



The Tubbe Model



The Tubbe Model is an organisational and management model applied to a number of residential and care homes (RCHs) in a rural community in the west of Sweden.

What does it offer? Effective, efficient, attractive homes where senior citizens can live life to the full; attractive, motivating workplaces for staff; and encouragement to the residents to be energetic and make the most of what they have to offer to make their lives more meaningful.

At the request of the general public and Belgian actors in the sector, a number of RCH managers and stakeholders were given the opportunity to find out more about the Tubbe Model. The King Baudouin Foundation organised reciprocal visits and, after various contacts with the model's Swedish initiators, six pilot projects were launched in Belgium.

The aim of this flyer is to share the experience gained so far in these pilot projects. A more extensive publication will follow in early 2019, when the pilot projects have been assessed.

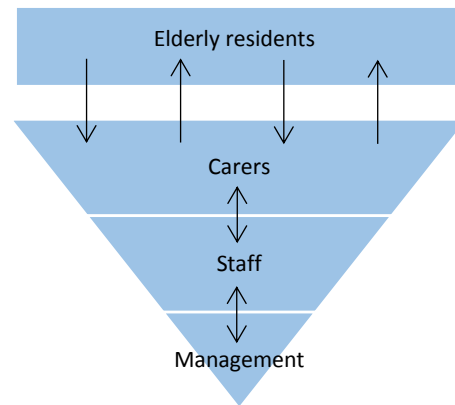
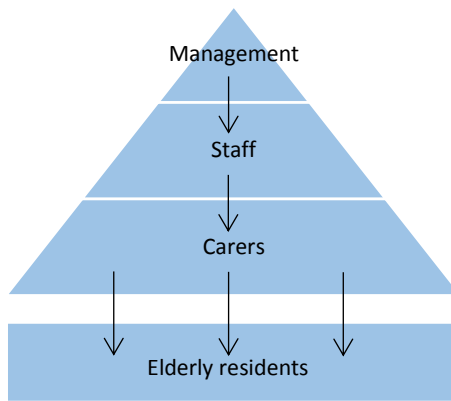
A shared home environment

The government advocates leading a socially embedded life for as long as possible. When elderly people finally switch to living in an RCH, they must find it '**a suitable replacement for their home**'. Innovative new organisational models are required if this is to be achieved. The **Tubbe Model** offers inspiration, as do models proposing small-scale projects or models like Montessori.

Leading a meaningful life means participating

The aim is to create a living environment in which people can be themselves, feel truly at home and still lead a meaningful existence. To make this possible, the Tubbe Model encourages every RCH resident to play their part in running the facility. So instead of residents adjusting to the organisation, where possible and in consultation with the residents themselves, the organisation adjusts to them. This effectively turns the standard organisational model on its head.

Since the residents' wellbeing depends on the wellbeing of their family members and the home's staff, they too are actively involved in running the RCH.



This approach is inspired by a theory devised by the Danish educational expert and Minister for Senior Citizens Thyra Frank. She developed a new way of form of living for the elderly, summed up by the motto: 'As long as one is alive, one should live'. In this approach, an RCH is successful if *"...the individual is just as unique when they die as when they moved into the RCH"* (Thyra Frank).

Since every resident is unique, each organisation is unique as well. Consequently, it is impossible to produce a rigidly phased plan for applying the Tubbe Model. Instead, the framework is determined by a few basic principles.



BASIC PRINCIPLES

- **Having a say in decision-making:** residents are encouraged to take decisions about their daily lives. One way of doing this is in thematic working groups in which they and the staff think matters through together and then take decisions about meals, activities, timetables and so on.
- **Autonomy:** working groups enjoy (partial) budgetary autonomy.
- **Coaching:** the management encourages a progressive mindset and is open to new ideas.
- **Relationship-based care:** authentic relations between the residents and staff members make the place feel like home. Staff acknowledge that they are 'working in someone else's home' and give plenty of thought to their communications with the residents.
- **Focussing on strengths:** life is geared to what the residents are still capable of doing, not their limitations. Instead, limitations are regarded as challenges to be overcome.
- **(Limited) participation in meaningful activities:** it is important that elderly people should feel useful. So residents are offered meaningful activities and are involved in (organising) activities and duties.
- **Open communication:** any limits on changes are discussed openly.
- **Recognising uniqueness:** every individual is unique, so standard care needs to be offered with the necessary flexibility.
- **An open living environment:** RCHs are meeting places, including for local residents, children and other groups.

Implementation

There are countless different ways of working together on creating a living environment for the elderly. Here are a few examples of systems devised in Belgium and elsewhere by working groups comprising elderly residents and members of staff.

SPECIFIC EXAMPLES	
Creating a home environment, not an institution	Some spaces are rearranged together with the residents to make them more homely. The 'refectory' is decorated and some rooms are re-wallpapered.
Focussing on strengths	An elderly resident who has just moved into an RCH talks about working for years on his allotment back home, so the RCH creates its own vegetable garden.
Greater solidarity	Staff members wear normal clothes, not work clothing and eat and drink together with the residents. Those who need a little assistance start their meals earlier and then stay on to enjoy the company of the other residents whilst they eat.
Everyone is a unique individual who takes life at their own pace	Individuals make as many choices for themselves as they can. If somebody with mild dementia wants to keep watching TV or would like something to eat, that's entirely possible. Not everyone wants to wake or get up and take breakfast at the same time. Staff members' working hours are adapted to enable greater flexibility.
Having a say in staff policy	Divided into small groups, the elderly residents think about the strengths of each member of staff and areas they need to think about. Consideration is given to what training may be necessary. When a new staff member is recruited, the decision is taken jointly by the RCH's staff and residents.
Vision	The vision of the organisation is refocussed on paying greater attention to a number of elements: making the RCH a pleasant place to live and work in, taking joint decisions, helping to provide care and support, and so on.
Welcome	The residents, staff and carers design a warmer welcome for new residents . Together with the residents, carers and members of the public, the jargon used in the organisation is scrutinised. Words like 'intake' or 'admission' are avoided. Carers participate, but it's the residents who call the shots. Right from the outset, it is explained to future residents that they, too, will be invited to participate.
An open living environment	Every Friday, aperitifs are offered beside the River Meuse. Local residents are welcome to come along and new RCH residents are introduced there.
Sharing duties, not taking them over	Some residents help to lay the tables for lunch. If someone needs assistance at mealtimes, other residents are encouraged to come to their aid.
First ask, then do	Staff members are careful about how they interpret what they're told and word their questions. So instead of asking: "Have you had a good day?" they ask "What made your day good?".
A homely atmosphere, where the most varied lives possible can be lived to the full	Every fortnight a buffet is organised where dietary restrictions are relaxed. A glass of wine or fizzy soft drink makes everyone happy.
Living life to the full and taking part	Theme evenings are held with matching dinners (e.g. China and Chinese food). During the meal, a student plays music and afterwards a game of bingo is organised, with one of the residents serving as caller, assisted by a cheery member of staff.

First practice-based tips

1. The Tubbe Model is not an unchanging model comprising a succession of fixed stages. Notwithstanding the general working principles, each organisation will have to find its own way to a 'home for residents and home from home for staff members'.
As one staff member involved in a pilot project put it: "The key is being bold enough to let go and taking more of a back-seat management role, believing that a great deal can be achieved by pooling people's strengths".
2. Applying the Tubbe Model gradually changes an organisation's DNA. It's important to involve the Board of Directors, staff, residents and families right from the word go.
3. Work in small steps so that staff members experience positive successes. Making headway may take longer, but the effect will be greater. Rome wasn't built in a day.
As one staff member involved in a pilot project put it: "It's a breath of fresh air that has filled me with positive energy and is definitely not a burden!".
4. Bring in an objective third-party to monitor the process, see it through a fresh pair of eyes, think aloud and offer constructive criticism.
5. Relationship-based care is two-way traffic and there are limits to what can be achieved. Open discussions generate mutual understanding.
6. Working groups can't be organised in all settings. Staff members should be constantly on the lookout for a good time to ask for people's opinions (e.g. whilst they are receiving care, during a coffee break, etc.).
7. From the very first contacts with new residents, the concept and specific details about its implementation should be explained. This way, they will know that they, too, have a say about how the RCH is run.

WHICH TUBBE MODEL?

Consider the following questions to gain an idea of what form the Tubbe Model might take in your RCH:

- Imagine that the person you hold dearest is going to move into an RCH tomorrow. Would you choose this particular RCH? What would you like to see to make sure that the new resident would be happy there?
- How do you think you'll be when are 85 years old? What will you still or no longer be able to do?
- What will you want to have a say about if you move into an RCH? What will you still or no longer want to do?
- What will you most fear about having to move into a care home?

Supported by the **King Baudouin Foundation (FRB/KBS)**, the Tubbe Model is being applied in six pilot (semi-)residential care homes for the elderly in Belgium, three in Wallonia and three in Flanders. Accompanied by VONK3@Thomasmore (Flanders) and the HERS Ressort Centre (Wallonia) over a two-year period, ideas are being developed and tried out and will be evaluated. This will help to establish what added value the Tubbe Model can bring to the Belgian residential care sector. The observations above are reflections based on an interim assessment.