

Hong Kong Association of Gerontology Seminar cum Launching Ceremony of Territory Wide Carer Support Network

Community Care Supports for Carers Attending to Persons with Mild Cognitive Impairment (MCI)

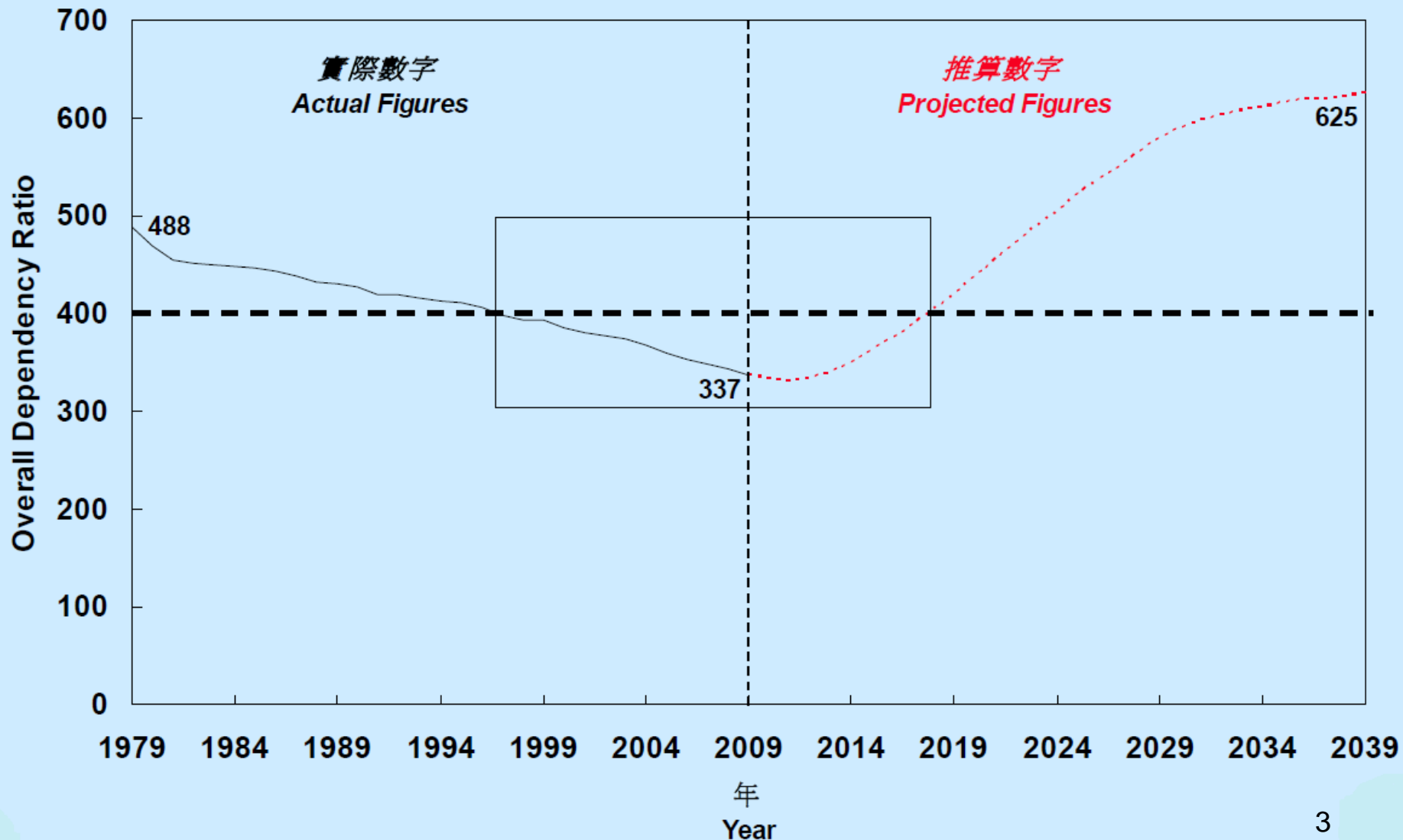
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Outline

- ◆ Population Ageing & needs for Care
- ◆ Present inadequacies in the carer's support systems: formal & informal
- ◆ Building a network for carer's supports: integrated skills & integrated care
- ◆ Towards a model of neighbourhood network for care to the MCI patients

Population Window: Early Planning?



Trends for 65+ in Asia

Country / Region	2000 %	2025 %	2050 %
Japan	23.3	35.8	42.7
Democratic People's Republic of Korea	11.2	27.0	41.1
Singapore	10.7	24.2	35.5
Thailand	9.9	23.1	37.5
Mainland China	10.1	20.0	32.8
Hong Kong, China	14.8	30.6	42.1
Macao, China	9.5	23.3	35.9

Source : United Nation Economic and Social Commission for Asia and the Pacific (2012)

<http://www.unescap.org/sdd/publications/datasheet-2012/2012%20ESCAP%20Population%20Datasheet.pdf>

Impacts on Care Needs

- Aged population +
- Youth population -
- Living longer
- Dependency ++
- Extended family - -
- Modern work styles



Need for Long term care

Are we prepared?

Present inadequacies

- Informal (family) carers not trained & less organized but assumed competence → **carers & the cared highly stressed!**
- Lacking in informal-formal carers interfaces → when formal carers come, **family carers withdraw (partnership?)**
- Short in formal/professional carers (N-matches-C): long time to train **but do we need such highly trained skills for stable conditions?**
- Formal/professional workers work within certain hours (e.g. office hours), **but persons need care 24-hours on demand!**
- Clear services or professional boundaries → **segregated skills, segregated care !**
- **What would our elders want? → one person, one stop, at a time with a person of their own choices (who cares if you have a PhD?!)**

Building a network of supports for aged care: formal system supports

Formal system supports include :

- Education & training for family carers, neighbours & students (in formal curricula)
- Mutual support groups in the neighbourhoods
- Skilled volunteers recognition schemes (QF?)
- 24-hours need-matching-care on demand services
- Social recreational activities for stress management
- Arranging mutual assistance/helps
- On line support & psychosocial support
- Carers resources: including carer allowance
- Professional counselling service
- Lending of rehab. aids

Building a network of supports for aged care: informal system supports

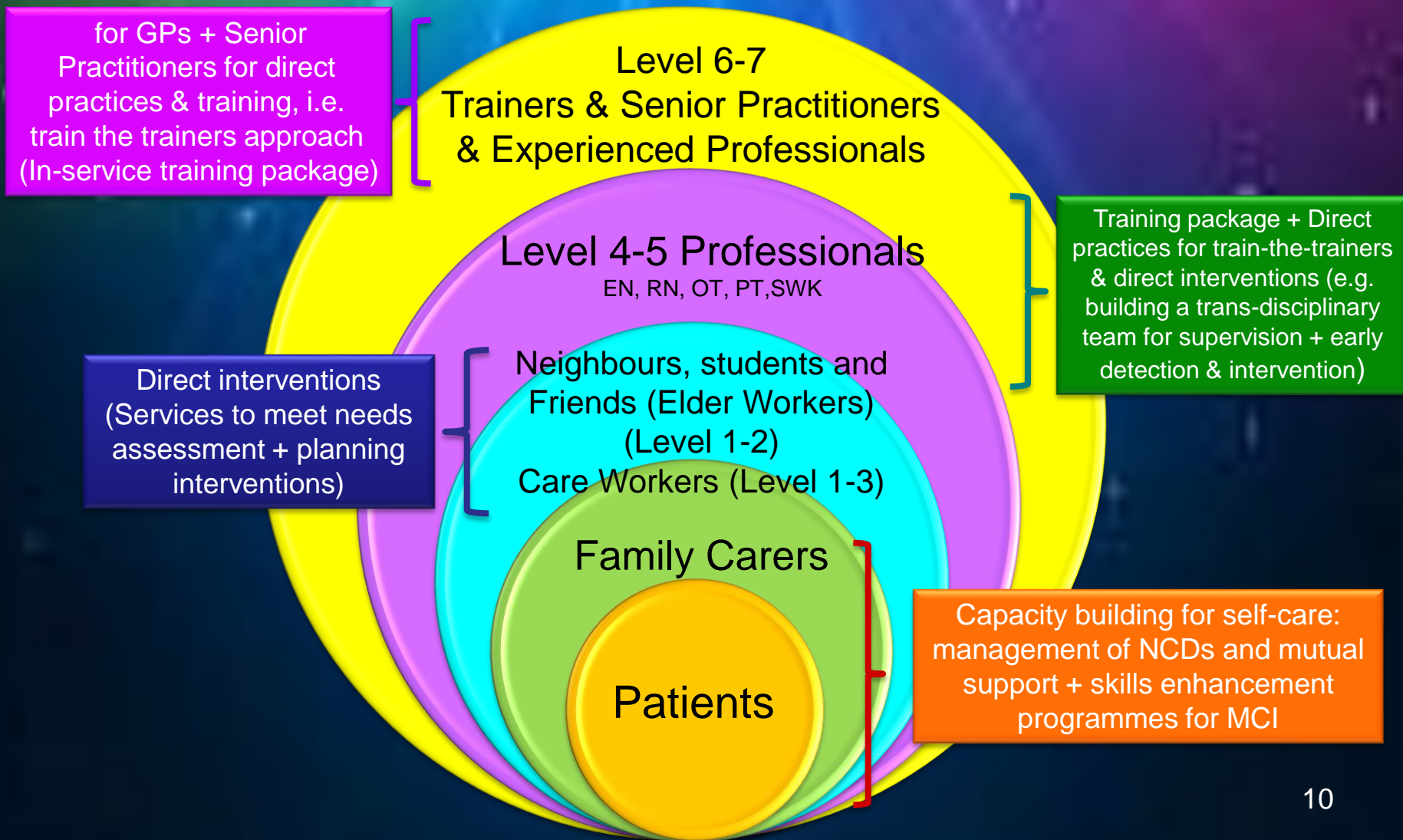
Informal system supports include :

- Neighbourhood support network with family carers, neighbours, friends & students
- A 24-hours on demand serving 'army' round the corner (like 7-11 convenient store!)
- Recognition for skill levels: qualification framework for work competence (QF1,2,3)
- Multi-skilled workers at technician grades
- Informal-formal integrated/seamless care

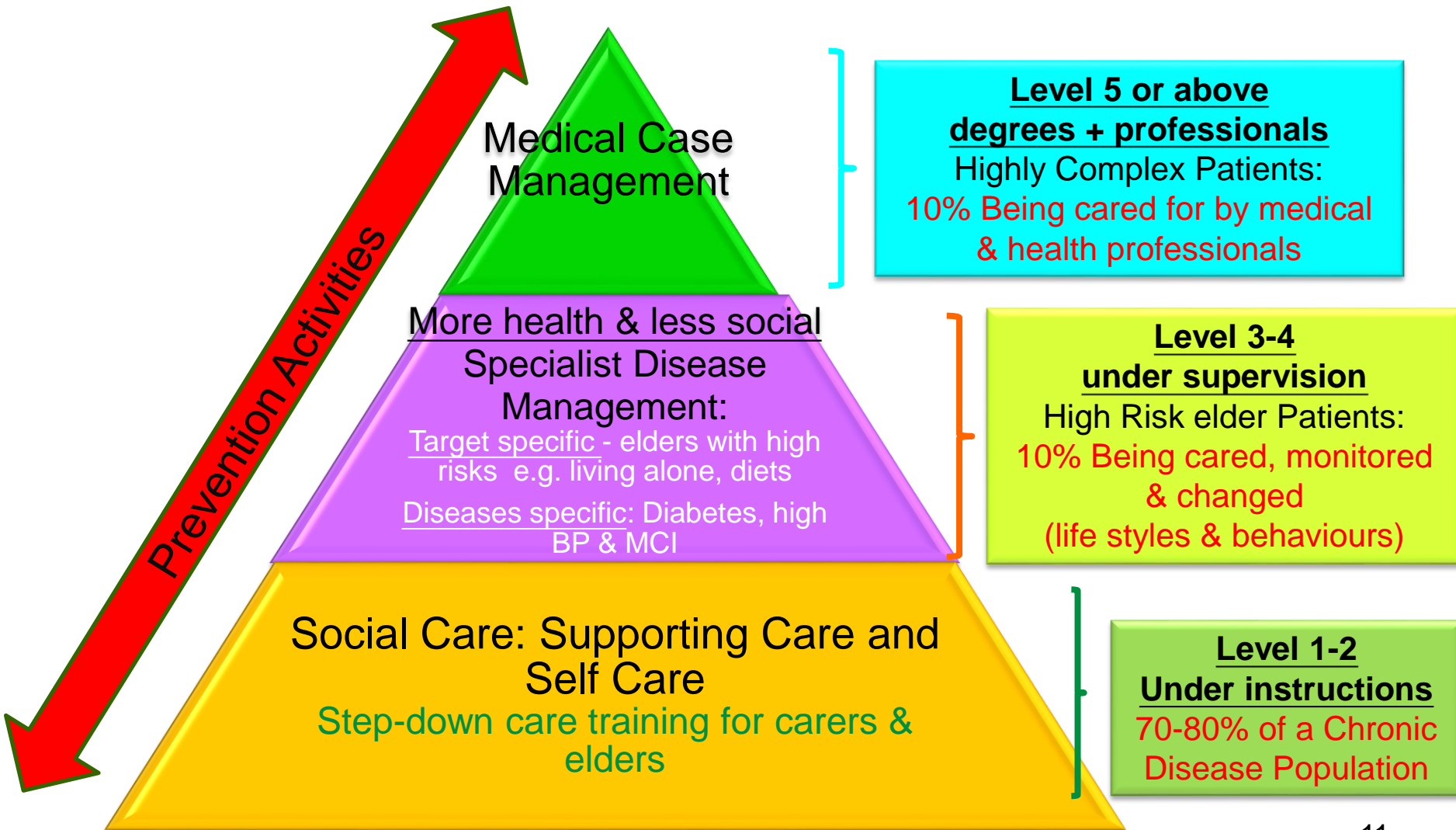
Step-down-and-across training with step-up care: win-win-win for patients-workers-funders

- Patients -carers: learn self-care and disease management before the coming of NCDs → for self care and for others' care
- Workers: do not work alone, partnerships with patients, carers and fellow workers.
- Trans-disciplinary Team work: Common generic with specialist skill sets; No fear of being replaced by others.
- Sure of successors: trainees (multi-skill workers) will be potential students for future professionals (Nurses, OTs, PTs or SWK)
- YWCA-Basic Healthcare Skills in OLE
- Better sustainability: the 4As – Affordability, Accessibility, Availability and Appropriateness

What will the network look like: residents with different skill sets in a community



Setting for a skills-transfer structure: integrated care with qualification framework



Proposed Model for a Community Care Network for Patients with Cognitive Impairment

- GPs trained to support family carers: a ½ day workshop for diagnostic criteria & drug prescription
- 10 cases for trial diagnosis with the supports from HKIAD (HK Institute of Alzheimer's Disease)
- Local Hospital to supply drugs
- NGOs provide community support services & carer training
- Special day care support (the boutique day care)
- Nursing home support for respite relief

Boutique Day Care Facilities

(Adapted from Dr. David Dai's concept model)

- ◆ Around 1000 sq feet
- ◆ Each session for 2 hours, 4 sessions/day
8-10am, 10-12am, 2-4pm, 4-6pm
- ◆ 10 persons with moderate AD a session, preferably carers stay with them for care training
- ◆ Catering a total of 40 persons/day
- ◆ With a professional care team consisting:
care workers, nurses, OT, PT, social worker and a medical doctor
- ◆ An extension service from nursing home: 1 stop service for home support & respite care

Way forward: a mindset change

- Continuum of care: community-institutions
- Empowerment of patients, carers & elder care professionals
- enhancement of capacity in care, through step down training by professionals in real work situation
- Skills rather than knowledge transfer: more of a demonstration than talking
- A different way for competence building & assessment

Conclusion & Looking Ahead

- Individuals, family & nation = shared care
- From informal to formal care recognition
- From caring for relatives to caring for others
- Training young people, house wives & healthy elders for elder care
- Building an army for aged care: training children, students, women and healthy elders to care for others
- Accredited training with appropriate qualification framework (QF)
- Interdisciplinary approaches: multi – skills, mostly PT, OT, nursing & social work