

barriers to action relating to the access to and responses from formal services.

CONCERNED FAMILY MEMBERS' HELP-SEEKING IN ELDER FAMILY FINANCIAL EXPLOITATION

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This paper examines non-perpetrator family members' experience of trying to help when faced with elder family financial exploitation. Utilizing data from a qualitative study of 28 Concerned Family Members (CFMs) who were primarily adult children of older victims, findings provide evidence of the critical role CFMs play in helping the victims. Six help-seeking tasks are identified, including gathering evidence, learning new systems, and taking on money management roles. CFMs often put the victim's health and well-being before their own, becoming secondary victims in the process. CFMs experienced a wide range of costs to their individual health and well-being, including physical, emotional, psychological, social and financial dimensions (e.g. stress, depression, inability to sleep, isolation, harassment, threats to personal safety, physical abuse, attorney and court costs, time off work). Findings have implications for supporting CFMs and addressing practical and health-related needs as secondary victims.

SESSION 5790 (SYMPOSIUM)

THE IMPACT OF FUNCTION FOCUSED CARE FROM ACUTE CARE TO HOME CARE AND NURSING HOMES

Chair: Silke Metzelthin

Co-Chair: Sandra Zwakhalen

Discussant: Barbara Resnick

Functional decline in older adults often lead towards acute or long-term care. In practice, caregivers often focus on completion of care tasks and of prevention of injuries from falls. This task based, safety approach inadvertently results in fewer opportunities for older adults to be actively involved in activities. Further deconditioning and functional decline are common consequences of this inactivity. To prevent or postpone these consequences Function Focused Care (FFC) was developed meaning that caregivers adapt their level of assistance to the capabilities of older adults and stimulate them to do as much as possible by themselves. FFC was first implemented in institutionalized long-term care in the US, but has spread rapidly to other settings (e.g. acute care), target groups (e.g. people with dementia) and countries (e.g. the Netherlands). During this symposium, four presenters from the US and the Netherlands talk about the impact of FFC. The first presentation is about the results of a stepped wedge cluster trial showing a tendency to improve activities of daily living and mobility. The second presentation is about a FFC training program. FFC was feasible to implement in home care and professionals experienced positive changes in knowledge, attitude, skills and support. The next presenter reports about significant improvements regarding time spent in physical activity and a decrease in resistiveness to care in a cluster randomized controlled trial among nursing home residents with dementia. The fourth speaker presents the content and first results of a training program to implement

FFC in nursing homes. Nursing Care of Older Adults Interest Group Sponsored Symposium

KEEP MOVING TOWARD RECOVERY! FUNCTION-FOCUSED CARE IN HOSPITALIZED STROKE AND GERIATRIC PATIENTS

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Many hospitalized patients experience decline in functional status. Function Focused Care (FFC) has demonstrated to improve patients' functional status in long-term care. In a stepped wedge cluster trial in 893 hospitalized geriatric and stroke patients, we investigated the effectiveness of FFC compared to usual care (FFC: n=427, UC: n=466) on ADL and mobility. We measured the Barthel Index and the Elderly Mobility Scale, and analysed using a mixed-model multi-level method. At discharge, 3 month and 6 months, the mean difference (MD) was in favour of FFC, although at none of the time points the level of significance was reached: the MD for ADL was respectively: 0.79 (95%CI: -0.98-2.56), 0.43 (95%CI: 0.10-1.79), and 0.57 (95%CI: -1.34- 2.48). For mobility, the MD was respectively 0.89 (95%CI: -1.01-2.80), 0.78 (95%CI: -1.18; 2.75), and 1.09 (95%CI: -0.88-3.07). Although the results are inconclusive, FFC shows a tendency to improve ADL and mobility in hospitalized patients. Part of a symposium sponsored by Nursing Care of Older Adults Interest Group.

A TRAINING PROGRAM FOR PROFESSIONALS TO ENCOURAGE INDEPENDENCE OF HOME-LIVING OLDER ADULTS: A PROCESS EVALUATION

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Stay Active at Home (SAaH) was developed to change homecare professionals' behavior towards encouraging older adults' independence in daily activities. This mixed-methods study evaluated SAaH regarding implementation, mechanisms of impact, and context. SAaH was implemented in five Dutch homecare teams (162 professionals). Quantitative data were collected from all professionals, and five focus groups with 23 professionals and 4 interventionists were performed. Data were analyzed using descriptive statistics and qualitative content analysis. SAaH was feasible to implement. Professionals visited on average 73% of the programme meetings. They reported positive changes in their knowledge, attitude, and skills, and perceived social and organizational support regarding the new way of working. The extent to which professionals applied SAaH in practice varied. SAaH was easier to apply among new clients. Perceived barriers were time pressure and staff shortages, and people's resistance to change. Tailoring the intervention to professionals' needs and wishes could improve their compliance. Part of