

Locality-based Networking Approach: Interfacing Model Between Health Care System And Community Providing Care to Chronically-ill Ex-patients

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Introduction

The prevailing trend towards younger age of onset of chronic illness and its growing population has manifested the pressing need for rendering community rehabilitation service for people suffering from chronic illness and their care-takers. It is undoubtedly a dire challenge to our health care system and also an opportunity for collaboration amongst medical and health care professionals, social welfare sectors and community members.

Purpose of the Project

1. To bridge the gap between the medical and welfare systems, such that people with chronic illness can receive proper and appropriate care in their process of community rehabilitation and integration after discharge from or still under outpatient care in the hospital; and
2. To mobilize, train and support family members and care-takers, volunteers and neighbours in the local neighborhood to cultivate a micro supportive community.

Material & Methods

The service had started to develop such a networking approach for chronically-ill ex-patients in 1991 and matured since 2001. It was extended from Kwun Tong to Tai Po in 2001 and then Tseung Kwan O in 2007. The service is open to referrals from health professionals, social welfare sector and self-referral. The service being led by social workers provides personal services, volunteer training, drop-in services, health check, and organizes mass programs, outreach and mutual help groups at members' household to serve the ex-patients. Support to their families/care-takers is also rendered. Integrated services at our Community Health Centers involving doctors, nurses, dietitians and physiotherapist are also emphasized in the helping process. Regular regional meeting within the agency serves as a platform for communication and collaboration amongst our multidisciplinary team.

Results

It effectively serves to bridge up the health professionals, social welfare service and the community to better serve ex-patients with chronic illness. Some of the ex-patients have become active in giving support and care to other ex-patients or rendering volunteer services.

Per the results from questionnaire survey on program evaluation for 06-07:

- 91% of 226 respondent members expressed that they had more social and emotional support;
- 94% of them said that they were able to obtain information of community resources through the service;
- 96% of them expressed that their health awareness and understanding of their illness had been increased through attending the service

Findings of focus group and individual in-depth interview (the latter was for members of depression group only) was positive. Respondent members expressed that:

- they could have better rehabilitation under the scheme; and
- they were able to regain control and confidence

The increase in the following items also shows the steady development of the service:

Specification	05-06	06-07	07-08 (4/07-12/07)
No. of member	480	586	681
No. of Personal Service	15,820	17,477	17,950
No. of Volunteer Service Hour	4,996.5	6,994	6,408

Conclusion

Improvement in functional and psychosocial well-being of members under our care is encouraging. Such experience could be further extended to other localities. To cultivate a micro supportive community, creating synergy by concerted and continuous effort of various parties including ex-patients, their families and neighbours, volunteers, health professionals and social welfare practitioners is crucial for the success.