact work. One participant exclaimed this perfectly when she stated, *“Yes, and then it’s very, terribly motivating to see when they are managing things. Been through the whole programme and see progress. Then you get a clearer picture of health promotion, I think.”* Being the agent for this successful change to happen was exciting and it appeared that this was a very strong positive reinforcement for continuing using reablement.

Experiencing a more independent service recipient.

The analysis indicated that the participants saw their service recipients in a new way. They experienced that the service recipients were more capable than it first appeared, and that their capacity to participate more in everyday activities led to an increased independence. The participants described how the service recipients had successfully reached their goals and become independent in these activities. The participants also experienced that the need for their help was reduced, and this in turn, was described as positive. As one participant stated: *“They have a completely different day, they manage much more by themselves. It is after all they who have been sitting waiting for us for a shower, and now they are showering on their own for example. So this is a completely different existence, when they can have a shower when they want and, yes.”* The participants experienced this increased independence as evidence of how useful reablement was as an approach. From the statement above it is clear that the participant experienced that reablement had helped a service recipient who were passive and dependent on help, become more engaged in his or her own live. During the focus groups it become custom to share such short stories of success. One participant told the group about an experience she’d had with one of her service recipients: *“Like the one service recipient I met in the doorway and he says: you don’t need to come in, I am showering my self today. And then he close the door.”*

Discovering what capabilities the service recipients had was also an experience described by the participants. One participant described how discovering this was an eye-opener. She stated, *“When I see how capable they are, hehehe, so really I am getting to see how fast it’s fixed, how one really... eeee.... When you come around they often sit in a chair and look a bit like, yes they are sitting there with their rollator and thinking just... that is when you really see yes, how they move around and keep going and its really quite remarkable to see how many resources they have.”*

Interestingly, the analysis showed that participants meant it was important to praise the service recipients and compliment them on their achievements. As one participant stated, «*One day she was on my list for showering. So when I got there and she was showering. I just praised her and she was so happy.*» Several of the participants meant that praising was important so that the service recipients' hard work was recognised. This in turn, helped motivate the service recipients to keep working on regaining independence. Becoming more independent also came with newfound freedom for both parties. It freed up time for the participants as the service recipients could do everyday activities themselves, and it gave the service recipients independency, as they did not have to sit and wait for the home care professional carers.

Discussion.

The aim of this study was to explore home care professional carers' experiences of working with everyday activities within the framework of reablement. The findings indicate that the professional carers have experienced working with reablement as exciting and challenging. Reablement has led to a change in how they work to ensure participation for service recipients. Secondly, implementing this change has led to having to negotiate dilemmas. Thirdly, the professional carers experienced it as a privilege to play a part in service recipients' achievements. The results provide grounds for discussing how this change has led to an increased focus on participation for the service recipients.

The following discussion will focus on understanding the professional carers' experiences of increasing service recipients' participation and the dilemmas they faced during this process. The discussion will end with a reflection on how it is possible that reablement provides a framework for enabling occupational justice.

Before delving into the discussion, it is necessary to point out that studying the experiences from the professional carers' point of view was required because it provides knowledge based on their reality. Inspired by Vabø (2007) and her discussion about the authenticity of the lived life discourse of professional carers (p. 270), this discussion aims to provide knowledge about how reablement can impact professional carers' experience of working with everyday activities.

Several aspects could affect the change the professional carers' experienced in relation to how they worked. One possible interpretation is that the finding "act different" was a result of several factors. It appears that the framework provided by reablement, such as increased time and multidisciplinary working, aided the change. The increased time allowed for a focus on service recipients' resources and skills, that is, their underlying capacity for engagement in everyday activities. Previous empirical studies have shown that limited time was a factor negatively affecting professional carers' opportunities to increase service recipients' participation in everyday activities (Vik & Eide, 2012).

The report on reablement in home care services by Månson et al. (2006) also found this to be a challenge. Although the results in this current study indicate that time is still of essence, it could be interpreted that the professional carers have more time to spend with those receiving reablement, when compared with traditional home-care services. Combined with the experience that service recipients performing tasks themselves not necessarily meaning more time spent, this leads to an increased opportunity to work with participation in everyday activities. As Fürst and Høverstad's (2014) report emphasised, the importance of allowing for increased time use initially. One aspect of this increased time use is that professional carers need time to learn reablement. Another aspect is that using a little extra time, that is spending the time required to meet the needs of the service recipient when starting the reablement process, can lead to increased participation and independence. This, in turn leads to a reduced need for services.

Learning to work “with hands on our backs” required support from the multidisciplinary team. Although the results show that these changes also led to dilemmas, the change from helping to enabling was a positive one. Becoming enablers allowed for an increased focus on service recipients resources and their abilities to become independent in participation of everyday activities. Similarly, it could be argued that the finding “think different” occurred as a result of the framework provided by reablement. The change in how the professional carers thought about participation and how to increase it was affected by working alongside the multidisciplinary team. It aided the professional carers' learning about what to look for when assessing service recipients' recourses.

Not surprisingly, the professional carers in this study experienced dilemmas and challenges. The dilemma of role conflict was emphasised. The findings in this study suggest that this is a dilemma that can be understood in a multitude of ways. During the working day, home-care professional carers have many roles in which there are expectations to be fulfilled. These expectations could be their own, their service recipients' or next of kin's. Although this study did not focus on patient or next of kin expectations, the findings indicate that the professional carers experienced difficulties navigating these expectations. Vik and Eide (2012) found that home-care professional carers experienced dilemmas in relation to expectations from service users and next of kin. The expectations that the professional carers were there to provide assistance, rather than enable independence was emphasised. Witsø, Eide and Vik (2011) found that the professional carers felt they were associated with being there to provide assistance. This could be the case for this current study as well. The professional carers experienced that service recipients whom had received care for a longer period now were questioning why they were not given the same amount of help as previously. This is in line with Wilde and Glendinning's (2012) study on service recipients' experiences with reablement. They found that the service recipients initially was taken aback by the lack of assistance in performing everyday activities. Interestingly, Witsø et al. (2012) found that older people receiving home care did

not view themselves as passive recipients. Drawing on their research, where they found that the recipients collaborated as a way of engaging in their care, it is possible that professional carers' see this collaboration in a different way. Witsø, Ytterhus and Vik (2013) suggested that home care services need to better understand the older adults and their families' perspective on participation. This poses an important question as to whether the professional carers and service recipients are unsynchronised in terms of understanding each other's roles and expectations. The findings in this current study however, proposes that reablement has increased the professional carers' focus on collaboration. This may lead to a common platform for expectations from both parties.

In addition to this, it is likely that expectations from above such as from managers and policy makers, add to the role conflict. The implementation of reablement requires dialogue between managers and those who work to implement it on a daily basis (Øygarden, 2013). It is possible that this also leads to expectations that must be met, although this is not supported by the findings in this current study. The results also showed that the staff sometimes felt conflicted with regards to meeting the expectations of policies, such as the Coordination Reform (Ministry of health and care services, 2009). One can argue that professional carers have to negotiate the expectations from above, such as policies and expectations of the managers, and these may conflict with the expectations of service recipients and their next of kin. Looking at the results it is clear that professional carers find it challenging to find a balance between providing a good service where the service recipients' needs are met within the current framework of home-care services. This is in line with Vabø's (2012) findings in her research on home care services in Norway.

In their study on managers and front line staffs experiences with reablement, Rabiee and Glendinning (2011) found that managers emphasised the importance of front line staff having a positive attitude and not resisting the required change when going from providing help to enabling participation. Managers experienced resistance from front line staff regarding adapting to a new way of providing services. Interestingly, resistance to change was not a finding in this current study. It can be argued that the professional carers' reflections about the dilemmas they have to negotiate in the process of learning a new way of providing services possibly can be perceived as resistance. However, the results indicate that adapting to the change takes time, and requires support from the multidisciplinary team and managers.

It is possible that the feeling of role conflict is a result of "within profession expectations". Birkeland (2014) points out that there is no contradiction between caring and rehabilitation. However, Holter (2005) argues that nurses can find it challenging to establish their role in a health care system that is changing. Vik and Eide (2012) found that home care staff blamed a "nursing culture" focus for feeling obliged to give help. As the results of this current study could indicate, it is possible that expectations of how one perceive one's own role also adds to the conflict. However, the professional carers found

it rewarding to work with enabling participation. Drawing on the results, working to promote health and participation was not unknown to the professional carers. They appreciated being able to work more goal-oriented with increasing independence and participation.

The results showed that the professional carers experienced it as a privilege to enable achievement for the service recipients. This experience was described as positive, and affected several other aspects of their experience of reablement. Firstly, the professional carers in this study felt good about their new role when they experienced this. It can be argued that the service recipients' success reinforced the new role of being an enabler.

Secondly, it was emphasised that it was not the aim of home care to make people dependent on them. Home care it was argued, increased the risk of creating a dependency. This is in line with Vik and Eide's (2012) and Hegli's (2006) findings. Reablement however, appeared to provide useful for creating independence and preventing dependence. This is in line with research where it has been identified that older people receiving home care want to be as independent as possible (Vik et al., 2008; Haak et al., 2007). Interestingly, the professional carers described how reablement had led to an overall change in home-care services. It could be that this was a result of developing the skills required to increase participation. However, it is also possible that working with reablement had led to a critical review of the service. The results indicate that this may well be the case. It is possible that reflecting on the difference between traditional home care and reablement increased the awareness of the dangers of making service recipients passive recipients of care. This has led to an increased focus on encouraging the service recipients to stay active and perform the activities they can, to maintain their skills and resources.

The findings show that the professional carers generally spoke about increased participation in activities such as getting dressed and preparing food. However, they problematized the lack of focus on other everyday activities, such as leisure activities. This is in line with Wilde and Glendinning's (2012) findings. Their experiences largely related to increasing participation in activities of daily living, such as attending to personal hygiene and preparing simple meals. Research indicates that being able to live at home, and be as independent as possible, is important for older people (Vik et al., 2008; Haak et al., 2007). Although being able to attend to one's own personal hygiene and preparing meals is very important for being able to live at home, independent living also depends on being able to attend to one's home, and being able to shop for groceries. Research also indicate that participation in leisure activities is important for elderly persons (Vik & Eide, 2014). It is necessary to take this concern seriously. Reablement must focus on participation in all kinds of activities, keep the service recipients goals in mind and work with increasing participation in the activity that is the preferred choice.

The professional carers' focus on adhering to the practice of reporting change can be seen as an expression for the importance of conveying change and adapting the service. The professional carers experienced was that if changes were not recorded, there was a danger of falling back into the old rut of performing tasks for the service recipients, rather than encourage participation. Rabiee and Glendinning's (2011) study identified the importance of a thorough and consistent reporting system to provide continuity of the services. Keeping an up to date record of goals, interventions and progression was important. Drawing on the findings of this current study, changing assignment descriptions was important to maintain the level of independence and participation for the service recipient. The results show that keeping the records up to date was crucial. Not adhering to this practice could lead to misunderstandings and the provision of help where help was not necessary.

Interestingly, the findings indicate that the professional carers increasingly acknowledge the service recipients' ability to manage on their own outside the few times a day they received home care. The results show that the professional carers established a view of the recipients as more competent and able and less dependent on the services. This is in contrast to the empirical study by Witsø et al. (2011) where the professional carers' experienced themselves as important for the service recipients' participation. In this current study, the professional carers emphasised that the service recipients' ability to manage more on their own was the ultimate goal, but for them to be able to do this, they had to give the recipients the opportunity to establish routines for participation outside the encounters with professional carers.

Reflections on occupational science.

As this is a master thesis in occupational science, it is interesting to see the results of the study from an occupational science perspective.

As Townsend and Marval (2013) argues, health care professionals may be able to enable occupational justice. Their paper about raising awareness spurred my own thinking when working with this discussion. Can it be that reablement provides a framework for enabling occupational justice?

The participants described how they used to think of the service recipients' as dependent on the service they provided. Reablement on the other hand, led to the professional carers reflecting about how this had changed. The professional carers' experiences of working with everyday activities within the framework of reablement shows a consistent trend: They have become increasingly concerned with enabling participation. Setting the experiences of the professional carers' working with everyday activities within the framework of reablement into an occupational science context, one can argue that reablement has provided a framework for occupational justice.

Applying concepts from occupational science is necessary to understand the implications of the professional carers' experiences of working with reablement. Generally, one can say that occupational justice is about seeing humans as occupational beings, with a right to exert choice and autonomy about what activities to engage in (Stadnyk, Townsend and Wilcock, 2010). The professional carers' experiences highlighted that reablement provided a framework for understanding how to ensure participation in everyday activities, as well as an understanding of the importance of participation as a determinant of health.

As previously mentioned, the results show that the professional carers in this study have experienced a change. This change entails working towards increasing the service recipients' participation in everyday activities, instead of performing the activities for them. Occupational deprivation, can be caused by disability, in that it limits a person's opportunity for engagement in everyday activities (Townsend & Wilcock, 2004). By assisting the service recipients too much, it can be argued that there is a risk of depriving them of their opportunity to exert autonomy and choice about what activities to engage in. The results of the study showed that the staff worried about having done too much for the service recipients prior to reablement. However, reablement led to a focus on making participation possible. It is therefore possible that reablement has provided what Nilsson and Townsend (2010) call an occupational justice lens. Nilsson and Townsend (2010) argue that such a lens could bridge a gap between theory and practice. Indeed, it might be that reablement is such a lens, as it has provided a bridge between the gap of knowing that participation is a determinant for health, and the challenge of providing the right opportunities for participation in everyday activities.

Ideas for further research.

The results of this study are by no means exhaustive of the home-care professional carers' experiences of reablement. There is a need for more research into how professional carers' are experiencing working with reablement. This study has not looked at how different models of implementation can affect professional carers' experiences. It could be of value to know if models of implementation influence the experience the professional carers have. Another idea for further research is to study more in depth how reablement affect the clinical reasoning skills of health care personnel, both those working in home care and those in the reablement teams. It could also be interesting to study in depth the role of the multidisciplinary team in reablement, as the results of this study indicate that a multidisciplinary approach appears to be a necessity.

Methodological considerations.

The empirical findings of this study is based on a small-scale qualitative study. As there is a limited amount of participants in qualitative studies, it is not possible to generalise the results. Nor is this necessarily the aim. However, this explorative study provide information about the experiences home

care professional carers' working with reablement can have. This does not mean the findings represent other professional carers' experiences. However, as the findings show a high level of consistency and are in line with other empirical studies conducted in the field of home-care service provision, this adds to its trustworthiness.

Following the initial analysis member checking was conducted. The results were presented as a whole, not dividing between the municipalities. The feedback from the member checking was that those present could relate to the results. This further adds to the study's trustworthiness.

For this study, there was a risk that only those with a high level of engagement in reablement participated. Convenience sampling is also sometimes referred to as opportunistic sampling (DePoy and Gitlin, 2011). This could possibly have led to an enrolment of only those most positive and those most negative about reablement. During the recruiting, the aim was to allow for groups of participants consisting of both people who had worked in home care services for a long time, as well as newer members of the teams. We also aimed for both those who were positive, and those who were less positive to reablement to take part. The results indicate that there was a balance between positive and negative experiences with reablement. This enhances the possibility that bias was avoided.

As Charmaz (2014) points out, data is gathered in a given context. Interviewing participants who are colleagues may mean that you unwittingly end up having a group where not all participants feel at liberty to speak freely. This in turn, can influence data in that the participants share less than they could have. It was however decided that as focus groups have many advantages, such as the participants being able to discuss with peers and build on each others' reflections, it was the preferred way to collect data. The amount of data collected, and the clarity of the results support this. It is however possible that a further study on the topic should use both observation and individual interviews. This is a study focusing on the staff members' own descriptions of their experiences. Using observation would not have given information of their descriptions, but rather the researcher's observations. It could of course have been possible to both observe and have focus group discussions. Due to time constraints and the fact that observation would have led to a disclosure of the service recipients, it was decided that this was not necessary.

The data for this study was in Norwegian language. When translating it is important to be aware of keeping the meaning of what is being said in the translation. Translation is a commonly used when the study is conducted in another language than the language for publication. Great care was taken and more experienced researchers were consulted regarding which considerations to take. The author of this study is bilingual and hence have a comprehensive understanding of both English and Norwegian.

Conclusion.

In conclusion, the findings indicate that the lived experience of the professional carers' are important to understand. Reablement can be a framework that allows for an increase in participation in everyday activities. The results of the study suggests that the professional carers' experience that reablement allows for a change in how the services are provided. This is despite the challenges and dilemmas they have experiences so far. Experiencing the successful participation for the service recipients provides the carers with evidence of the usability of reablement. It can be argued that this experience of success further spur the professional carers to utilise aspects from reablement with other service recipients outside the reablement-programme, to increase participation in everyday activities.

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Universitetet i Nordland, Bodø.