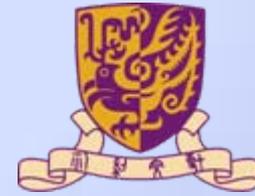




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HKCE Symposium on Community Engagement VIII

YWCA: Using interdisciplinary Case-management approach to empower carers of frail elders: pilot project of collaboration with CUHK

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Introduction

- Promoting ‘aging in place’ for frail elders is an utmost challenging issue in elderly care service provision.
- EHCCS and IHSC(FC) play an important role in preventing premature and avoidable institutionalization of frail elders in Hong Kong.



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Introduction

- Yet, rapid population aging and the increased waiting time for Residential Care Service have greatly increased the service burden for both EHCCS and IHSC(FC).
- Family caregiving is a highly substantial informal care resource to buffer against this service burden.



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Aims of the Project

- To develop an **innovative empowerment** model, using **client-center health-social collaborative case management** approach, to empower the carers of community-dwelling older adults who had mild-to-sever level of impairment and are not receiving any EHCCS and IHSC(FC).
- To evaluate the feasibility of the innovative empowerment model and its impact on carer's outcomes.

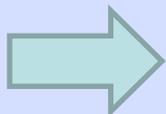


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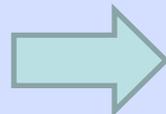
Expected outcomes

Carer's level



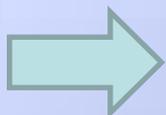
Relieve caregiving burden.
Improve caregiving self-efficacy.

**Service
agency level**



Identify the structure and process indicators which contribute to the success of the innovative empowerment model, if any.

**Community
level**



To promote the concept of health-social collaboration and case management in caregiver empowerment.



Project period & Service Targets

- Project period
 - April – Dec 2012
- Service targets
 - Carers of community-dwelling older adults who were defined by the Chinese MDS-HC as having mild to moderate level of impairment
 - A total of 61 care recipient-carer dyads were recruited:
 - Service group: n=30
 - Control group: n=31



Pre-recruitment sharing session



Identifying the caregiving experience
& carers' expectation



Introducing the project



The health-social collaborative case management caregiving support model

- Incorporating with three service concepts

Specificity of carer support strategies to caregiving needs



Caregiving learning need assessment is conducted to both carers and the care recipients as an entity

Multi-faceted skills is needed for complex caregiving



Integrating multi-disciplinary expertise in developing caregiving resource and delivering the empowerment.

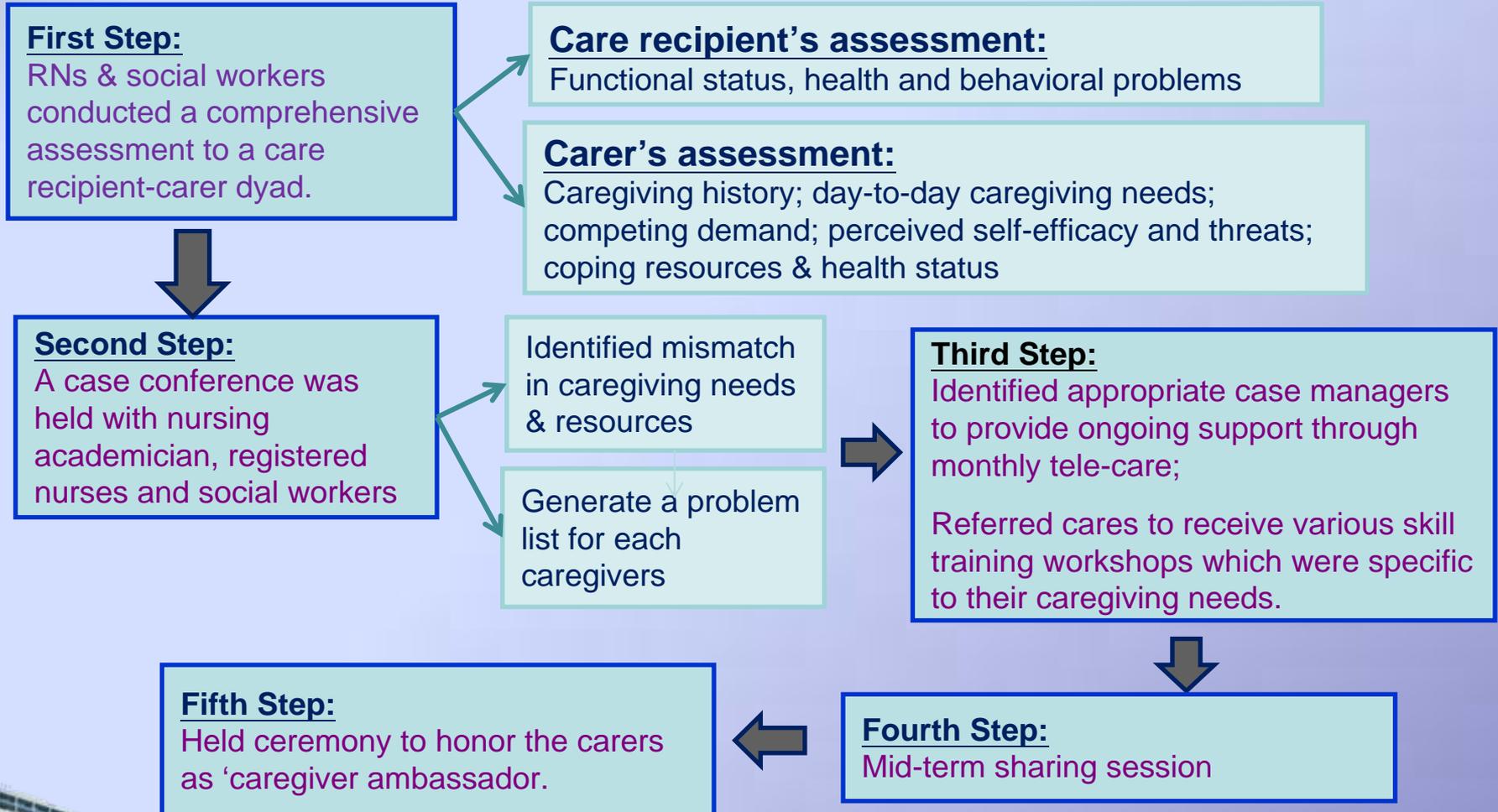
Caregiving in a long-term & dynamic process



Adopting a case management approach to sustain the service benefit.



The health social collaborative case management caregiving support model



The health social collaborative case management caregiving support model

Topics of the skill-training workshop	Discipline involved in teaching
Medication management	Registered Pharmacist
Optimizing physical activities for frail elders	Registered nurse
Nutritional promotion and feeding techniques	Nutritionist and registered nurse
Mental health promotion for care recipient	Social worker
Symptom management	Registered nurse
Caregiver stress management	Social worker
Overcoming environmental hazards and fall prevention	Registered nurse
Transfer and lifting techniques	Registered nurse



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Snapshots of project implementation



Assessment to the care recipient-carer dyads



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Snapshots of project implementation



Carers Training Workshops

Snapshots of project implementation



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Snapshots of project implementation



Carer recognition ceremony
Supported by Kerry Holding Ltd

Snapshots of project implementation



Facilitating care recipient to express gratitude to their carers



Project evaluation

- Face-to-face interviews with 3 standardized questionnaires at baseline, after workshops and at 3 months thereafter.
 - Caregiver Burden Inventory (CBI)
 - 24-item questionnaire measuring physical, emotional, social, time-dependent and developmental burden associated with family caregiving provision.
 - Score ranges from 0-120, with higher score representing higher level of burden.
 - Evidence of internal consistency, content and construct validity.



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Project evaluation

- Revised Scale for Caregiving Self-Efficacy (RSCSE)
 - 15-item questionnaire measuring self-efficacy in obtaining:
 - Obtaining respite (SE-OR)
 - Managing disturbing behaviors (SE-DB)
 - Controlling upsetting thoughts (SE-CU)
 - Score ranges from 0-100, with higher score representing higher level of SE.
 - Evidence of internal consistency, content and construct validity.



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Project evaluation

- Medical Outcomes Study 36-item Short Form Health Survey (SF-36; Chinese version)
 - Measuring physical and mental well-being.
 - Score ranges from 0-100 with higher score representing better health status.
 - Evidence of internal consistency, conceptual equivalence and construct validity



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Results: Characteristics of CR

	Case management (n=30)	Control Group (n=31)
Age	84.9 ± 8.3	82.8 ± 8.4
Male	13 (43.3%)	14 (45.1%)
With spouse	12 (40%)	16 (51.6%)
No. of children	3.8 ± 2.0	2.9 ± 1.7
No. of chronic illness	3.3 ± 2.1	2.4 ± 1.7
No. of hospitalization in previous year	1.3 ± 1.7	1.6 ± 1.4
Perceived health		
Poor	7 (23%)	2 (6.5%)
Not good	11 (36.7%)	14 (45.2%)
Fair	6 (20%)	9 (29.0%)
Good	6 (20%)	6 (19.4%)



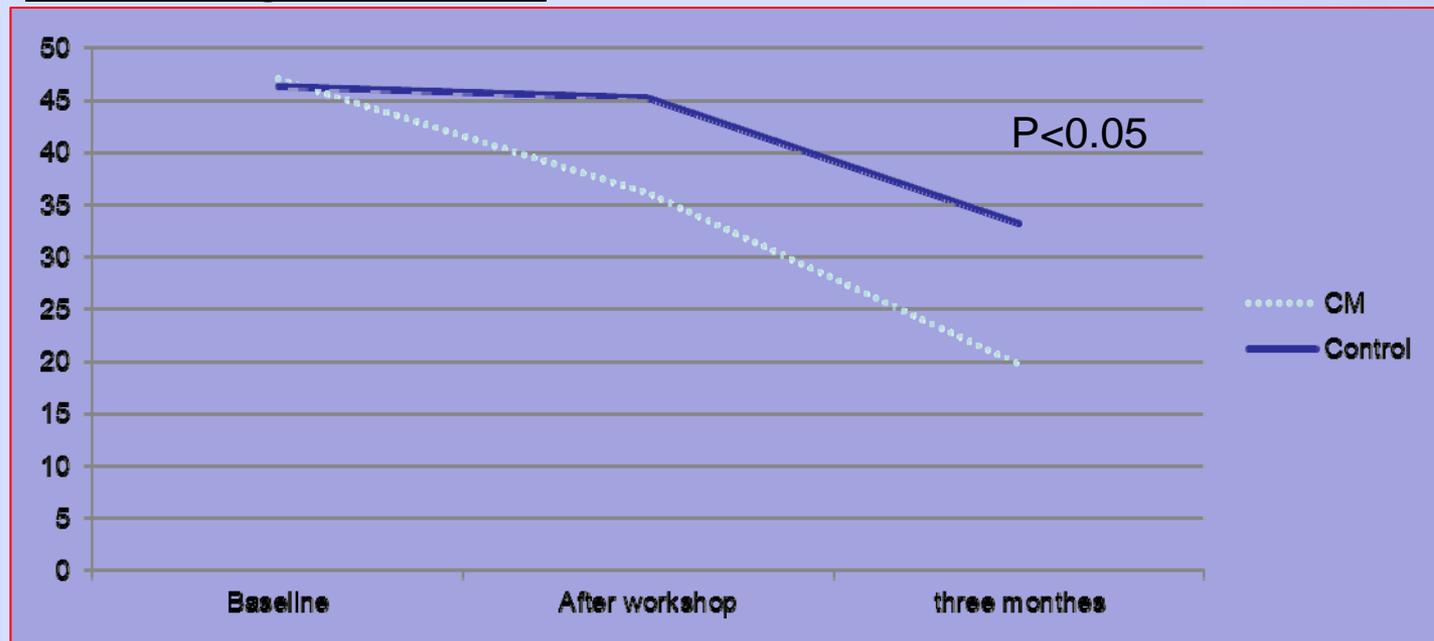
Results: Characteristics of Carers

	Case management	Control Group
Age	61.5 ± 14.8	61.2 ± 17.2
Male	5 (16.7%)	9 (29.0%)*
With spouse	20 (66.7%)	24 (77.4%)
No. of children	2.1 ± 2.0	2.7 ± 1.7
Relationship with CR		
wife/ husband	8 (26.7%)/ 1(3.3%)	9 (29.0%)/ 2 (6.5%)
daughter/son	16 (53.3%)	16 (51.6%)
daughter in-law	2 (6.7%)	1 (3.2%)
maid	3 (10.0%)	3 (9.7%)
Year of caregiving		
<3 years	11 (36.7%)	10 (32.3%)
3-5 years	10 (33.3%)	12 (38.7%)
>5 years	9 (30%)	9 (29.0%)
Perceived health		
Poor	1(3.33%)	1 (3.2%)
Not good	8 (26.7%)	8 (25.8%)
Fair	12 (40.0%)	10 (33.3%)
Good	9 (30.0%)	12 (28.7%)



Results: changes in caregiver burden

Total caregiver burden



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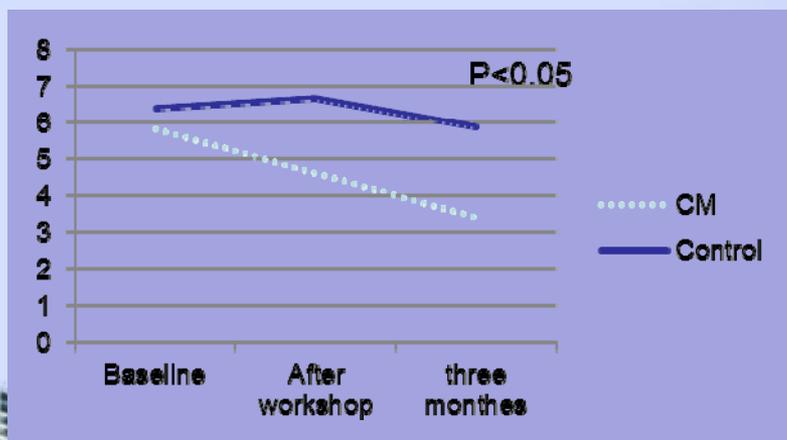


Results: changes in caregiver burden

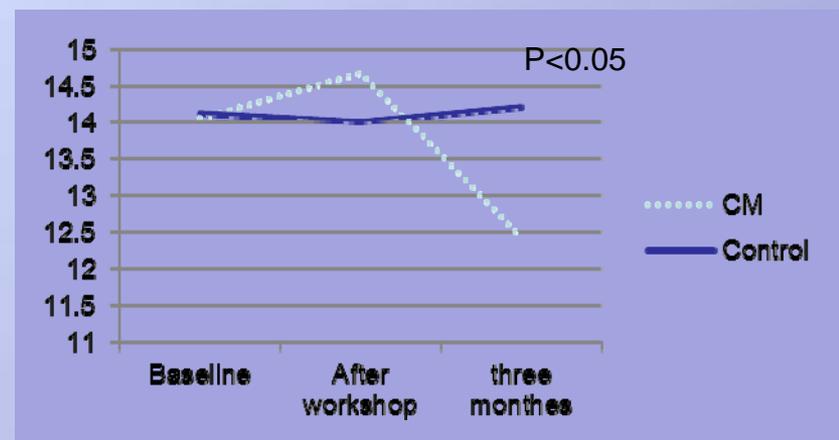
Social burden



Emotional burden

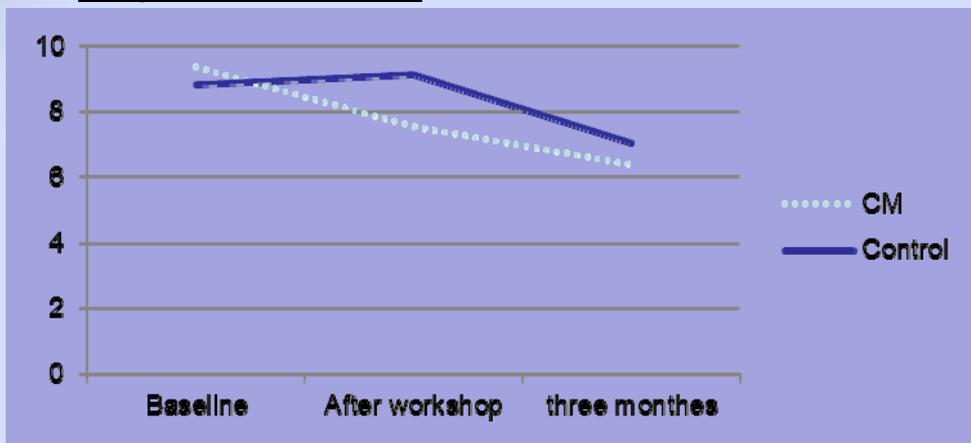


Time-dependent burden



Results: changes in caregiver burden

Physical burden



Developmental burden

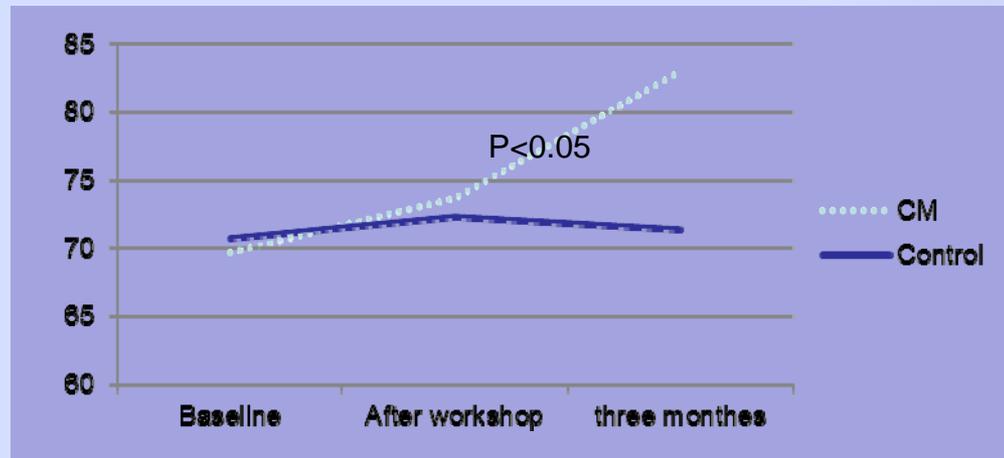


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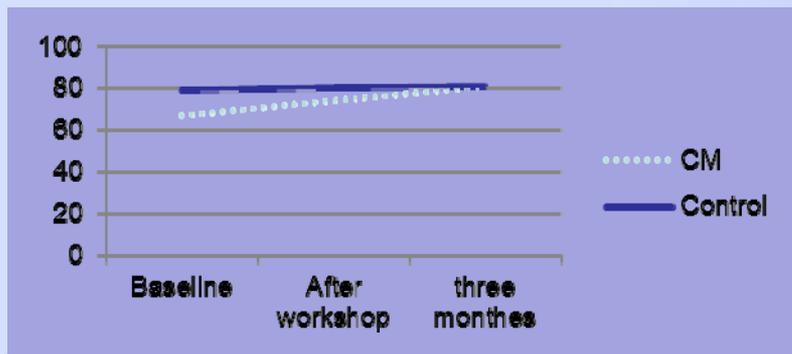


Results: comparison in self-efficacy

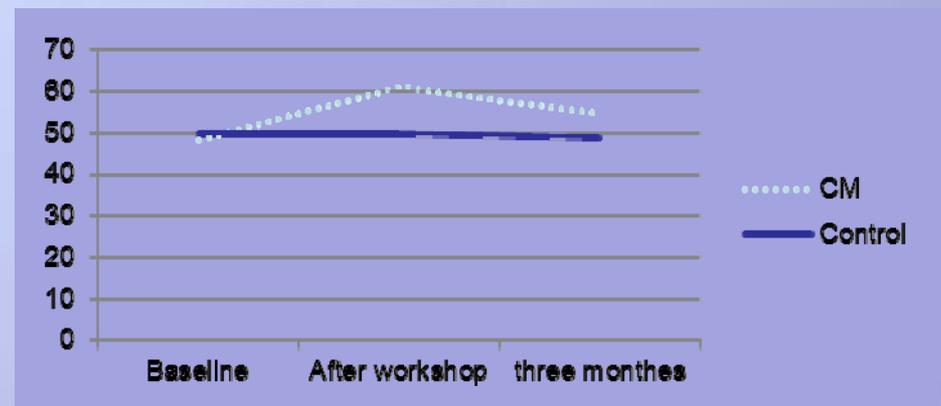
Handling upsetting emotions



Handling disruptive behaviors

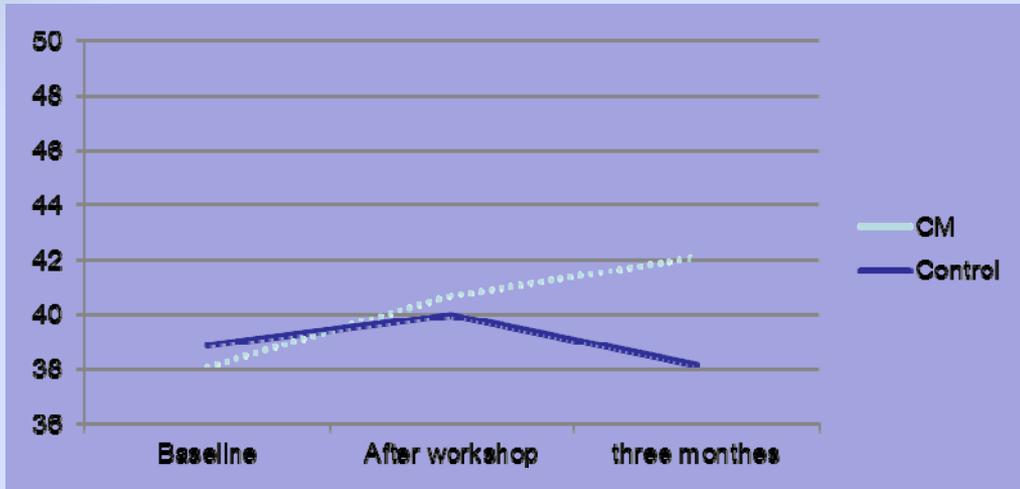


Obtaining respite services

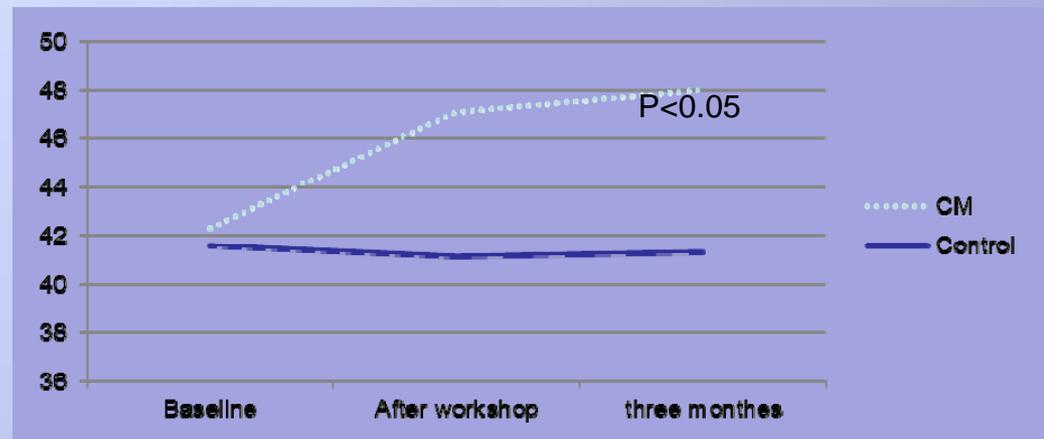


Results: comparison in health status

Physical well-being



Mental well-being



Key messages

- Family carers of community-dwelling elders with impairment had **prominent caregiving needs** which need to be addressed promptly.
- This pilot feasibility project demonstrated both the **feasibility** and **positive effects** of a health-social collaborative case management caregiving empowerment model in improving the caregiving outcomes of the community frail elders.



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Key messages

- Factors contributing to success of the care model
 - **Tailoring** caregiving needs to caregiving demand by assessing care recipient and caregivers as an unity.
 - A strong intersectoral collaboration.
 - Enhanced continuity of care through **case management** approach and optimized **tele-care**.
 - **Enabling** the caregivers to receive the empowerment interventions.
 - Explicit **recognition of the effort of carers** is important to sustain this informal care resources.



Implications to elderly care services

- This project has **developed the human resource and infrastructure** which are required to implement a health-collaborative case management empowerment model for caregivers.
- The HKSAR Government has launched a pilot scheme on community care service voucher for older adults. The empowerment model can be readily adopted as one of the **services in the Voucher Scheme**.
- The feasibility of adding **door-to-door training** on complex caregiving skills to the empowerment model needs further exploration.



*Recognition
&
Acknowledgement*

*Tailored
SUPPORT*



*Unfailing
Care*

*Ongoing
Encouragement*



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