

Community-based home care for older people in South East Asia



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ROK-ASEAN Cooperation Fund



A growing need for elder care at home



Armando De Guzman, 63, lives with his wife and daughter in Hagonoy Bulakan, the Philippines. He was a truck driver until he had a stroke in 2006, but now the family relies mostly on the limited income from a small store his wife started when he could no longer work.

He says, “I was bedridden for three years. During those days, my wife often had to leave the store to attend to me. I did not want to burden my wife, but I could not bear the pain.

“The government has health programmes like free medicines and therapy sessions, but these programmes are in the town proper. We had to spend more than 60 pesos (US\$ 1.37) every time we went there, but we would rather use that money to buy food.”

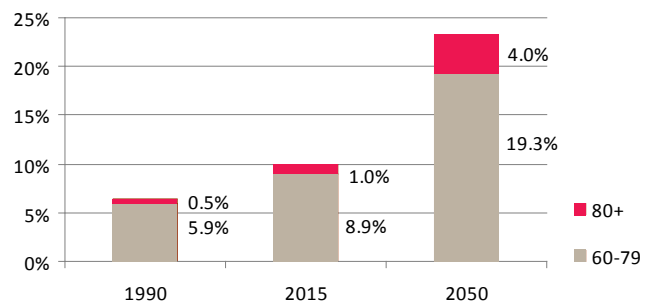
Trends in ageing are creating a crisis of care

Three trends in ASEAN countries are generating interest in home-based care for frail older people: demographic changes, weakening family support networks, and financial constraints in addressing these challenges.

Demographic changes in the region mean that most ASEAN countries are already experiencing rapid ageing, and that trend will only accelerate in the coming decades. Because people are living longer, especially women, they are exposed to longer periods of vulnerability and ill health in old age. This is especially the case for the older-olds, those aged 80 and over, of which more than 60 per cent are women.

Older people are a growing part of the population

Older people as a percentage of the total ASEAN population



Source: UN Department of Economic and Social Affairs (2008), <http://esa.un.org/unpp>

A second significant trend is that traditional family support is under pressure, a trend intensified by the shrinking size of modern families and the migration of adult children. In the Philippines and other countries it is migration to other countries in search of work. Lack of family support for older parents and relatives is particularly hard for the poor living in rural areas. Adult women in extended households are often the traditional source of support for ageing family members, but they are now participating in the workforce in greater numbers and are often less available than before to provide time and care for older people.

Finally, despite the increasing healthcare needs of the expanding population of older people, most ASEAN countries have limited resources to extend social services and make them affordable and accessible. In most developing countries, public social welfare and care services are under-developed and poorly resourced. Expensive nursing homes and other institutional care for older people as found in affluent countries is an option for only a tiny minority. The weakness of health and care services resulting from financing pressures can result in neglect, destitution, and isolation among older people in changing circumstances.

About the ROK-ASEAN Home Care Programme

Since 2003, HelpAge Korea in collaboration with HelpAge International has been implementing a three-phase programme supporting all ten ASEAN countries in developing and adapting the volunteer based home care model that has proved so successful in South Korea. The Home Care Programme (2003–2012) is funded by the Republic of Korea–ASEAN Cooperation Fund, whose mandate includes developing a “people centred and socially responsible caring and sharing society”. The project provides facilitation and capacity building for NGO partners and engages with governments of ASEAN member countries to develop policies and support a wide range of home care adaptations according to the context of each country.

Older people need a continuum of care

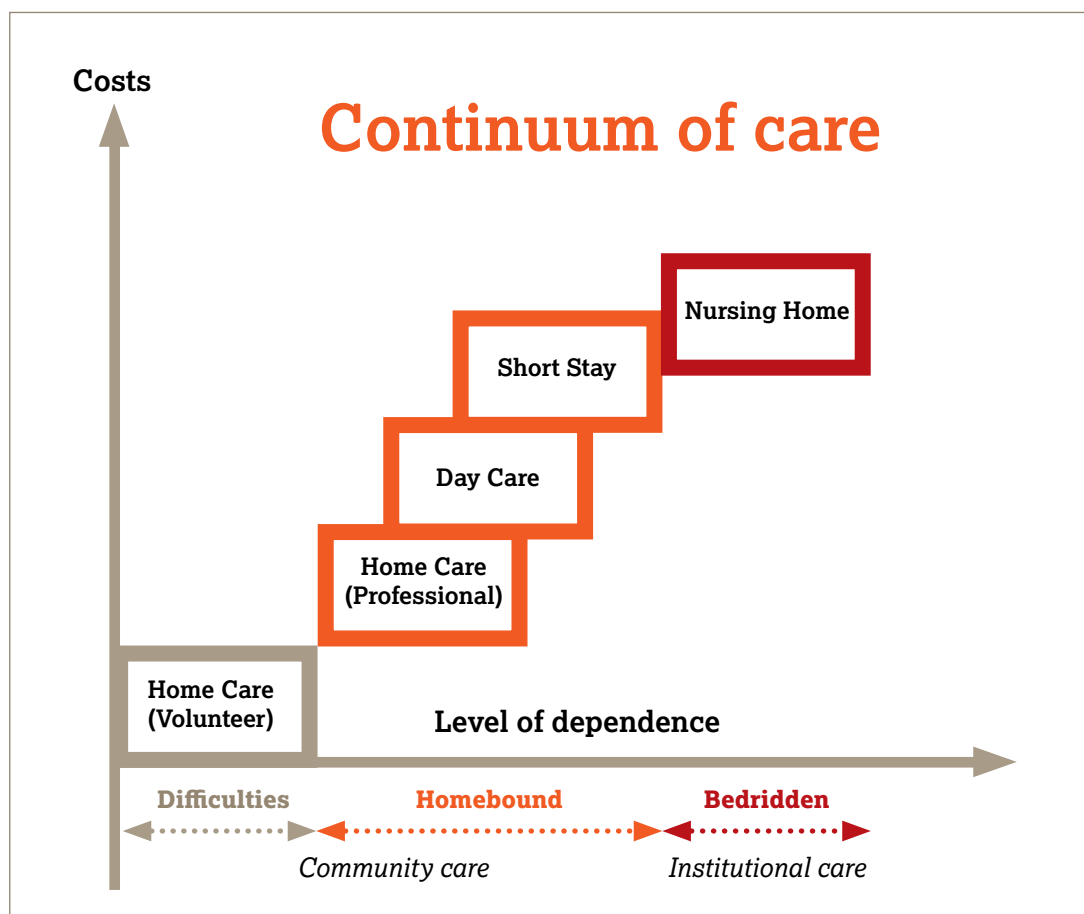
In responding to such trends in ageing and the need of vulnerable older people for sensitive care, there is no single solution. We must rely on a range of options, and those options are partly determined by the situation of each older person and the resources of each country. Some older people are mostly healthy and independent, both physically and emotionally. But some must learn to live with manageable diseases or disabilities, and others with serious diseases or disabilities that require intensive care and support from others. The goal is to keep older people as healthy and independent as possible so they can delay falling into greater dependency. With each slip into a lower category of health status, older people become less independent and their care becomes increasingly burdensome and costly.

To meet the need for care, families, communities, civil society, and governments may provide various levels of assistance depending on their means. Long-term care for older people can be represented as a ladder (see diagramme below), depending on the needs and level of independence of the older person. In addition to care by family members, a first step on the ladder may be basic care in the home provided by unpaid volunteers. This is

the simplest and lowest-cost approach and is the focus of the ROK-ASEAN home care model. If older people require specialist or intensive care, then other forms of care in the home, community or institutions may be necessary. In all cases, care for older people should be appropriate to their needs and in line with their wishes, to the extent possible. In the first instance, this often means care that allows them to stay in their home, where a familiar environment can reinforce their psychological outlook and thereby also contribute to physical well-being.

What is community-based home care?

Home care is a generic term that is used in widely different contexts, from the household to development practitioners to academia. The ROK-ASEAN home care approach promoted by HelpAge has at its core the social care element of befriending to reduce isolation and provide encouragement. Without forgetting the wide variations of practice within ASEAN member countries, we can define the essential elements of ROK-ASEAN home care as follows:

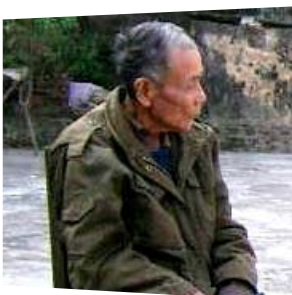


- **Aim:** To enable older people who have lost the ability to fully care for themselves to continue living as long as possible in their own home and community, independently or with their families.
- **Target population:** Poor older people, often living alone, who have difficulty with their daily living activities and who need support to supplement the care they receive from family members. Two broad groups can be identified: those older people who suffer from illness but are managing the illness through self-caring and those who are frail, dependent, and no longer in a position to fulfil their own basic needs. The majority tend to be older women.
- **Location of service provision:** The older person's own home
- **Frequency of services:** At least once a week, but sometimes more often since volunteers usually live nearby
- **Service providers:** Unpaid, trained volunteers of various ages. In some cases, the volunteers are older people themselves.
- **Types of services:** The underlying service in every project context is befriending and companionship to meet psychological and social needs, which often means spending time chatting with older people who feel lonely and need emotional support. Beyond this, the type of service is flexible and varies widely. In a supportive environment, the next most common services are home help (cleaning, cooking, washing clothes), personal care (lifting, supporting to walk, personal hygiene) and escorting (to shops, doctors, social events, house of worship). Some volunteers provide health information and referral to local agencies for services beyond the volunteer's capacity to provide.

Why home care?

The ROK-ASEAN home care approach is developing successfully because it is a culturally appropriate and cost-effective response to a serious and growing need in Asian countries. This approach...

- **...improves the quality of life of older people through friendship and psychological support**



Cao Van Suy, 81, and his wife live alone in rural Hai Duong Province in Vietnam. He is disabled and his wife is blind, and they are considered one of the poorest households by the local authority.

The community agreed they needed support from a home care volunteer, so Nguyen Thi

Dua agreed to visit them regularly, chatting and helping around the house.

Recently the couple were given a piece of land to grow rice. Their volunteer mobilised some neighbours and volunteers to help Suy with his farming work. Now, Suy and his wife consider Dua not only a volunteer but also as their own daughter. Dua says, *"I'm so moved to learn I have a new father and mother as my own parents passed away long ago. I'm really happy to have the opportunity to take care of them."*

- **...facilitates independent living at home**

Kim Luy of Battambang Province in Cambodia is 86 years old. She is blind and lives without any family members. She grows herbs and fruit trees around her house to sell and to eat.



Kim Luy says that since she has been receiving the regular visits of her volunteers, she feels more comforted and can move without many difficulties. The volunteers and the neighbour have together made a bamboo rail for her to grab to go to the toilet. The volunteer is helping her to use the radio, clean the house, wash clothes, fix meals and carry water.

- **...fills gaps in health monitoring and care**



Kaikaew Somboon, 72, is a widow and lives in Chiang Mai, Thailand. She lives with her son and daughter and two grandchildren. Three years ago she had to stop working because her eyes became too weak as a result of diabetes, and now she is blind. She also has other health problems such as high blood pressure and joint pain.

A home care volunteer visits her so she won't be lonely, helps to clean her house, and also takes her to a local day centre to attend activities. In addition, the volunteer takes her to the mobile medical clinic once a month.

The visits make her feel happy but also relieve the stress on her family members. Otherwise her children have to take a day off work to take her to see the doctor, and then they lose income as they are daily-wage workers.

- **...allows family carers to have a break or to engage in productive activities**

Muhammad Tohir is a 74-year-old resident of West Jakarta, Indonesia. He is blind and lives with his daughter, who is working with an irregular schedule.

Since his home care volunteer Maria began visiting Tohir and taking care of him, his daughter can lead a more stable life than before and is very happy with that improvement. When his daughter has an evening working schedule, Maria visits Tohir in the evening, so he can be cared for even though his daughter is at work.



- **...is cost-effective and community based**

Remaining in their own home and community is the preference of the vast majority of people as they age, and home care services help them fulfil this preference.

The care provided at home is also much less expensive than the alternatives. The client does not need to pay any fee because all the home care volunteers are unpaid. The most expensive and least culturally traditional option, residential care, is not even an option for poor people in most ASEAN countries.

“Home care is cost effective not only in terms of cash, but also in the value of maintaining the Thai tradition of younger people caring for older people.”

Sawang Kaewkantha
Foundation for Older People's Development
Thailand

community-based functions: case management of older people and volunteer management.

Relevant ministries within ASEAN governments have also been critical to success. The government's role is to support and learn from the NGO pilot; to put supportive policies and guidelines in place; to expand the model through the existing structure and NGOs; to support referral of older people to other health and social services as needed; and to ensure the quality of services.

In the ROK-ASEAN project, HelpAge Korea has provided technical guidance in collaboration with HelpAge International.

Key steps of case management

1. Select the older people who are top priority for care
2. Assess the older people's needs and family situation
3. Develop basic care plans for older people
4. Match the older people with community volunteers
5. Review the care being provided and modify as needed

Key steps of volunteer management

1. Recruit community volunteers
2. Train the new volunteers
3. Monitor the frequency and quality of services provided
4. Provide ongoing support and training for volunteers

How does community-based home care operate?

The home care approach relies on multiple stakeholders. The ROK-ASEAN project builds support through a multi-tiered structure, from international players to volunteers in the village. Willing volunteers at the community level are the foundation, and in some cases community-based older people's associations help to coordinate local work.

National partners, generally NGOs, have two main roles: to pilot an effective volunteer-based home care model and then to support the government and other stakeholders to replicate the model in new areas by providing training and technical support.

The partner NGO trains the volunteers and local field coordinators and is responsible for the two main

“I'm so moved to learn I have a new father and mother as my own parents passed away long ago. I'm really happy to have the opportunity to take care of them.”

Nguyen Thi Dua, Home care volunteer
Hai Duong Province, Vietnam

The future: expanding community-based home care

The experience of Korea shows the potential for home care expansion. The government of the Republic of Korea saw the cost-effectiveness of the home care approach and provided public funding for expansion throughout the country. As a result, the number of Korean organisations providing home care has grown sharply since 1987. The growth was particularly rapid after 1992, when the government approved a policy to expand public support for NGO providers of home care.

Several elements can enhance success in replicating the model to meet the growing need:

- **Strong implementing partners** with experience working for older persons in the community and good access to government to promote scaling up and ensure sustainability
- **Strong government departments** with leadership, skilled staff and good structures
- **Government awareness** of ageing and older people's need for home care
- **NGO-government cooperation**, such that government provides funding, guidance, and health and social services while NGOs with community roots develop an effective model, raise awareness, propose policies and guidelines, and provide training support to other NGOs and government agencies
- **National policies and guidelines** on the implementation and standards of home care, including a national policy on ageing or Older Persons Act that explicitly includes a home care approach and national home care guidelines
- **Wide participation** and support from families and communities, thereby ensuring that assistance provided meets the real needs of older people
- **Public awareness**, partly through the media's demonstration of the need for home care, thereby adding momentum to the efforts of government, NGOs, and communities



- **Training capacity**, ideally through a training centre specialising in volunteer-based home care at different levels
- **Support from a regional body** such as ASEAN can lead to greater success by facilitating regional sharing and assistance to promote scaling up
- **Funding and local fundraising capacity**. Although the volunteer-based home care programme can be implemented with minimal field costs and can reduce the need for expenditure in other areas, establishing and managing an effective programme implies associated costs. To ensure continuation of a new programme, the central or local government must have an annual budget allocation for this purpose, which could be part of social protection measures for older people using a community-based approach.

Basic care for vulnerable older people is not only a sign of a decent society; it is also a bedrock cultural tradition of Asian societies. The ROK-ASEAN home care approach provides a practical roadmap to guide communities, governments, and civil society in caring for their elders within nurturing communities.



Partners supporting home care

Brunei Darussalam

Ministry of Culture, Youth and Sports
Tel: +673-238-0668

Cambodia

HelpAge International Cambodia
Tel: +855-53-953-797

Indonesia

Yayasan Emong Lansia (YEL)
Tel: +62-21-753-3651
www.gerbanglansia.org

Lao PDR

Lao Red Cross
Tel: +856-21-212-647

Malaysia

Persatuan Kebajikan USIAMAS Malaysia
Tel: +60-3-4042-2201

Myanmar

National Council of YMCAs of Myanmar
Tel: +95-1-296-434

Philippines

Coalition of Service of the Elderly (COSE)
Tel: +63-2-725-6567
www.cosephil.org

Singapore

Tsao Foundation
Tel: +65-6433-2741
www.tsaofoundation.org

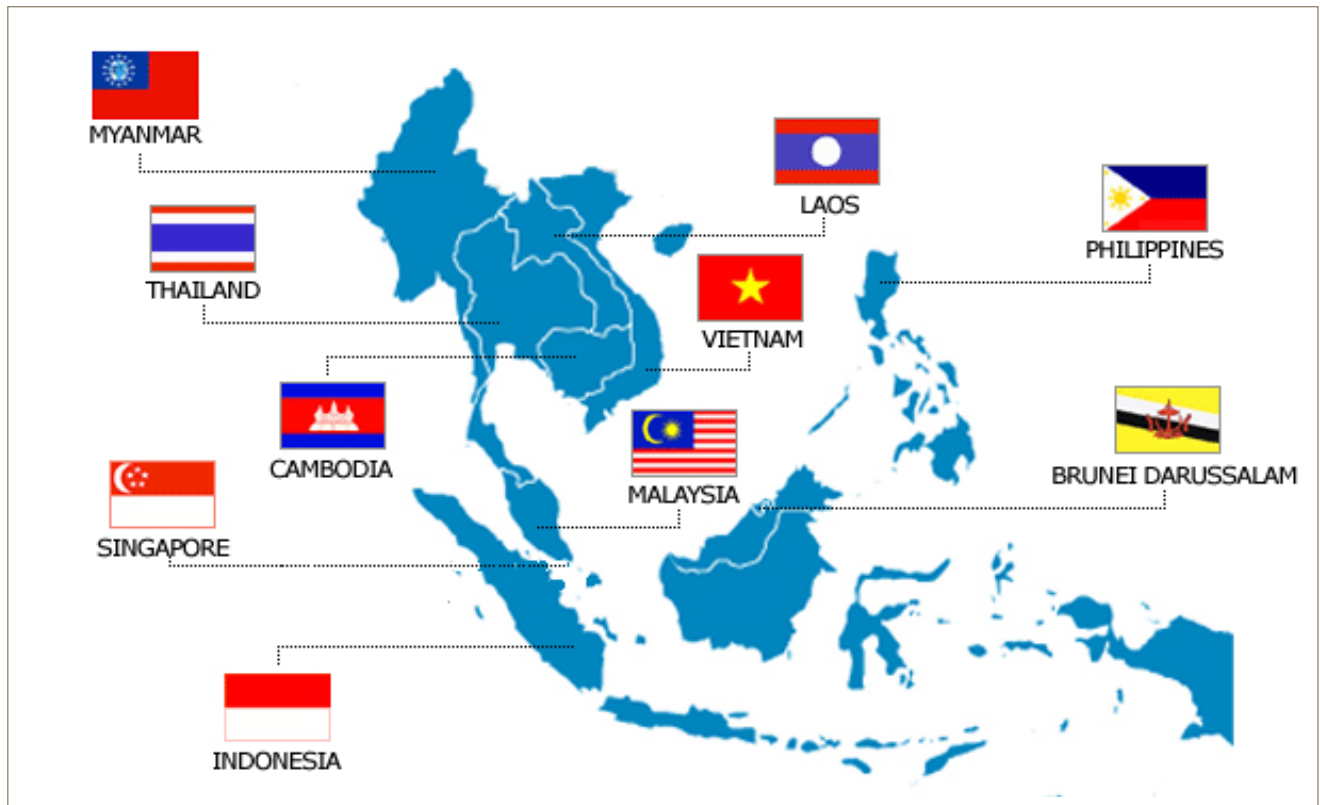
Thailand

Foundation for Older Persons' Development (FOPDEV)
Tel: +66-53-215-671
www.fopdevthailand.org

Vietnam

Center for Ageing Support and Community Development (CASCD)
Tel: +84-4-3726-2704

ASEAN member countries



Published by
HelpAge Korea
Mr Cho Hyunse, President

HelpAge contact information

HelpAge Korea

P.O. Box 59 Yeongdeungpo Seoul, 150-650, Korea
Tel: +82-2-849-6588
webmaster@helpage.or.kr
www.helpage.or.kr

HelpAge International – Regional office

East Asia/Pacific Regional Development Centre
6 Soi 17, Nimmanhemmin Road, Suthep, Muang
Chiang Mai, 50200, Thailand
Tel: +66-53-225440
hai@helpageasia.org
www.helpage.org

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