

## "Brain Care Octopus" Professional Sharing Session

### Challenge and Opportunity: Policy on Local Dementia Service

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\*\*Some material at Courtesy of Hospital Authority, Hong Kong

## Impacts on care needs

- MCI ++
- Aged population ++
- Youth population --
- Living longer
- Dependency ++
- Extended family --
- Modern work styles
- Shortage of carers
- → overall reliance on family carers

Need for Long term care  
24 hours

## Challenges Faced by Family Carers

- Predominantly women in Asia → dual or multiple roles, competing duties e.g. as a mum Vs as a daughter
- Physically and Financial demands
- Care burden or stress: duty & obligation, no choice
- Doing the job ALONE
- 24-hours on call
- Supports for carers are scarce: e.g. respite → 'good soldiers' without proper guidance

## Present Supports for Family Carers

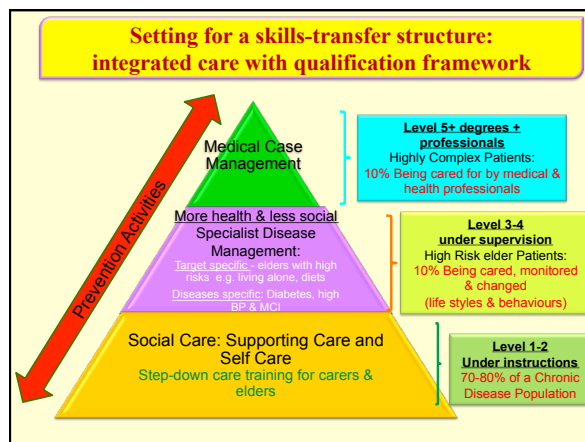
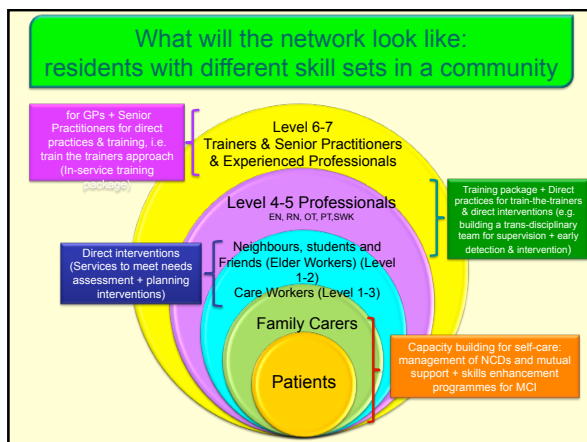
- Education & training for family carers, neighbours & students (in formal curricula e.g. OLE)
- Mutual support groups in the neighbourhoods
- Limited 24-hours need-matching-care on demand services (e.g. SEs, Elder Watch Programme)
- Social recreational activities for stress management (NGOs)
- On line support & psychosocial support
- Carers resources centres (7)
- Professional counselling service
- Lending of rehab. aids

## Policy Ahead

- Carer Allowance (>20 hours week, blood-related, completed a special course)
- Neighbourhood supports: basic skill training for all (40-50 hours training offered at SEs)
- Training, Recognition and retention of skilled carers, (qualification Framework; step-up trainings)
- Domestic helpers : coming with caring skills
- Attract and train young carers

## 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)
- Better sustainability: the 4As – Affordability, Accessibility, Availability and Appropriateness



- ### Proposed model for a community care network for Patients with Cognitive Impairment
- GPs trained to support family carers: a ½ day wkshop 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
- ◆ 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